

Witness Name: Jeane Freeman

Statement No.: 1

Exhibits: JF

Dated: 19 April 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF JEANE FREEMAN

In relation to the issues raised by the Rule 9 request dated 10/02/2023 in connection with Module 1, I, JEANE FREEMAN, will say as follows: -

Personal Details

1. My name is Jeane Freeman. I was appointed Cabinet Secretary for Health and Sport in Scotland on 26 June 2018 and held this post until May 2021. As Cabinet Secretary for Health I was responsible for the strategy, policies and legislation that underpins the delivery of health and social care in Scotland.
2. This witness statement relates to the matters addressed by the Inquiry's module 1, which is considering pre-pandemic planning.
3. I have prepared this statement myself, with the support of factual information supplied by Scottish Government Covid Inquiries Response Directorate, referenced in this statement.

Systems, Processes and Structures for Pandemic Preparedness

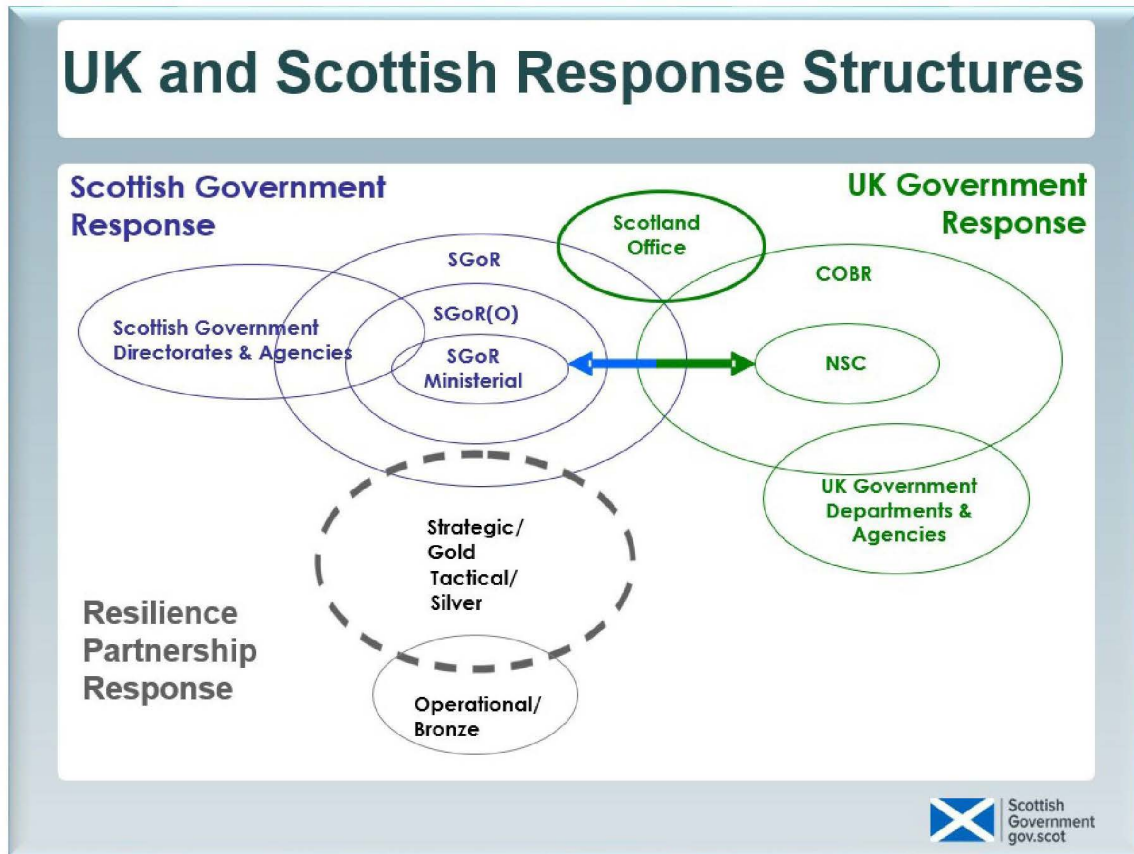


Figure 1 UK and Scottish Response Structures

- I was familiar with the structure shown at Figure 1 in detail and practice during the Scottish Government's Brexit preparations and understood how these structures could be activated, in all or part, to respond to an emergency. This web of relationships is led by civil servants and officials in both local government and, depending on requirements, key community based/third sector organisations and directed by SG Minister[s]. So, this tried and tested structure, where each part understands both its role and its relationship to other parts of the resilience response, was there for us to activate in the face of Covid-19.
- The Scottish Government resilience (SGoR) response structure and systems link with a comparable structure/system for England, Wales and Northern Ireland.

6. In general terms our NHS in Scotland is linked to this structure and plays a role depending on the nature of the emergency or challenge.
7. However, improvement could be made with respect to public health which in the case of Covid-19 had a vital role to play, which became increasingly apparent as the exact nature of the pandemic emerged.
8. Public Health in Scotland is part of the NHS and each NHS Board will have a Director of Public Health, but I think it is fair to say that until the Covid-19 pandemic the criticality of that role and the resourcing it required to fully deliver of work needed, was not fully understood by successive governments. So, for me, one of the key lessons to be learned is to more fully integrate and resource our public health policies and delivery, both in terms of the overall delivery of health and social care in Scotland, and in the need to effectively tackle health inequalities, and in the resilience and emergency response structures at national, regional and local levels.

Impact of Key Policy Decisions on Pandemic Preparedness

9. I want to caveat my response to this by framing it as 'key policy decisions which could have been taken differently in relation to public health'. If successive governments, including the one I was a member of, had provided more resource to public health based on a more comprehensive understanding of its value and impact, then arguably we would have been better prepared in terms of the overall health of our citizens to withstand the impact of Covid-19.
10. A key lesson from our [the Scottish Government] experience of the pandemic is the impact of pre-existing health inequalities, present in the population, on the population's resilience to the virus. For too long we had viewed public health as almost a single-issue campaign 'service' – for example, on smoking or obesity. The pandemic demonstrated the practice of a core principle of public health – that I act in a certain way not only to protect my own health but to protect others. Mask wearing is a good example of this.

11. So, resourcing of a country-wide public health service to back our experienced and skilled Directors of Public Health would have more readily equipped them to respond in the many and various ways we required of them during Covid-19. While resourcing was put in place during the pandemic, we would have been better served if it had pre-existed.

Impact of Economic Policy on Pandemic Readiness

12. I'd make two points here. Firstly, the year-on-year increase in funding of NHS Scotland improved our overall capacity to respond. This together with the critical policy decision to remove 'internal competition' and retain a single NHS in Scotland meant that we were able to redirect resourcing – finance and staffing – to meet the emerging needs of the pandemic.
13. Secondly with a single NHS in Scotland, we were able to enhance the role of our single national NHS procurement service. This allowed this body – National Services Scotland (NSS) – to develop expertise in procurement, establish robust systems of diligence testing of suppliers, in-depth knowledge of suppliers – reliability and capacities – and consequent economies of scale. We saw significant value in this regard with respect to the supply and distribution of Personal Protective Equipment (PPE).
14. We never ran out of PPE in Scotland and through the four nation agreement, were able to assist both England and Northern Ireland with PPE when that was requested. In addition, NSS was able to introduce new ordering and distribution routes which allowed new distribution directly to community and primary care and social care. This was important as these private businesses would in normal times procure what PPE they needed for themselves. But with both an increased need for more PPE in their settings and strong global demand forcing prices up and restricting supply, their individual and relatively small volume orders would suffer. By Scottish government stepping in, via NSS, we were able to ensure they had a reliable supply of the right PPE for their needs.

Scottish Government Pandemic Planning, Preparedness and Resilience During My Tenure

15. I think that what was done well was the existence of the resilience response structure at national, regional and local level. Alongside this is the interrelationship between Scottish Government clinical advisors and their counterparts across the four nations and their understanding of and relationship with, for example, the Medicines and Healthcare Products Regulatory Agency.
16. Their experience of tracking the incidence of flu every year in the southern hemisphere, in order to assist with annual modeling of expectations for the flu strain, and the level of both incidence and severity establishes an expertise and relationship which assisted in our response to Covid-19. The clinical infrastructure that connects at both UK and global levels, was greatly beneficial.
17. Although I was not in post during any of the pre-pandemic exercises (Cygnus, Silver Swan or Iris), my understanding is that the lessons which came from them fed into our pandemic planning and preparedness.

Audit Scotland Report

18. Paragraph 42 of the Audit Scotland report – *NHS in Scotland 2020* (published February 2021) [JF/0001 – INQ000148761] rightly notes that the Covid-19 pandemic was caused by a ‘new virus with unknown characteristics’. It goes on to describe what that means in terms of an absence of international evidence to show how the virus behaves, is transmitted etc. Given that accurate description of the various ‘unknowns’, I think it is unreasonable to then imply a criticism of the Scottish Government for having no plan in place to deal with the Covid-19 virus.
19. A more interesting question, I think, would be, ‘how quickly and how well did the Scottish Government adapt its existing flu based pandemic preparedness to deal with this new and emergent threat?’ That would have allowed a closer examination of what I consider to be the considerable pace and flexibility of

response and from that any lessons to be applied to revised pandemic preparedness plans.

20. I have considered the Module 1 List of Issues dated 4 April 2023 and shared with me on 13 April 2023. I confirm that I have no comments to make in relation to those issues, with in the context of the questions asked of me as Cabinet Secretary for Health and Sport in Scotland from 26 June 2018 to May 2021 in the Rule 9 Request issued to me on 10 February 2023.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Signed: _____

Dated: _____ 19 April 2023 _____