

Witness Name: Gillian Russell

Statement No.: 1

Exhibits: GR

Dated: 5 May 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF GILLIAN RUSSELL

In relation to the issues raised by the Rule 9 request dated 27 March 2023 in connection with Module 1, I, Gillian Russell, will say as follows: -

Personal details

1. I am Gillian Russell of Scottish Government, St Andrews House, Edinburgh. I have been asked to give this statement as I was the Director of Safer Communities from June 2015 (on an interim basis) and from January 2016 (on a permanent basis) to March 2020. I have worked in the Scottish Government since August 1992. The first 18 years of my career were as a Government lawyer before moving as a senior civil servant to a range of policy roles before stepping up to the Director role on an interim basis in June 2015. On 17 March 2020 I moved to the role of Director of Health Workforce with responsibility at national level for the health workforce and aspects of the social care workforce. I remain in that role.
2. I have prepared this statement myself, with the support of factual information supplied by Scottish Government Covid Inquiries Response Directorate, referenced in this statement, and have received appropriate assistance to enable the statement to be completed.
3. As a director in Scottish Government ('SG') with a director led model very significant responsibility across the Safer Communities portfolio sat with me. Although I reported

into a DG and ultimately the risk of a Pandemic sat with the Executive Team in SG I had the director level lead for resilience.

4. As Director of Safer Communities I was responsible for all aspects of safety, security and resilience. This included responsibility for the Police and Fire Services, Counter Terrorism including Chairing our Contest Board, National Security, Cyber Resilience, Resilience, policy on reducing crime, community safety, organised crime, regulation of investigatory powers, justice analytical services and the sponsorship of a range of policing and fire organisations including jointly chairing the SG Justice Board. I had over 250 staff working across 5 Divisions.
5. My key overall responsibilities as a director were to carry out the delegated functions of the principal accountable officer (including annual budget cycles); understand and plan against strategic risks; give effect to ministerial priorities and provide advice; put in place the resource to deliver those priorities; develop the right relationships across the SG and with external stakeholders to address risks and ministerial priorities in a collaborative and collective way. The majority of my work was for the Cabinet Secretary for Justice. The work in relation to emergency planning was for the Deputy First Minister who led on Resilience for the Scottish Government.
6. By way of illustration over the period June 2015 to March 2020 I led through a number of terrorist related incidents; developed a new approach to cyber resilience; stood up our resilience arrangements for weather related issues; no deal Brexit planning and a visit by President Trump. Both the police and fire service were undergoing significant reform which required senior leadership time. The Directorate was also responsible for setting up the public inquiry into the death of Sheku Bayou and responses to the policing of the Miners' strike and a Hate Crime review. I also dealt with the response in Scotland to the Grenfell Tower Fire, security preparation for COP26 and the emergence of new national security risks.

Overall approach to resilience in Scotland

7. Within Scottish Government the Resilience Division were responsible for all aspects of resilience. The Division was led by a SCS Deputy Director and was divided into a number of teams.

8. As I came into role in June 2015 I had an experienced team of emergency planners who had been developing an overall resilience policy in Scotland that was community focused with clear national, regional and local structures in place to support emergency planning, exercising and response. The Resilience Division supported these structures with national guidance and embedded coordinators. Further detail regarding the role and responsibilities of Regional Resilience Partnership (RRP) coordinators is outlined in the Module 1 DG Strategy and External Affairs Corporate Statement signed 19 April 2023. As the director I was responsible for making sure that the Resilience Division had the right skills and experience to deliver the SG policy and delivery aspects of this model.

9. Resilience Division in its wider work was responsible for overseeing the capability and capacity at national, regional and local level to respond to any resilience event and the view was always that these arrangements would need to be capable of responding to the pandemic flu risk crystallising. This was captured in the *'Preparing Scotland Guidance on Resilience'* published in June 2016, provided [GR/0001 – INQ000102938]. That Guidance sets out the philosophy and structure of resilience in Scotland and was intended to create a coherent and consistent approach to resilience which would enable resilience to be practiced as a shared responsibility, and as the business of the general public. Advice went to Deputy First Minister on 28 June 2016, provided [GR/0002 – INQ000178212], setting out the approach and providing a note of progress. In that advice it was noted that risk assessment had previously been done differently across Scotland and more focus was needed on how RRP's were prepared for the consequences of top risks (including influenza type diseases). Over the period 2014 to 2020 significant work took place to make sure this approach was embedded at national, regional and local level, as set out below.

10. As Director I was keen to ensure that we had the right strategic framework to work within and that we were understanding and addressing the key strategic risks proportionately and appropriately. This included the development of a Scottish Risk Assessment (SRA) that was produced in January 2018. provided [GR/0003 – INQ000102940]. It is noted

that the highest risk was Pandemic Influenza. The SRA clearly set out the planning assumptions should that risk materialise with clear 'impact scores' across sectors. The SRA is marked 'official-sensitive' and while not in the public domain is shared with relevant stakeholders as a key part of the planning and preparedness process. While it supplements the UK National Risk Assessment it was intended to take account of the Scottish context.

11. As Director I was keen that we developed and shared with relevant stakeholders the SRA as it enabled us to have a clear risk framework to work within. The SRA was used actively by SG policy colleagues to enable them to develop their policies to address key identified risks including Pandemic Influenza and flooding. The intention was that this document would continue to evolve in line with evidence and data. The SRA was also used to inform the planning around risk assessment and preparedness at regional and local level across Scotland. See 'Preparing Scotland Guidance – Risk and Preparedness Assessment; User Guide' [GR/0004 – INQINQ000102947] July 2019 and related community risk registers for East, West and North RRP, provided [GR/0005 – INQ000102961] [GR/0006 – INQ000102962], GR/0007 - INQ000102963]. Further explanation is provided in the Module 1 DG Strategy and External Affairs Corporate Statement signed 19 April 2023

12. The overall resilience approach was to work with public sector agencies on a planning for all scenarios basis. I know that colleagues in Health and Social Care were preparing for particular issues that would impact on the health and social care system and I would leave them to comment on that further. I think that the RRP community risk registers, described above, set out the risks those RRP were considering and planning against. It is noted that Category 1 Responders such as Local Authorities who comprise the RRP are required by the Civil Contingencies Act 2004 to assess the risk of emergencies occurring and use this to inform contingency planning. A lot of reliance was therefore placed on them having things in place like the development of good quality business continuity arrangements. These arrangements to deal with the impact and consequences are applicable and needed for many different scenarios and should be cause agnostic.

13. As well as the development of the SRA I put in place a new senior external leadership forum- the Strategic Resilience Partnership (SRP). It first met on the 22 September 2016 and continues to meet today. Its primary purpose was sharing and discussing strategic perspectives on resilience. It was intended to bring senior leaders into a collaborative space where a multi -agency and shared approach to resilience could be taken. The first meeting was joined by the Deputy First Minister and we attended subsequent meetings over the 2016-2020 timeframe.
14. Those attending the meeting were the senior leadership with the first responder functions under the Civil Contingencies Act 2004 Act drawn from the emergency services, local government, SEPA, the Marine Coastguard Agency, Health Boards and the RRP's. As Director with responsibility for resilience I also sat on the SRP.
15. SG officials took a range of papers to them for advice and discussion on resilience related matters including our planning for Pandemic Flu as an agenda item on 26 October 2017, provided [GR/0008 –INQ000178210] again attended by the Deputy First Minister. In particular it was noted that lessons from the two pandemic flu exercises (Cygnus and Silver Swan) emphasised the need for strong collaboration between multi agency partners in planning and responding to a flu pandemic and the need to bolster local plans locally and nationally to respond to significant increase in demand for services at a time of reduced staffing levels. It was emphasised that there was an onus on all of the organisations represented on the SRP to work individually and collectively as part of effective resilience planning and that a serious flu pandemic would affect the whole of society- so the work had to be multiagency and not just left to Health colleagues.
16. The communication dated December 2017 on the back of this meeting noted the emphasis the Deputy First Minister had placed on multi agency and government working together to develop plans that optimised capacity with a clear understanding of local and national roles in decision making where normal capacity of was exceeded. There was an agreement that the SRP would seek further actions from RRP's on their preparedness. In particular the SRP committed to report back on the extent to which their business continuity plans are designed for long term, slow burn issues such as pandemic flu. It is

noted that mass fatalities were also discussed at the meeting and reflected in the communications.

17. At the meeting of the SRP on 18th April 2018 the Deputy First Minister asked for an update on the actions from the October meeting and in particular any significant Pandemic Flu related issues that had arisen following their commitment to consider their own planning. A summary of the discussion and actions is provided, [GR/0009 – INQ000178211].
18. As Director I made sure that I had good working relationships with the members of the SRP and that we created an open and safe space for robust and frank discussion of critical risks including our pandemic flu planning. I often talked to key stakeholders in advance of meetings and would oversee briefing for ministerial engagement and consider the topics for discussion at those meetings. It was important that we were setting the right conditions for those senior leaders to come together and see themselves as a collective leadership for the purpose of developing our overall collective and collaborative approach to the delivery of Resilience at all levels across Scotland in line with the agreed overall approach.
19. Resilience Division was also responsible for the Scottish Government Operational Response Room (SGORR) (our equivalent of COBR) making sure that we had the capacity and capability within SG to stand up that coordinating response function as and when required with staff trained across SG to work within that environment. As Director I would take the 'gold' command role as and when required and oversee organisational capability including oversight of the training of staff so we had a cadre of people able to work 7 days a week when in response mode. I would also support Ministers where Ministerially led meetings were required. Through the period 2015-2019 the SGORR arrangements were stood up to deal with a series of significant events from terrorism to flooding. The SGORR mechanism was also increasingly used in the planning and preparation for no deal Brexit as the SGORR room had the level of secure telecoms equipment needed for some of those engagements.
20. Resilience Division led on engagement with UK Government ('UKG') and other devolved administrations ('DAs') in relation to resilience functions. I had a good working

relationship with my opposite numbers in Welsh Government and UKG Civil Contingencies at Director level and also worked closely with the Scotland Office who were critical enablers in working with UKG.

Pandemic Flu planning

21. The Resilience Division took the lead on a few critical aspects of pandemic flu planning as an aspect of wider resilience planning and preparedness.
22. They had overall responsibility for assessing sector resilience. While individual policy areas within Scottish Government would be responsible for their sector's preparation at national level, Resilience Division would ensure that the planning assumptions were understood. As the SRA was prepared, there was discussion with policy areas about the content and what the developing risk assessment would mean for their preparedness. An example of this would be the work being taken forward by Directorate General ('DG') Health and Social Care where they had extensive arrangements in place to consider all aspects of planning for a Pandemic Flu.
23. In the context of pandemic flu planning SG worked closely with the UKG and there was a clear four nations approach with a significant work programme. This four nations approach was in accordance with the National Security Council commission from early 2017 for UKG to work collaboratively with the devolved administrations and other key stakeholders "ensuring the UK was prepared to manage the health effects of a severe pandemic influenza as defined by the reasonable worst case scenario in the National Risk Assessment and the wider consequences it would have.
24. The majority of planning and advice on the health and social care aspects of pandemic flu preparation sat with colleagues in DG Health and Social Care. We worked jointly with them and I jointly chaired a SG Pandemic Flu Preparedness Board from Autumn 2017 with a director level colleague in that DG to make sure that there was joined up, shared understanding and clear deliverables to support pandemic planning, and that the planning and preparation was viewed as a Cross Government responsibility rather than solely an issue for Health and Social Care to own. Copies of the papers and minutes for the Pandemic Flu Preparedness Board have already been shared with the Inquiry These

can be found in the following return: Scottish Inquiry – Tranche 2 – 8 December 2022. I did not attend the Deputy Chief Medical Officer's ('DCMO') led Pan Flu Short Life Working Group. Papers relating to this group have already been provided to the Inquiry. However, I did jointly brief our Directors Network (which met weekly to provide situational awareness for all Directors) and Ministers, including Ms Freeman, the then Cabinet Secretary for Health and Sport, and Deputy First Minister on Pan Flu planning and preparedness. We did have plans to brief Cabinet over the period 2018-2019 but that briefing did not happen. A copy of the presentation prepared is provided [GR/0010 – INQ000080712]. This has been part of the overall approach to Pandemic Flu Planning that it had to be everybody's business.

25. The agendas of the SG Pan Flu Preparedness Board meetings reflected the four nations themes that were picked up through the UK Pandemic Flu Readiness Board. The areas covered included: engagement and communications; excess deaths; health and social care; sector resilience; moral and ethical; legislation; discussion of actions for SG coming from the UK Pandemic Flu Readiness Board and SG Preparedness. On reviewing the meeting documentation it is noted that as the meetings progressed more Project Portfolio Management discipline was applied to make sure that actions were captured and taken forward. I recollect that it was quite challenging to get the resource we needed to ensure these arrangements were effective and that we made sure the process around the actions and decisions improved over the 2018 timeframe. I set out below some of the progress made against the various agreed areas of priority.
26. At times there were issues with the UKG around matters that were of particular issue to the devolved administrations. For example, in relation to the draft legislation in the event of a flu pandemic SG wanted different approaches in relation to some devolved functions. I recollect a number of engagements over months, with UKG and policy officials in SG to consider the development of the UK Bill, in particular some of the Scottish draft provisions.
27. While exercising is part of the responsibility of Category 1 responders under the Civil Contingencies Act 2004 the Resilience Division did lead on national level aspects of exercising- whether this was Scottish only or part of UKG arrangements. This was done through the Scottish Resilience Development Service (a division within Resilience

Division) and an external group, known as SMARTEU - Scottish Multi Agency Resilience Training and Exercise Unit. As Director I would engage as and when required- this would mainly be to understand resource implications; agree areas for focus and make sure there was senior level buy in where appropriate to make the exercises meaningful. I had very experienced senior staff with significant operational experience who would tend to lead on this aspect of the work.

28. There had been 2 significant exercises- Silver Swan in 2015 and Cygnus in 2016 in relation to pandemic flu planning. Silver Swan was before I took on the director role and was Scotland only. Cygnus was mainly focused on England but recommendations were considered for Scotland. I had no involvement in Cygnus. My staff in Resilience Division were involved in both of these exercises. The recommendations from these exercises were taken forward on a lead policy area basis. Some of the overall strategic response described above, in relation to the SRP being set up, and the cross SG Preparedness Board, were done taking account of those recommendations. It is noted that there were plans for further exercises that were not taken forward over this period as emergency planning capacity was largely diverted to planning for no deal Brexit as discussed below.
29. Resilience Division led on the work on issues that arose from anticipated excess deaths, including carrying out of exercises and understanding the capacity across Scotland for the storage of bodies. The team had expertise in this area and would occasionally look to me for guidance and support. The *Preparing Scotland Guidance on dealing with mass fatalities* was revised in 2017, provided [GR/0011 – INQ000102945], which included good practice guidance for setting up and managing body storage facilities and guidance on death certification during a pandemic. There remained concerns about surge capacity and the senior team leader in Resilience Division continued to engage in this work through to 2019.
30. Pan flu communications was part of wider resilience communications work. I ensured that we had communications expertise in the division. See for example *the Pandemic Flu - Communications planning guide* dated December 2019 produced by Iain Campbell [GR/0012 – INQ000102949]. This was on the back of four nations discussions on communication where there was an overall four nation's health communications strategy. It is noted that there were at times challenges making sure that

communications reflected devolved arrangements with a short life working group set up in 2018 to consider further.

31. From autumn 2018 to the end of 2019 a very significant amount of emergency planning time was spent on planning for a no deal Brexit. We had a meeting with the SRP and the Director for UK Civil Contingencies on 4 October 2018 where the 'Yellowhammer'¹ planning assumptions were discussed for the first time. It was apparent from that meeting that significant emergency planning and preparation would need to be invested in planning for the reasonable worst case scenario. Indeed the UK Pandemic Flu Readiness Board decided in November 2018 that the project would be put on hold except for the development of the draft UK Pandemic Flu Bill. The effect of this decision was that the focus of planning changed to focusing on the Bill. Within the SG EU exit related planning became a very significant draw on resource in the planning space. We were very closely involved in the Yellowhammer work with UKG and other DAs in seeking to understand and then seek to mitigate the impact of the emerging no deal Brexit planning assumptions.

32. The SG Pandemic Flu Preparedness Board continued to meet through 2019. However, the meeting frequency was much reduced and meetings were cancelled/ postponed due to competing priorities. By May 2019 it was clear that there was significant impact on the capacity to continue with pandemic flu related work due to the priority being given to EU Exit "no deal" work. This was reflected in my own work where my time and resource was increasingly being spent on analysing and developing policy responses to a range of potential no deal Brexit impacts in the policing and security space. More broadly the focus of SG turned to risk to supply routes and a very challenging set of no deal planning assumptions that required detailed and considered attention given the limited timeframe that we were working within. As joint Chair of the Board I recollect that it was increasingly difficult to prioritise pandemic flu planning and preparation work and that the UKG decision to pause work meant that we followed and also slowed and paused further activity. A summary of the position at 5 June 2019 is referred to in the SG Pandemic Flu Preparedness Board meeting papers provided [GR/0013 –INQ000080621].

¹ The codename attributed by the UKG to cross-government civil contingency planning for the possibility of a No Deal Brexit.

33. I left my role in March 2020 so cannot comment on how the planning and preparation work we had done to create a whole system approach to resilience, with strategic leadership and shared doctrine, worked in practice in the face of the COVID pandemic. I would note that the planning was done against plans which assumed a flu pandemic so the scale of societal change that was needed in response to the COVID pandemic was not anticipated in the planning and preparation for a Pandemic Flu. While we did introduce more external challenge into the SRP arrangements I am reflective on whether the central planning assumptions could have been more effectively challenged. I am also thoughtful about whether we really engaged and challenged all of our policy colleagues across SG in planning realistically for a pandemic.
34. In terms of effect of the initiatives described- they raised the profile of the central planning assumptions for pandemic flu and ensured that people were planning to the same set of assumptions and that they generally understood that pandemic flu was not simply a matter for the Health and Social Care system but that everyone would need to consider for their interests. Importantly at local level the better general resilience planning and preparedness was, the more communities across Scotland would have the resilience to withstand the impact of any range of risks materialising - pandemic flu being the highest risk in terms of likelihood and impact. The engagement that we had made sure there was a clear understanding of the nature of a pandemic flu and how it would impact over months. I think where they were less effective is in moving to a place where we were genuinely seeking assurance across all of the potential impacts that robust planning was in place. As I have explained above from Autumn 2018 the bulk of the emergency planning capacity was used to support our planning on the basis of the Yellowhammer planning assumptions given the timeframe around a no deal Brexit and the urgent need to plan and mitigate its impact.
35. In terms of changes, a robust assessment of planning assumptions with lots of psychological safety to challenge is required. What is clear that we had a very small team of people deployed to the central resilience planning around this and requests for further resource were never met as other things were of greater priority. So perhaps some way of keeping under review the planning capacity and capability for risks of this nature with some governance and reporting around that? I think the overall approach of

putting in place robust resilience arrangements that enable a response that is community and place based is the right one but perhaps we could be clearer on what national level capacity and capability needed to be in place to support those local community arrangements- particularly when trying to take account of what might be viewed as fairly extreme Reasonable Worst Case planning assumptions.

36. I am also thoughtful about the capacity we have to manage significant concurrent risks as clearly we prioritised the planning and preparation for the reasonable worst case scenario in a no deal Brexit from autumn 2018 as it was the more immediate and potentially imminent risk. Overall I think it was right to take a more strategic and whole system based approach to resilience planning and preparedness and there is much evidence of this approach being taken forward and strengthening the capacity of Scotland to respond more effectively to the risk environment.
37. In retrospect there were many very extreme things that were put into place during the Covid Pandemic Response. My own reflection is that if we had tried to scenario plan on the basis of what actually came to pass I think it would have been difficult for those scenarios to be viewed as credible. I have reflected often on this aspect and it will be important to understand what would need to change to avoid optimism bias. I am also thoughtful about the Cassandra effect where people may not engage with the most challenging disaster scenarios because they don't want to believe they could ever happen. I would suggest that we could have possibly planned against a wider spectrum of potential pandemic scenarios which could have provided further challenge to preparedness at local, regional and national level which would have helped overall preparedness.
38. Unless stated otherwise, the facts stated in this witness statement are within my own knowledge and are true. Where they are not within my own knowledge, they are derived from sources to which I refer and are true to the best of my knowledge and belief.
39. References to exhibits in this statement are in the form [GR/number - INQ000000].
40. I have considered the Module 1 List of Issues dated 4th April 2023 and shared with me on the 13 April 2023. I confirm that I have included all relevant comments in relation to

those issues, within the context of the questions asked of me as Director within the Resilience Division between 2016 and 2020 in the Rule 9 Request issued to me on 23 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: _____ 05 May 2023 _____