

Thursday, 29 June 2023

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(10.00 am)

LADY HALLETT: Yes, Mr Keith.

MR KEITH: Good morning, my Lady. The first witness this morning is Sir Jeremy Farrar, who is joining us online.

Sir Jeremy, could you be sworn, please, or give the affirmation. If you follow the instructions from the usher.

SIR JEREMY FARRAR (affirmed)
(Evidence via videolink)

Questions from LEAD COUNSEL TO THE INQUIRY

MR KEITH: Could you provide your full name, please.

A. Jeremy James Farrar.

Q. Sir Jeremy, thank you for joining us this morning. May I commence, please, with your qualifications.

You trained, I believe, in medicine, with postgraduate training in London, Chichester, Edinburgh, Melbourne, Oxford and San Francisco. You have a DPhil PhD from the University of Oxford.

You were a director of the Oxford University Clinical Research Institute at the Hospital for Tropical Diseases in Ho Chi Minh City in Vietnam from 1996 to 2013.

From 2013 you were Director of the Wellcome Trust, and from May 2023 have you been the Chief Scientist at

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influenza pandemic?

A. Yeah, thanks very much.

Can I start as well by just reaching out with the greatest support for those who have lost lives during the Covid pandemic, affected by the Covid pandemic, families that are still affected and those with long Covid, and particularly also for healthcare workers around the world who put their lives at risk in order to help all of us.

The influenza strategy I think you're referring to, of 2011 -- in 2011 I was living and working in Vietnam, and so I was not directly involved in the development of the strategy, but it was lessons learned indeed after the H1N1 pandemic of 2009, and so I was peripherally involved in parts of it, and also in the Academy of Medicine Sciences' review of how clinical trials and evidence and data could be gathered in the context of epidemics and emergencies, so peripherally involved in that strategy.

Q. Was there a general awareness of the importance of the strategy to the United Kingdom's pandemic preparedness for influenza?

A. Yeah, I think if you go back -- bear in mind I've never worked directly within government, I'm sure there are better people than me about -- talking about how that

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the World Health Organisation?

A. Yes, all correct.

Q. Are you giving evidence today in your personal capacity as opposed to a representative of the World Health Organisation?

A. Yes, correct. It's very important that I'm here totally in my personal capacity, not representing the World Health Organisation or, indeed, previous lives at Wellcome Trust either.

Q. Have you throughout your professional career served as a chair on a multitude of advisory bodies, for governments and global organisations? Were you the founding chair, in fact, of the World Health Organisation R&D Blueprint entity or body, and the founding director of the International Severe Acute Respiratory and emerging Infection Consortium, ISARIC?

A. Correct.

Q. Have you received a plethora of honours from a number of governments, institutes and entities?

A. Thank you.

Q. Could I commence, please, Sir Jeremy, by asking you some questions about the United Kingdom influenza strategy document, the 2011 strategy, about which a great deal of evidence has been received by my Lady's Inquiry.

Are you familiar with that 2011 strategy for

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was perceived in government, but if you go back to the government risk registers over the years, then pandemic influenza would have been in the top risk of many of those risk registers.

I do think, coming out of 2009, that there was an issue with a sense -- and this actually is true after many epidemics, I sincerely hope it's not true after this epidemic -- that actually 2009 H1N1 was not quite as bad as people thought, and there was a danger, globally, including in the UK, of a sort of child that cries wolf, and that actually these were less of an issue than perhaps they were. I think that did influence thinking after 2009 and may have built into why influenza as a pandemic dropped down risk registers around the world after 2011.

Q. There have been a number of references in the course of evidence to the possibility that a degree of complacency was engendered by the H1N1 swine flu pandemic, because it was, by the nature of these things, relatively mild; would you agree?

A. Yeah, I do agree. I was in Mexico as part of a WHO group in May of 2009. In May of 2009 the city of Mexico in four hospitals within a square kilometre were full of mostly young people with very, very severe influenza, and for many of us who have been concerned, and remain

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1 concerned, that one of the greatest risks is
2 an influenza pandemic of some ilk -- going back
3 to 1918 -- it was entirely appropriate, in my view,
4 in 2009 to raise the flag that this was going to cause
5 a major global problem.

6 In reality, as you rightly say, the severity of H1N1
7 in 2009 was less than expected and therefore I think
8 there did come a degree of complacency that actually the
9 world was safer against an influenza pandemic than
10 perhaps had been previously thought, and there was a lot
11 of criticism at the time about things like stockpiling
12 of the drug oseltamivir. Personally I think that
13 criticism was unwarranted and that actually influenza
14 remains, among -- with others, but remains one of the
15 greatest risks to humanity. And as we now watch
16 H5N1 pandemic in animals circulate around the world in
17 an unprecedented way, influenza is never going to go
18 away as a threat to humanity.

19 **Q.** Sir Jeremy, whilst you give evidence --

20 **LADY HALLETT:** Could we slow down?

21 **MR KEITH:** Could you slow down a little? We obviously want
22 to hear what you have to say and it's important that
23 your evidence is recorded by our hard-working
24 stenographer and it's quite difficult if you go too
25 fast.

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1 otherwise would.

2 **A.** If we look from 1999 to 2019, that 20-year period, and
3 just look at the number of regional or global events
4 that have led to major disruption, SARS-1, which I was
5 involved in in Vietnam, H5N1, Zika, MERS, another
6 coronavirus, the pandemic of 2009, and many others as
7 well, it is clear that we're living in an age of --
8 a pandemic age, where, as Mike Ryan at the WHO has said,
9 we're living in an age which is going to have more
10 frequent and more complex pandemics. Yet it is
11 extraordinarily difficult when governments are faced
12 with dealing with the challenges of day to day to also
13 put in place those critical infrastructures, resilience
14 and surge capacity and spare capacity, that would allow
15 to deal with the unexpected, but inevitable, disruptions
16 that are going to occur.

17 So I think in the UK and around the world, despite
18 the warnings of the last 20 years, there has been
19 a complacency about the need to prepare for these sorts
20 of major disruptive events which go well beyond health
21 to the whole of society, and the UK, yes, was complacent
22 in regard to planning for that.

23 **Q.** Is it your view that epidemics will become more
24 frequent, more complex, perhaps, and harder to prevent
25 and contain as a result of the well known issues of

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1 **A.** Apologies. It's a nervous occasion to be part of.

2 **Q.** Well, it won't be for very long, Sir Jeremy, so I'm sure
3 you'll survive.

4 My Lady has heard considerable evidence about the
5 inherent unpredictability of respiratory viruses and
6 therefore the inherent unpredictability of the
7 characteristics of a pandemic which may ensue from
8 a widespread pathogenic outbreak. Putting it in blunter
9 terms, it's impossible to know with any degree of
10 certainty what characteristics the outbreak may have,
11 which viruses, respiratory viruses, may eventuate, and
12 therefore what one has to guard against.

13 Was there a general sense at all, as far as you
14 could tell, after 2011, that there had been a failure to
15 focus on, in the government guidance and the government
16 policy in the United Kingdom, on the inherent
17 unpredictability of respiratory viruses and, therefore,
18 on the risks of a non-influenza pandemic?

19 **A.** Yeah, I think that would be true in the UK. I think it
20 would be true globally as well. If you go back in the
21 last 20 years -- I mean, I started working on emerging
22 infections in 1999 with an outbreak of something called
23 Nipah virus in Malaysia --

24 **Q.** Sir Jeremy, please slow down, you're going very fast
25 again. You have to steel yourself to go slower than you

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1 changing ecology, urbanisation, climate change and
2 increased travel and movement of human beings?

3 **A.** Yeah, you've hit the major features that I would have
4 outlined, absolutely. These are features of the
5 21st century. They're not going to go away. It would
6 be a grave mistake, in my view, to see each of these
7 episodes I've outlined -- some of them, but there are
8 more -- to see each one as a discrete episode. They are
9 telling us something far deeper about how the world is
10 changing, biodiversity loss, environment, climate
11 change, urbanisation, trade and travel as you say.

12 **Q.** Slow down.

13 **A.** And what I'd like for us to move away from is thinking
14 that this is a discrete episode which we can put in
15 a box and think about, and think more about the systemic
16 way that we need to address these more frequent and more
17 complex events.

18 If we look at Ebola in West Africa in 2014, the
19 Ebola virus had not changed, people had not changed,
20 what had changed was the social circumstances in which
21 it happened, not in villages that could be isolated and
22 quarantined and an epidemic brought under control
23 quickly, but in major capital cities and across borders,
24 and that more frequent and, indeed, sociologically more
25 complex epidemics and pandemics is what we will face in

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1 the future.

2 **Q.** Does it follow, Sir Jeremy, that from the vantage point
3 of governments, and with a view to the necessary and
4 important process by which risks are identified,
5 assessed and planned for, that there must be a much
6 greater focus now, both in light of Covid and of course
7 because of the increased general risks to which you've
8 referred, upon: firstly, identifying multiple scenarios,
9 as opposed to just influenza; secondly, focusing
10 additionally on how to prevent catastrophic consequence
11 as opposed to managing catastrophic consequence; and,
12 thirdly, thinking more and to a much greater extent
13 about the necessary countermeasures that may need to be
14 deployed?

15 **A.** Yeah, absolutely. The first thing I'd say is what you
16 have before a crisis hits will to a large extent
17 determine your ability to respond to it. If you have
18 deep inequalities in your society, if you have a large
19 degree of ill health in terms of health issues, if you
20 have health services which are stretched to the limit,
21 if you have fragmented government approaches such that
22 each individual vertical structure considers its area
23 but there's a challenge to sort of look at the
24 all-of-society perspective, then trying to cobble
25 together a horizon approach, an all-of-government, an

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1 **Q.** Evidence was given by Professor Sir Chris Whitty that
2 the UK science advisory system, whilst complex and not
3 perfect, is considered to be one of the stronger ones
4 internationally; would you agree?

5 **A.** Yes.

6 **Q.** What must be done to ensure that that remains the
7 position in terms of resourcing or funding or
8 a continuing focus on understanding the vital importance
9 of scientific advice?

10 **A.** So I would agree with those comments, and I have been
11 involved -- in some of your introductory remarks -- with
12 a number of other governments around the world, of all
13 economic levels of growth and depth of scientific
14 background. My view is that the construct of having
15 a Chief Scientific Adviser in every ministry, close to
16 the minister, close to the system, close to the senior
17 civil servants, not just structured in a crisis but
18 there every day, and learning to bridge the cultural and
19 language complexity that is there within different
20 disciplines, and different ways of working and different
21 educational backgrounds and everything else, building
22 that structure to be permanent, to be functioning all
23 the time and, critically, providing value and utility to
24 a government machinery all of the time, is, I believe,
25 critical.

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1 all-of-society approach in a set of vertical systems is
2 extraordinarily difficult.

3 And tabletop exercises will get you so far, but you
4 need to be working in those systems all of the time if
5 you want those systems to work when a crisis hits, and
6 I think we need to think more strongly about how totally
7 disruptive all-of-society events, of which this is
8 a good example, will be dealt with as a cross-government
9 whole-of-society approach rather than just as a single
10 ministry approach.

11 **Q.** A vital component in the whole-of-society approach is,
12 of course, having adequate scientific advice as well as,
13 and alongside, an adequate and sufficient research base.
14 Could I focus firstly, please, on the issue of the
15 scientific advisory networks which are available in the
16 United Kingdom.

17 You were a member of SAGE, the stand-up -- that is
18 to say, the committee which is stood up in the event
19 of emergencies -- in relation to Zika and Ebola; is that
20 correct?

21 **A.** Correct.

22 **Q.** Have you had extensive experience throughout your long
23 career of dealing with the scientific advisory
24 structures in the United Kingdom beyond SAGE?

25 **A.** Yes.

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1 I've argued with many other countries -- not argued,
2 discussed with many other countries that actually the UK
3 system of scientific advice in every ministry brought
4 together under a chief scientist network, together
5 providing mutual support to each other, is absolutely
6 critical, must be maintained, must be strengthened. The
7 very best people in science should be encouraged to go
8 into it and -- on the rotational basis, so that they can
9 retain their scientific expertise and skills, and then
10 network together through the chief scientists. That, to
11 me, is the best system in the world and everything
12 should be done to maintain it, not for crisis time but
13 for all the time, to deal with the day-to-day issues as
14 well as being able to respond when a crisis inevitably
15 hits.

16 **Q.** It's plain, Sir Jeremy, that in the particular context
17 of dealing with the Covid pandemic, SAGE and the
18 scientific advisory structures in the United Kingdom
19 Government drew to a very large extent, of course, upon
20 biomedical expertise. Because of the need to consider
21 at speed and in very difficult circumstances the
22 consequences of societal measures, social restrictions,
23 mandatory quarantining, and so on and so forth, it may
24 be the case that there was an absence of sufficient
25 expertise from non-biomedical professionals, that is to

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1 say economists and behavioural scientists or social
2 scientists, and experts not from the world of health,
3 and not from the world of science, but from the social
4 sciences.

5 Would you agree with that? From your experience of
6 SAGE, do you think that it is, in a general sense,
7 sufficiently diverse?

8 **A.** So I would agree with some of that, but not all of it.
9 Firstly, I think that SAGE is often seen as the names
10 officially on the SAGE list, which I think counts to
11 30 or 40 people or so. Behind that there were hundreds
12 of people involved. And particularly on some of the
13 areas you mentioned there, behavioural science, for
14 instance, I think the input into -- the behavioural
15 scientists into SAGE from throughout my time on SAGE,
16 I thought was of the very highest quality.

17 Where I think -- where I do agree with you is that
18 there was no -- there were two things lacking, in my
19 view. One is the SAGE health, public health,
20 behavioural science perspectives on the pandemic were
21 not mirrored with other equally transparent and debated
22 issues that brought the whole of the society elements
23 together, and I believe -- I've never been in
24 government, but I believe that a better approach would
25 have been to have a SAGE that focuses on its area of

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1 perhaps was constructive.

2 **Q.** A red team would plainly be in a position to challenge
3 orthodoxy. Do you mean orthodoxy on the part of the
4 government or orthodoxy -- or alleged orthodoxy on the
5 part of the scientists in SAGE or a mirror group who,
6 I think I should tell you, have described themselves in
7 this Inquiry in various terms such as being
8 self-correcting or, on another occasion, as being
9 "licensed dissidents"? Do scientists need to be
10 challenged in that way, or is this a point made more
11 directly against administrators and government
12 employees?

13 **A.** Science absolutely has to be challenged and I think --
14 unfortunately I'm not aware that beyond the summaries,
15 been released I think at the behest of Patrick Vallance,
16 crucially, it's a shame that actually SAGE wasn't
17 recorded in some ways, because I think within the SAGE
18 discussions that I was always part of, there was a very
19 high degree of challenge.

20 But to have an outside group, a red group, that just
21 puts in questions -- have you thought about this? Have
22 you thought about that? Have you considered that? --
23 who are not part of that formal group, I think -- my own
24 experience of that is from the United States, and there
25 I thought it was very helpful to be able to do that. It

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1 expertise, definitely including behavioural science,
2 international perspective, ethics, many of the things
3 you mention, but that would be mirrored, in my view,
4 through the Cabinet Office, with a similar transparent
5 expert group that would consider other aspects that are
6 absolutely critical to an all-of-society response.

7 I think if you ask SAGE to do all of that, it would
8 become huge, unwieldy, and wouldn't be able to have the
9 clarity, given in mind that SAGE was meeting, at some
10 points, every 24 or 48 hours. So personally I would do
11 that through the Cabinet Office but have equal
12 transparency with elements that considered other aspects
13 beyond the health agenda.

14 The second thing I would suggest, and I was part of
15 this in a US group, is that there is outside the SAGE
16 system, but linked to it in a constructive way, if you
17 like, a red team. A red team that would have access to
18 other -- the same information but would be able to
19 constructively challenge the thinking from the outside
20 and wouldn't be within the room at the same time.
21 I thought that worked extremely well when I was part of
22 a similar enterprise in the United States, and I would
23 like to see that set up. Independent SAGE I think tried
24 to do that, but unfortunately, for reasons others can
25 debate, sometimes it became more confrontational than

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1 doesn't diminish the authority or the voice of SAGE but
2 it would give you some of the external challenge.

3 I think within the Cabinet Office, to me that is
4 where the political challenge of, is this the right
5 thing to do, closing schools, closing economies,
6 whatever it might be, should be held. But I think those
7 need also to be transparent in the same way that SAGE
8 was, with its minutes and summaries, so that people can
9 actually -- as a public, can actually challenge those
10 assumptions as well.

11 **LADY HALLETT:** Mr Keith, are you going further into the
12 mirror group?

13 **MR KEITH:** No, I was going to move to the questions --

14 **LADY HALLETT:** Can I just have a brief summary of what
15 Sir Jeremy means by the mirror group? Which experts?
16 How would it work?

17 **MR KEITH:** Yes.

18 Sir Jeremy, a few moments ago, in response to
19 a question from myself as to whether or not the
20 constitution, the make-up of SAGE was sufficiently
21 diverse, you suggested the possibility of a mirror
22 group, not as part of SAGE itself, because it would
23 become too unwieldy and too large to be convened at
24 speed and in very difficult circumstances, but
25 a separate committee comprising experts, specialists

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1 from different professional walks of life. Could you
 2 expand on that? You referred to social scientists,
 3 economists and others. Is there anything more that you
 4 want to say about that in terms of the composition?
 5 **A.** Well, I think the social scientists and behavioural
 6 scientists were absolutely fundamental to SAGE itself,
 7 so I certainly ... but I think a group outside of what
 8 I call a red team, that was able to throw in questions
 9 into SAGE: have you thought about this? Have you
 10 thought about that? Some of that happened informally,
 11 through things like, in the UK, the Royal Society,
 12 Academy of Medicine Sciences, et cetera, et cetera and
 13 obviously in the lay and scientific literature. But
 14 having been part, for some time, in the US of that
 15 red group, which brought together, yes, epidemiologists,
 16 biomedical people, social scientists, economists, people
 17 thinking outside the box, that was helpful, I think, in
 18 terms of the US approach to this. Which I have to say
 19 I believe was not as well constructed and organised as
 20 was SAGE, would be my view having seen both operating.
 21 **Q.** So those specialists and scientists and professionals
 22 are, in terms of their own professional qualifications,
 23 mirror images of the constituent parts of SAGE, they're
 24 not from other walks of professional life, they are
 25 there to challenge, if you like, the members of SAGE on

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1 the growing risks of pathogenic outbreaks, particularly
 2 of the viral respiratory kind, and to the growing risks
 3 generally because of changes in our environment and our
 4 way of life. To what extent is it essential to meet
 5 those continuing and growing risks that we maintain as
 6 a country capability, that is to say the medical,
 7 scientific and social weapons at our disposal to meet
 8 a future pandemic?
 9 **A.** So I started off by saying what you have before
 10 a pandemic or crisis hits makes such a huge difference.
 11 There are many things to question and challenge, and
 12 that's the role of the public inquiry in terms of the
 13 pandemic. But I think we can only celebrate the
 14 remarkable scientific -- and by "scientific" I mean the
 15 broad sciences -- contribution to the pandemic in the UK
 16 and around the world. That -- you can't turn that on in
 17 a crisis. You know, we didn't make a vaccine in
 18 12 months. We made a vaccine because for years before
 19 all governments in the UK, of any colour, I would argue
 20 as well the Wellcome Trust, the charitable sector,
 21 philanthropy, have invested in basic science, in people,
 22 in teams and institutions, and if you look through the
 23 development of the Oxford-AstraZeneca vaccine, if you
 24 look at COG-UK, building off years of work at the
 25 Wellcome Genome centre, if you look at the

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1 their own turf?
 2 **A.** No, no, I wouldn't -- no, sorry. Let me clarify.
 3 I think in that sort of red group you could easily have
 4 a broader sector of society, civic society, industry,
 5 people, yes, with expertise and understanding of public
 6 health, but also others who would bring a different
 7 perspective.
 8 **Q.** Right.
 9 Sir Jeremy, can I ask you now about your experience,
 10 please, of some of the more specialist scientific
 11 committees concerned with pathogenic outbreaks.
 12 Have you had dealings over the years with HAIRS, the
 13 Human Animal Infections and Risk Surveillance committee,
 14 or ACDP, the Advisory Committee on Dangerous Pathogens,
 15 or on the now abolished NEPNEI? Are those committees,
 16 although you weren't in government, with which you've
 17 had any experience?
 18 **A.** No, I was not part of any of those. The greater
 19 experience I had was actually outside the UK, as you
 20 mentioned, being the founding chair of the
 21 WHO R&D Blueprint, advisory and WHO committees and other
 22 governments, but I was never involved in any of those
 23 that you mention there.
 24 **Q.** All right.
 25 You've referred in the course of your evidence to

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1 RECOVERY Trial, if you look at when local authorities
 2 and others through public health got involved in their
 3 communities, through ownership and knowledge of those
 4 communities, those were absolutely world leading. Those
 5 are the results of decades of investment in fundamental
 6 science and its translation, a brilliant regulator.
 7 And HRA now, and when it was part of the EMA, is one of
 8 the world's if not the world's best regulator. They
 9 were critical. Understanding ethics.
 10 So this infrastructure in the UK is something the UK
 11 should be incredibly proud of, must maintain, and has
 12 a critical role to play internationally.
 13 **Q.** Is that a capability without which it is impossible to
 14 scale up the necessary medical and clinical responses in
 15 the event of a pandemic? Is that something which must
 16 be maintained because, without it, we would not have the
 17 building blocks to be able to mount a defence in the
 18 event of a pandemic?
 19 **A.** Absolutely agree with that. As I say, the vaccine was
 20 not made in a year. If you don't maintain that
 21 capacity, and if that capacity isn't valued, isn't
 22 funded -- it's not providing value and utility all of
 23 the time. We should remember that the
 24 Oxford-AstraZeneca vaccine came off a team,
 25 Sarah Gilbert, Andy Pollard and many others had been

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1 working on those vaccines, they'd been working on
2 typhoid vaccines, they'd been working on meningitis
3 vaccines and were able to pivot. The RECOVERY Trial
4 built off years of investment, particularly from the
5 National Institutes of Health' research and the clinical
6 trials capacity.

7 These are absolute jewels in the UK's crown. They
8 could play, in my view, a bigger role internationally,
9 but you have to maintain them every Monday, every
10 Tuesday, and you have to value them and they must
11 provide value either in enhancing knowledge and our
12 understanding of the world or in translation into
13 products/countermeasures for people in a pandemic.

14 If we do not retain that scientific infrastructure,
15 then the UK will be woefully underprepared to deal with
16 today's challenges and tomorrow's inevitable epidemics.

17 **Q.** Does that infrastructure include matters such as having
18 sufficient laboratory services, for example to be able
19 to scale up mass diagnostic testing in the event of
20 a new pandemic and perhaps a different testing device?
21 What sort of laboratory infrastructure is required to be
22 able to provide that building block to enable us to
23 scale up in the next crisis?

24 **A.** The testing capacity in the first three months of 2020
25 in the UK was woefully inadequate. It wasn't possible

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1 terms of our ability to have the resilience in the
2 future.

3 **Q.** So drawing those threads together, Sir Jeremy, would you
4 agree that both in terms of research capacity but also
5 infrastructure, laboratories, technicians and the like,
6 is vital --

7 **A.** Yes --

8 **Q.** I'm sorry, I hadn't quite finished -- it's vital that
9 capability is maintained for not just diagnostic testing
10 but antivirals and also vaccines, to which you've
11 referred? So this is a capability which must be
12 maintained across the board for those three pillars, if
13 you like, of pathogenic outbreak response?

14 **A.** Yeah. I would actually add to that, the social science,
15 the behavioural science must be integrated as part of
16 that, not some separate thing that goes on in other
17 conversations. But we must maintain that all the time.

18 The only way to maintain it, and if we're not to
19 repeat the lessons of all of the epidemics I mentioned
20 at the start, the only way we can maintain this is if it
21 is integrated into services and health provision,
22 prevention and treatment every Monday, every Tuesday,
23 every week, every month, because after every previous
24 epidemic, after Ebola, the world said "Never again, we
25 must build these capacities", and sadly one or two or

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1 to scale that up at the speed that was required and
2 testing got way behind the speed of the epidemic. In
3 epidemics and pandemics there is no point saying "We're
4 quicker than we used to be" if you're slower than the
5 speed of the epidemic, and if you get behind that curve,
6 you'll really struggle to catch up. Remembering that
7 exponential growth, doubling time every two days means,
8 even 48 hours later, you've lost -- you've got behind
9 the curve, and the data you have today is in the
10 rear view mirror, it's what happened yesterday that
11 you're seeing, not what happened today.

12 So unless you have that diagnostic capacity --
13 I would personally like to see a much closer
14 interrelationship between what we call public health,
15 public health laboratories, clinical and NHS facilities,
16 and the broad and very strong research environment in
17 the UK.

18 Often these are almost competing with each other
19 rather than seeing themselves as part of a common
20 approach, and I think to forge together public health
21 laboratories, local authorities, hospitals and clinical
22 facilities, general practice, primary care and the
23 research endeavour, and make sure that those are working
24 together outside the pandemic and can much better work
25 together in a pandemic, would be a huge progress in

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1 three years later a pandemic hasn't happened and they
2 start to be cut. So my view is, instead of creating yet
3 more vertical structures that will somehow be there when
4 a pandemic strikes, build it into systems that are of
5 use every day, people are using them, they provide value
6 to communities, and then they can pivot when it's
7 necessary.

8 If we look at COG-UK as a good example, established
9 by Sharon Peacock, it was building off years of public
10 interest in genomics and the Wellcome Trust's genome
11 centre and institutes like the Crick, Edinburgh,
12 Glasgow, Manchester and others, Birkbeck, these are
13 critical infrastructures, they're providing value and
14 utility all the time and they have, critically, the
15 people who can pivot when necessary. We must not lose
16 this capacity.

17 **Q.** Turning now, finally, to a more administrative or
18 governmental angle, and the issue of countermeasures, is
19 it your view that further work is also required to be
20 done in terms of thinking about, evaluating, working out
21 the consequences of the policy interventions with which
22 we're now all only too familiar, such as quarantining,
23 social distancing, the efficacy of face masks, airport
24 screening and so on, all of which, of course, came very
25 much into focus during Covid, but perhaps have not been

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1 developed in terms of the thinking as far as they might
2 be?
3 **A.** Yes, I do agree with that, and having listened to some
4 previous interventions and the concern that everything
5 was based around a potential flu pandemic and no other
6 thinking, the things I would say on that: flu remains
7 the number one biggest risk, but we should be thinking
8 beyond flu, in terms of a crisis management system that
9 would be agnostic to what the event was, it could be
10 respiratory, most likely, it could be sexual, it could
11 be through the gastrointestinal -- there's all sorts of
12 scenarios, and instead of getting plugged in to a single
13 outcome which we feel comfortable with, perhaps more
14 important is to think, whilst we will focus on flu,
15 because it's hugely important and is the most -- the
16 highest risk and it remains so, that nevertheless we
17 must have a system which allows us actually to cope with
18 whatever is thrown at us and have the resilience and the
19 spare capacity and not the whole system stretched to its
20 very limit in order not to be able to respond when the
21 demand increases.

22 So I would like to think more broadly, more like
23 an incident management group than a flu-specific group,
24 without losing the knowledge that flu remains a huge --
25 a huge risk to us all.

25

1 the efficacy of face masks, putting aside how effective
2 they actually were?

3 So was there a standing scientific consensus on the
4 efficacy of face masks pre-Covid? And to what extent
5 had thinking on face masks developed pre-Covid?

6 **A.** I think in the UK that consensus did not exist, and the
7 effectiveness as well as the efficacy of face masks I do
8 not believe in the UK there was a consensus on that.

9 Having spent 20 -- almost 20 years living in Vietnam
10 through SARS and H5N1, and then watching very closely
11 and being very involved in the responses in China, in
12 Korea, in Vietnam and Singapore, four countries that had
13 previously dealt with SARS-1 and with other emergencies,
14 I think if you asked there, there was a clear consensus
15 amongst the decision-makers, and indeed the scientists
16 and healthcare workers, that face masks had a role in
17 contributing to the public health intervention.

18 In public health there's rarely a magic bullet.
19 Public health -- the analogy of the Swiss cheese model
20 of having multiple interventions is crucial. If you're
21 expecting face masks to give you 95 protection against
22 something, you won't get it. But as part of a series of
23 interventions which includes face masks, includes hand
24 washing and includes clean air and spacing between
25 individuals, and then when you have the countermeasures

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1 Those policy interventions that you talk about need
2 a discussion at societal level. The word "lockdown",
3 none of us had heard of it before about February or
4 March of 2020. The implications of it are huge, and
5 longstanding. We should be able to debate those in the
6 interepidemic periods and come to a societal discussion
7 about what we're going to prioritise, what we're going
8 to protect and what we may have to do in order to
9 prevent an event like Covid-19 happening again.

10 **Q.** Sir Jeremy, thank you very much.

11 My Lady, I believe you granted permission to Welsh
12 Covid Bereaved for an issue or issues surrounding the
13 question of face masks to be explored through my own
14 examination.

15 Sir Jeremy, could I return you, please, to the issue
16 of face masks. The issue of face masks and their
17 efficacy is very much going to be a matter for
18 consideration in my Lady's Module 2 in this Inquiry,
19 because of course there was a huge debate about face
20 masks once Covid had hit. But in the context of
21 preparedness, may I ask you this: to what extent
22 pre-Covid was the wearing of face masks an issue which
23 was thought about, sufficiently developed, and views
24 reached upon? And an associated question: to what
25 extent was there, pre-Covid, a scientific consensus on

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1 you're talking about, diagnostic tests, treatment and
2 vaccines, together they create a Swiss cheese model of
3 what our public health is. Each one contributes
4 a percentage. None of them on their own contribute
5 enough to change the dynamic of a pandemic, but together
6 they can have a very profound impact.

7 When you talk about countermeasures, often we talk
8 about countermeasures in terms of therapeutics and
9 vaccines and diagnostic testing, but countermeasures
10 need to be seen in the full Swiss cheese model, they
11 need to include social distancing, they need to include
12 masks, they need to include hand washing, they need to
13 include in other epidemic potentials other
14 interventions, for instance, in HIV, condoms, et cetera.

15 So I think we would be wiser -- and the evidence
16 base on face masks, unfortunately whilst we had large
17 clinical trials of therapeutics, the RECOVERY Trial, we
18 had the vaccine trials, we missed an opportunity during
19 the pandemic to gather robust, strong prospective data
20 on non-pharmaceutical interventions, which are
21 a critical component of any response to an epidemic and
22 pandemic until you have those countermeasures that will
23 then change the course of the pandemic.

24 So what I would plead for is we don't see
25 countermeasures just as something you inject into

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1 somebody's arm or you take as a tablet, but we see
2 countermeasures in a Swiss cheese model of public health
3 which integrates them all and we find the evidence for
4 how they work on their own and we find the evidence for
5 how they work together.

6 **MR KEITH:** Sir Jeremy, thank you very much indeed.

7 **LADY HALLETT:** Sir Jeremy, thank you very much indeed for
8 your help, it's been extremely interesting and we're
9 very grateful to you. Thank you.

10 **THE WITNESS:** I wish you the very best with the public
11 inquiry and offer all the support we can to it. The
12 lessons must be learned and we must never be there
13 again.

14 **LADY HALLETT:** Thank you.

15 **(The witness withdrew)**

16 **MR KEITH:** My Lady, I think that we can proceed to the next
17 witness straightaway. If somebody would be good enough
18 to sever the link with Sir Jeremy, we will return to the
19 witness box.

20 **LADY HALLETT:** Just before Ms Sturgeon gives evidence
21 I would like to apologise to those who were
22 inconvenienced by the fact we didn't call Ms Calderwood
23 on Wednesday morning. It was due entirely to unforeseen
24 circumstances, and I can assure people we gave everyone
25 as much notice as we could, and as we got in fact. So

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1 suffering continues to this day, and there is not a day
2 that passes that I don't think about that.

3 Secondly, I want to convey my thanks to all those
4 who contributed to the national response, obviously to
5 our health and care workforce but to all of those across
6 the public, voluntary and private sectors, and of course
7 to the general public who did everything that was asked
8 of them and made extraordinary sacrifices.

9 Finally, my Lady, I know that every day the
10 government I led did our best to take the best possible
11 decisions, but equally I know that we did not get
12 everything right. The learning from the pandemic is of
13 critical importance, and this public inquiry has
14 a central role to play in ensuring that those lessons
15 are learned, and therefore I appreciate the opportunity
16 to be here before you for the first occasion today.

17 Thank you very much.

18 **MR KEITH:** Thank you, Ms Sturgeon.

19 You say the first occasion because, of course, it's
20 known to my Lady but not necessarily the wider world
21 that you will be giving evidence again before this
22 Inquiry for the purposes of Module 2A, which will be the
23 module that will be more particularly concerned with the
24 response to the pandemic once, of course, it had struck.

25 Ms Sturgeon, you've provided, kindly, a witness

31

1 apologies to anybody ...

2 **MR KEITH:** My Lady, yes.

3 **LADY HALLETT:** Mr Keith.

4 **MR KEITH:** Could the witness be sworn, please.

5 **MS NICOLA STURGEON (affirmed)**

6 **Questions from LEAD COUNSEL TO THE INQUIRY**

7 **MR KEITH:** Could you give the Inquiry, please, your full
8 name.

9 **A.** Nicola Sturgeon.

10 **Q.** Ms Sturgeon, thank you for offering your assistance and
11 providing it to this Inquiry. Whilst you give evidence,
12 could you please remember to keep your voice up so that
13 we may all clearly hear what you have to say, and also
14 for our hard-working stenographer so that she can record
15 your evidence.

16 **A.** Excuse me, my Lady, with your permission, would it be
17 possible to say a few words by way of introduction?

18 **LADY HALLETT:** You may.

19 **A.** Thank you.

20 I am appearing at this public inquiry for the first
21 time and, as the First Minister of Scotland for the
22 duration of the pandemic, I wanted to take a brief
23 opportunity to offer my sympathies and condolences to
24 all those who have suffered as a result of Covid-19.
25 The pandemic may be over but for very many people that

30

1 statement, dated, I think, 19 April 2023. We needn't
2 bring it up but it's a witness statement to which you
3 have appended your signature and a statement of truth.
4 Is that correct?

5 **A.** That's correct.

6 **Q.** You were, of course, as you've said, the First Minister
7 of Scotland, but earlier in your career you were Deputy
8 First Minister and Cabinet Secretary for Health, and,
9 coincidentally, that was during the swine flu pandemic
10 which hit the United Kingdom in 2009; is that correct?

11 **A.** That is correct.

12 **Q.** So you would have become familiar with the exquisite
13 difficulties of dealing with the onset of a pandemic on
14 a country, and familiar with governmental response?

15 **A.** Yes.

16 **Q.** Just to get our bearings, that pandemic, H1N1, as we've
17 heard, was, by the general standards of these things,
18 relatively mild, was it not?

19 **A.** Yes, indeed, milder, thankfully, than any of us had
20 expected at the outset of it.

21 **Q.** There were some 1,500 hospitalisations in Scotland,
22 fortuitously no deaths, I believe, but of course there
23 were around about 17,000 deaths globally.

24 There may, therefore, be a limit as to what lessons
25 could have been learnt from that milder pandemic, but

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1 the Scottish Government commissioned a paper, did it
 2 not, to review its own response to that pandemic?
 3 **A.** We did, yes.
 4 **Q.** Was that a report or a paper that you yourself
 5 commissioned?
 6 **A.** Yes, I believe I would have commissioned that as
 7 Health Secretary at the time.
 8 **Q.** May we have, please, that paper on the screen,
 9 INQ000102936. It's headed "Cabinet Sub-Committee on
 10 Scottish Government Resilience, Influenza (H1N1)
 11 Pandemic - Review of the Scottish Government Response",
 12 and it was a "Paper by the Cabinet Secretary for Health
 13 and Wellbeing". You were Deputy First Minister and
 14 Cabinet Secretary for Health, and therefore may we
 15 presume that was you?
 16 **A.** I'd have to check the date of it to see whether I was
 17 still Health Secretary when that paper was produced, but
 18 I believe that would have been me, yes.
 19 **Q.** I think the paper was produced in 2011. You were
 20 Cabinet Secretary for Health until 19 May 2011.
 21 **A.** I was Cabinet Secretary for Health into late 2012.
 22 **Q.** Yes.
 23 **A.** That would have been me in that case.
 24 **Q.** Yes, you were Cabinet Secretary for Health until
 25 19 May 2011, and then you became Cabinet Secretary for

33

1 is correct, but certainly in relation to the second
 2 bullet point there, what that seems to me to reflect is
 3 something that was certainly true in the handling of the
 4 H1N1 pandemic, is that the pandemic did not unfold in
 5 the way that the plans and the modelling and the
 6 reasonable worst-case scenario estimates had indicated
 7 that it would, and that had relevance, I think, to what
 8 we learned about the strength and weaknesses of
 9 pre-pandemic planning.

10 So my reading of that is that that was a statement
 11 about the gap that opened up during the swine flu
 12 pandemic between what the plan told us would happen and
 13 what in reality happened.

14 **Q.** That issue, the divergence between risk assessment,
 15 plan, identification of response and the reality of
 16 a pandemic was an issue that continued to bedevil this
 17 area of strategy planning, did it not?

18 **A.** Yes, it did. I think that is fair comment.

19 I also, having now, in different capacities, as we
 20 have been covering, been involved in the response to two
 21 pandemics, I to some extent think that there is
 22 an inevitability about that being a problem that will
 23 always exist to some extent because, there is no plan
 24 that will ever completely replicate what happens in
 25 reality when a pandemic unfortunately confronts us.

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1 Health, Wellbeing and Cities Strategy thereafter?

2 **A.** Thank you for reminding me.

3 **Q.** Page 5 of the report refers, at the bottom of the page,
 4 to "Planning Assumptions":

5 "Respondents recognised the limitations of
 6 modelling, however it was felt that it would have been
 7 helpful to have updated the planning assumptions more
 8 quickly to reflect the picture on the ground. In
 9 effect, reflecting the most likely scenario, rather than
 10 the worst case scenario. Respondents felt it would have
 11 been helpful for the process of testing the planning
 12 assumptions to be more explicit.

13 "The planning assumptions which were published did
 14 not hold much weight with responders on the grounds that
 15 they did not reflect what they were experiencing."

16 Ms Sturgeon, these references to the planning
 17 assumptions and to national and local responders' views
 18 as to how efficient or how useful they were, was that
 19 a reference to the broad governmental system by which
 20 risks are assessed, grouped together, and assumptions
 21 made for the purposes of planning as to how those risks
 22 should be addressed?

23 **A.** So my reading of these paragraphs, and, forgive me,
 24 I would need to see these paragraphs in the context of
 25 the whole paper to be certain that what I'm about to say

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1 **Q.** Indeed.

2 At page 11, relatedly, in the middle of the page
 3 there is this heading:

4 "Actions to be taken forward as part of the UK-wide
 5 Review into the influenza A (H1N1) response."

6 Was that a reference to the review which was carried
 7 out in fact by Dame Deirdre Hine?

8 **A.** That would have been a reference to the Hine review,
 9 yes.

10 **Q.** "We will oversee the work of the Review Team through
 11 Scottish Government representation on the reference
 12 group. We will consider the implications for Scotland
 13 of the emerging findings, specifically those relating
 14 to ..."

15 Then the bottom bullet point:

16 "Future iterations of the Pandemic Flu Framework."

17 Was that reference to "Pandemic Flu Framework"
 18 a reference to the then pre-existing Scottish strategy
 19 for dealing with pandemic flu and also the prospective,
 20 the anticipated United Kingdom strategy for dealing with
 21 influenza pandemic, which we'll come to in a moment?

22 **A.** So I suspect that that would have been effectively both
 23 of those things, it would have been a reference to
 24 whatever pandemic flu framework was in existence at the
 25 time, the pre-existing Scottish Government one and then

36

1 what became the UK-wide pandemic flu preparedness plan
2 in 2011.

3 **Q.** Thereafter, Ms Sturgeon, as my Lady has heard in the
4 course of evidence, under the four nations approach, the
5 United Kingdom drew up and disseminated a new 2011
6 strategy, and that is or became the sole strategy for
7 dealing with pandemics, and it was, of course,
8 a strategy which, on its face, dealt only with influenza
9 pandemic.

10 There was a commitment there in that review by the
11 Scottish Government to keeping future iterations of the
12 pandemic strategy under review, but to a very large
13 extent that did not happen, did it?

14 **A.** The 2011 four nations plan was not updated. Now, for
15 that to have been updated on a four nations basis would
16 obviously have required the engagement of all four
17 governments. In my view, and this takes us to the heart
18 of some of the most important lessons I learned from the
19 swine flu pandemic, had that plan been updated I do not
20 necessarily think it would have changed substantially.
21 I think I heard Professor Sir Chris Whitty make
22 a similar point to you last week. A review, refresh,
23 different iteration of that would not have changed
24 necessarily the fundamental assumptions or planning or
25 modelling at the heart of it.

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1 **Q.** As it turned out, Ms Sturgeon, the reality was that the
2 plan, the strategy, the 2011 document required not just
3 tweaking -- and it may well be that it wouldn't have
4 just stopped at tweaking had it been significantly
5 revised -- it was and has been described by a variety of
6 different witnesses as wholly inadequate.
7 Strategically. Do you accept that there is now a much
8 clearer understanding as to the nature and the degree of
9 the inadequacy of that document?

10 **A.** So, yes, and if I may, I'll perhaps try to break that
11 down briefly into two parts --

12 **Q.** Please.

13 **A.** -- and perhaps give a little bit more explanation for my
14 use of the term "tweak".

15 Had a process to update that plan focused on
16 updating an influenza preparedness plan, I can't be sure
17 about this, but I do not believe it would have changed
18 significantly, because it would still have been a plan
19 dealing with the potential for a flu pandemic. Had it
20 been a process signed to turn a flu plan into a plan
21 that was looking at a different range of pandemics, that
22 may have been a more substantive exercise.

23 In terms of your question: do I accept that the plan
24 was inadequate? In summary, yes, the plan was for
25 a different type of pandemic than the one we

39

1 In brief, the two lessons that I took from swine flu
2 in relation to plans were, firstly, and I've already
3 touched on this, the importance of any plan being
4 adaptable and flexible when it first confronts reality.
5 In summary, what happened in swine flu was that as the
6 pandemic, thankfully, turned out to be milder than we
7 had anticipated, there was a period when the governments
8 tried to make the pandemic fit the plan rather than
9 adapt the plan to the pandemic. So flexibility is the
10 first point.

11 The second point I guess relates to that, is the
12 importance of whatever is on the paper in the form of
13 a plan, there is work done to operationalise and test
14 that plan.

15 I'm sure we'll come on to some questions around
16 Exercise Cygnus on a UK basis, Silver Swan on a Scottish
17 basis, to a lesser extent because it was looking at
18 MERS, SARS, rather than flu, Exercise Iris. But the
19 work that was done through these exercises and the work
20 that was done in Scotland by local resilience
21 partnerships sitting underneath our regional resilience
22 partnerships in my view was more important than having
23 tweaked versions of a plan that was only ever going to
24 be a template for the situation that we ultimately found
25 ourselves dealing with.

38

1 unfortunately were confronted with. What I would say in
2 addition, though, is that that does not mean no part of
3 that plan was useful in any way, because some of the
4 consequence planning for a pandemic -- I mean, there are
5 some, as we know and we'll come on to, no doubt, today
6 and in future modules, significant differences with
7 significant consequences between flu and what we ended
8 up dealing with in terms of a coronavirus pandemic. But
9 some of the consequences were similar. So I would,
10 I guess, push back a little bit against the notion that
11 there was nothing in the flu planning that served us any
12 purpose at all when it came to Covid-19.

13 **Q.** You would accept, I think, that there was no plan for
14 non-influenza pandemic, at least on its own face;
15 correct?

16 **A.** No, that is absolutely the case. That is not to say
17 that there was no thinking within governments around
18 non-influenza diseases, you know, high-consequence
19 infectious diseases. Exercise Iris, which was
20 a Scottish Government exercise, looked at that
21 specifically. What there wasn't, and I think this is
22 the significant gap, is there was no set plan, which, as
23 I say, is not the same as saying there was no thinking,
24 into how we dealt with a pandemic that had features and
25 characteristics of flu in terms of transmissibility, but

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1 also the severity and the -- what we came to understand
 2 in terms of the asymptomatic transmission of Covid-19.
 3 So if you look at Exercise Iris, it was looking at
 4 a MERS/SARS type incident, but not a pandemic, one that
 5 was small and very contained.
 6 **Q.** Yes.
 7 **A.** So I would readily accept that there was a gap in terms
 8 of the pandemic we ultimately were dealing with, but, as
 9 I say, that does not mean the plan that was in place had
 10 no utility at all.
 11 **Q.** No, and I'm not suggesting it had no utility. The plan
 12 on its face called for flexible --
 13 **A.** Yeah.
 14 **Q.** -- application, it called for flexibility, it proclaimed
 15 the fact that viral respiratory pathogenic outbreaks are
 16 by their nature inherently unpredictable, and therefore
 17 that the plan should be applied to non-influenza
 18 pandemics. But there was no development of that
 19 thinking, was there, in the plan? There was no debate
 20 about what those inherently unpredictable
 21 characteristics might consist of, the differences in
 22 transmission rate, or viral load or severity or
 23 incubation period.
 24 That's correct, isn't it?
 25 **A.** That is correct. That said, and I -- obviously I'm not
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1 have been a much closer and clearer debate about the
 2 necessary countermeasures, for example mass diagnostic
 3 testing, mass contact tracing, social restrictions,
 4 quarantining and so on, and that debate was wholly
 5 absent, wasn't it, from that strategy and from all the
 6 contemporaneous material?
 7 **A.** Much of that, yes, was absent from that. So I do think
 8 that is fair, and yes, I -- with retrospect and in
 9 hindsight, I think we would all have benefitted from
 10 much earlier discussion around some of these things.
 11 I suppose the only point I'm making, maybe this comes
 12 from too many years in government, not now obviously, is
 13 I think there is a real danger in putting
 14 an overemphasis on plans, there is a -- there is often
 15 a tendency in government to say, "Well, we have a plan,
 16 it sits on the shelf, and so we've done the
 17 preparation", and it's what -- as I think you're putting
 18 to me fairly, it's what lies underneath that, and had
 19 there been a plan that looked at the range of pandemics
 20 other than flu, then yes, it is possible that we would
 21 have had greater discussion around some of the elements
 22 that of course came very much to the fore when Covid
 23 struck.
 24 **Q.** The reason I put the question to you, Ms Sturgeon, the
 25 way that I did was to respond to your suggestion that
 43

1 a scientific clinical expert in any way, shape or form,
 2 but it may have been difficult to capture the range of
 3 possibilities that you -- you've just alluded to there
 4 in a single plan.
 5 I think the other point I would make about the
 6 utility or otherwise of plans, had the flu plan been
 7 reviewed and turned into something that was looking at
 8 pandemics or the potential pandemics more widely,
 9 whether that plan would have served its purpose would
 10 have depended on the capabilities that lay underneath
 11 that plan.
 12 So I'm straying slightly perhaps into future modules
 13 here, but for me the questions in my mind, literally
 14 every day, are not so much did we lack a plan, but did
 15 we lack the capabilities for dealing with a pandemic of
 16 the nature of Covid-19. And obviously I'm talking there
 17 about contact tracing, testing, infrastructure in
 18 particular.
 19 **Q.** Indeed. But you would accept, Ms Sturgeon, that had the
 20 plan focused more plainly, more clearly on the inherent
 21 unpredictability of viral respiratory pathogens and
 22 their characteristics, and identified that the next
 23 pandemic might have different characteristics to
 24 influenza, in terms of transmission rate, incubation
 25 period, viral load, severity, it is likely there would
 42

1 the strategic, acknowledged strategic flaws in the plan
 2 may not have mattered because what matters more is
 3 capability.
 4 **A.** Absolutely.
 5 **Q.** My point to you is: had there been a proper development
 6 of the issues of the required countermeasures necessary
 7 to meet properly identified risks of non-influenza
 8 pandemics in that document, that capability is likely to
 9 have been better developed by the time Covid struck?
 10 **A.** I think that is fair, and I would accept that. I think
 11 it would come down to how precise some of those other --
 12 **Q.** Of course.
 13 **A.** -- predictions or models had been, but I think that is
 14 a fair comment to put to me.
 15 **Q.** Your point about the danger in government of selecting
 16 a plan in the reasonable expectation that it will do
 17 what it says on the tin and it will meet the need of the
 18 exigency or emergency which has arisen, would you agree
 19 that that plan tended to focus upon managing the
 20 catastrophic consequences of a pandemic influenza as
 21 opposed to trying to prevent those catastrophic
 22 consequences from developing in the first place?
 23 **A.** I'm not sure I do entirely agree with that, and again
 24 I'm perhaps straying from your question being anchored
 25 in the flu preparedness plan and projecting a little bit
 44

1 to some of the commentary that's been made around the
 2 handling of Covid. I suppose -- you know, there is
 3 a question in my mind, in the context of a pandemic,
 4 what do we mean by prevention. I think there is
 5 a question about whether any single country at
 6 a population level could prevent, ie stop, a pandemic
 7 happening. Clearly there are measures at an individual
 8 level that people try to take to prevent themselves
 9 getting it. But in the context of a pandemic, it is --
 10 and I can only speak for myself and the
 11 Scottish Government here -- it was never the case when
 12 Covid struck that we just accepted as a given that
 13 a reasonable worst-case scenario was going to unfold.
 14 It was our determination from the outset to do
 15 everything we could, and I think that is what prevention
 16 means in the pandemic context, to suppress it to the
 17 maximum.

18 The questions I think that are really important for
 19 us all to consider very, very frankly is: could or
 20 should we have done more to suppress to the maximum
 21 Covid? But speaking on behalf of the government I led
 22 at the time, it was never the case that we simply
 23 accepted there is a level of harm that is going to be
 24 done by this virus and we accept that. We were
 25 always -- in fact it became, later on, one of the points

45

1 What I was seeking to address was this notion,
 2 either in the flu plan or later in Covid, that there was
 3 simply an acceptance of a level of consequence.
 4 I think, forgive me, I can't remember the precise text
 5 in the 2011 flu plan, but I think there is commentary in
 6 it that reasonable worst-case scenario are not
 7 necessarily things you accept, they don't take account
 8 of the countermeasures that you take to try to reduce
 9 that. So either in that plan or in the eventual
 10 handling of Covid, I -- speaking from my own
 11 perspective, it was not simply a, "Here's a level of
 12 consequence that we accept that we can't do anything
 13 about". I do think -- and this goes to your point about
 14 mass testing and contact tracing -- the question, very
 15 legitimate, is: could or should we have done more to put
 16 ourselves in the ability of suppressing?

17 It is also the case that I don't think for any
 18 responsible government it can ever, in a context like
 19 this, be either trying to suppress or dealing with the
 20 consequences. You have to do both. And that is
 21 a feature of the planning as well.

22 **Q.** I'm going to put that over to Module 2A, Ms Sturgeon.

23 **A.** Forgive me.

24 **Q.** But in relation, therefore, to the strategy, we appear
 25 to be agreed that the strategy, because it proclaimed

47

1 of difference between the Scottish and the
 2 UK Government, the extent to which we were still seeking
 3 to suppress as opposed to live with the virus.

4 So I don't accept that there was ever, certainly in
 5 my mind, an acceptance of a level of harm that we were,
 6 you know, willing to have unfold.

7 **Q.** That was not, however, my question, Ms Sturgeon. My
 8 question revolved around the strategy and whether you
 9 accepted that one of the unintended consequences of that
 10 strategy was that it tended to focus administrative
 11 concentration on trying to deal with the consequences of
 12 a catastrophic emergency rather than preventing it in
 13 the first place.

14 For example, you've already acknowledged that the
 15 absence of thinking on the two main methods by which
 16 catastrophic consequences can be prevented, mass
 17 diagnostic testing and mass contact tracing, were wholly
 18 absent from this strategic debate?

19 **A.** So forgive me if you thought I wasn't answering your
 20 question, I was seeking to try to answer your question
 21 but I perhaps went on to Covid more than the flu plan.

22 I think one of your questions, which is reasonable,
 23 is the flu plan was looking at flu, and so some of what
 24 would have been in that plan had it been looking more
 25 widely was not there.

46

1 its ability to be applicable to non-influenza
 2 pandemics -- whilst it proclaimed its ability to be
 3 flexible and applicable to non-influenza pandemics,
 4 simply did not provide the thinking or the tools
 5 necessary to be able to deal with them. I'm not asking
 6 you again about and I'm not seeking your answer in
 7 relation to how the Scottish Government did respond, and
 8 what its approach was once it was struck by the
 9 pandemic, but in terms of the strategising, the planning
 10 and the preparedness at an overarching level, that
 11 thinking and the development of the necessary tools was
 12 absent from the sole strategy document that was meant to
 13 be applicable?

14 **A.** I think that is fair, yes.

15 **Q.** Right.

16 **LADY HALLETT:** We're going to be breaking -- I'm sorry, we
 17 have to take a break every so often, Ms Sturgeon, for
 18 the stenographer.

19 Would that be a suitable point?

20 **MR KEITH:** Very suitable, thank you, my Lady.

21 **LADY HALLETT:** Right, I shall return at 11.30.

22 (11.12 am)

(A short break)

23 (11.30 am)

24 **MR KEITH:** So, Ms Sturgeon, having been harnessed to the

48

1 2011 strategy, Scotland was of course aware that that
2 strategy was required to be refreshed or updated, and
3 you are aware, are you not, that one of the workstreams
4 which was assigned to the Pandemic Flu Readiness Board
5 in London and to the Pandemic Flu Preparedness Board in
6 Edinburgh was the job of updating that strategy, and it
7 never came to pass?

8 **A.** That's correct.

9 **Q.** You agree that the reason why it never came to pass was
10 that it was one of the workstreams which was recognised
11 to be necessary to be done and, because of the diversion
12 of time, energy and resources to the necessary
13 preparations for a no-deal EU exit, it happened to be
14 one of the workstreams that was paused?

15 **A.** Yes, that is correct. The prospect of a no-deal Brexit
16 and the work that was required across all of the
17 United Kingdom Governments to plan for Yellowhammer
18 assumptions meant that a significant amount of time,
19 energy and resource was diverted into that, from a range
20 of other matters, and that was certainly one of the
21 workstreams that suffered from that.

22 We may come on to this, I won't go into detail right
23 now, that is not to say there was not continued work in
24 the Scottish Government to prepare for a pandemic,
25 although, as we've already covered, much of that was in

49

1 resources diverted from them.

2 The Scottish Cabinet discussed no-deal Brexit,
3 Brexit generally and the potential for a no-deal Brexit
4 on many different occasions. Brexit was obviously that
5 was something happening completely against the will of
6 the Scottish Government, so we were not at all happy
7 about what they were having to do, but, to put it
8 bluntly, we had no choice, because had a no-deal Brexit
9 happened, and there were periods over 2019 where that
10 was a distinct possibility, the consequences of that
11 would have been very, very severe. The planning
12 assumptions in Yellowhammer were grim, and extremely
13 worrying.

14 So we had no alternative but to do that work to the
15 best of our ability, and we have limited resources. All
16 governments have limited resources. Within emergency
17 planning we have, within that, limited specialisms and
18 skills in particular areas. So it stands to reason
19 that, with so much effort on that, there was going to be
20 less resource available for other aspects of emergency
21 planning.

22 **Q.** But resources were re-diverted from a number of
23 different parts of the Scottish Government. It wasn't,
24 I imagine, that resources were only re-diverted from
25 civil contingency planning?

51

1 the context of a flu pandemic.

2 **Q.** As you've rightly acknowledged, and as your then
3 Director of Safer Communities, Gillian Russell, accepts
4 in her witness statement, a very significant amount of
5 emergency planning time was spent on planning for
6 a no-deal EU exit, and therefore something had to give,
7 and one of the things that had to give was some of the
8 work that was meant to be done for emergency planning.

9 May we ask you: to what extent was that difficult
10 decision, the diversion of resources, debated at Cabinet
11 level? It's apparent from a large number of
12 documentation that the necessary diversion was
13 ventilated at an administrative level, was acknowledged
14 and accepted, and officials just had to get on with the
15 job in hand with the resources that they had. But to
16 what extent was that brought to your attention for the
17 ultimate decision as to whether or not that diversion of
18 resources away from emergency planning was appropriate?

19 **A.** So I was very aware of the necessity to divert resources
20 from other priorities to plan for and look at the
21 potential for a no-deal Brexit. It wasn't the case, to
22 the best of my memory, that somebody came to me and
23 said, "We need to divert resources from pandemic
24 preparedness to this", but I would have known that there
25 were many other aspects of emergency planning that had

50

1 **A.** No.

2 **Q.** You had to find the resource and the time and the energy
3 from somewhere in order to be able to do the necessary
4 preparations for a no-deal exit?

5 **A.** There was probably not, and forgive me if I'm slightly
6 oversimplifying this here, but there would not be many
7 if any areas of Scottish Government work that were not
8 impacted by the planning for a -- for Brexit generally
9 and a no-deal Brexit. So, in health, other than in
10 emergency planning, a lot of resource and energy looking
11 at some of the supply chain distributions, the
12 consequences for the health service staff of ending free
13 movement across the European Union, and education,
14 obviously, with universities around the education
15 programme, so every part of our work was impacted by
16 this and it was a matter of deep and extreme regret and
17 frustration for us at the time.

18 **Q.** The risk of a pandemic influenza was a Tier 1 risk in
19 the United Kingdom Government's risk register.
20 Presumably it was no less great a risk in the Scottish
21 risk register. It was identified as the greatest risk
22 facing the nation in the plethora of risks which any
23 nation faces.

24 So would you agree that the diversion of resource
25 and money and time from that issue, that area of

52

1 planning for the greatest risk which the country faced,
2 the Tier 1 influenza pandemic risk, was ultimately
3 a false economy, because although the consequences of
4 a no-deal EU exit would have been extremely serious and
5 had to be mitigated, the one area from which it really
6 couldn't be said that resources should sensibly be drawn
7 would be the no less significant area of pandemic
8 preparedness?

9 **A.** I don't disagree with that. I think every aspect of
10 Brexit has been false economy, if I can put it mildly,
11 but that's another issue altogether.

12 **Q.** Ms Sturgeon, I'm so sorry, that is a witness box not
13 a soapbox, and we cannot allow --

14 **A.** Indeed.

15 **Q.** -- the political debates of Brexit to be ventilated
16 here.

17 **A.** With respect, I think you're asking me questions here
18 that are very germane to the whole issue.

19 So, yes, I think it was deeply regrettable that
20 resources had to be diverted from any other area of
21 work, and in particular pandemic preparedness. I also,
22 though, would repeat a point I made earlier on, that it
23 was -- certainly from the Scottish Government
24 perspective, it was not the case that all preparation
25 around the potential for a pandemic stopped. I would

53

1 need for perhaps a health forum across the
2 United Kingdom in which there could be a proper informed
3 debate at that level about pandemic preparedness, and
4 also, of course, between the civil services of the
5 devolved administrations. To what extent do you believe
6 that the working relationships in relation to pandemic
7 preparedness worked across the devolved administration
8 in UK level?

9 **A.** I think they worked reasonably well in general terms.
10 I think they remained too ad hoc, and didn't become, as
11 the Hine review would have recommended, more embedded in
12 a very systemic way. I know, and this was certainly
13 true at the outset of Covid, the working relationship
14 between the four CMOs was very good and very strong and
15 Scotland's CMO at the time fed lots of information and
16 thinking from those discussions into the decisions we
17 were taking. Discussions and relationships between
18 health ministers would vary, I think, from my
19 perspective over the years. Often, as will sometimes be
20 the case, depend on the individuals concerned, which is
21 more of a feature when they are ad hoc arrangements
22 rather than embedded.

23 Overall, though, I think, in the context of
24 intergovernmental relations, work around -- in swine flu
25 and from swine flu, leading up to the beginning of

55

1 imagine you will ask me later in the session about
2 Exercise Silver Swan.

3 **Q.** Yes.

4 **A.** That was one of the key elements of work in different
5 work strands out of that, of course. So all of that was
6 deeply serious. The point I'm making is that we had
7 little alternative but to do that. The consequences of
8 a no-deal Brexit compared to what we faced with Covid,
9 of course, pale into insignificance, but at the time,
10 looking at the Yellowhammer assumptions, had they come
11 to pass they would have been severe. We were talking
12 about availability of food and, you know, the shops and
13 medicines for the National Health Service. So we had no
14 choice but to do that planning. I deeply regret any
15 implications that had for our emergency planning in
16 other areas.

17 **Q.** Thank you, that's very clear.

18 Just turning now to the broad issue of the relations
19 between Scotland and Westminster in terms of
20 preparedness planning, many of the recommendations which
21 had come out of the Hine review, to which you referred
22 earlier, insofar as Scotland was concerned and the other
23 devolved administrations, revolved around the need for
24 a proper framework for communication, both at CMO level,
25 the Chief Medical Officer level, and the DCMO level, the

54

1 Covid, I think relatively speaking they worked well.

2 **Q.** Presumably an informal system of communication depends
3 too much on personal inclination, personal relations and
4 perhaps ministerial whim as to whether or not the
5 meetings take place. Did you ever get to the point
6 where you believed that there had to be a significant
7 effort made to formalise those working relationships, or
8 did it never get to that state?

9 **A.** I think it frequently gets to that stage in various
10 discussions, and in this context, yes, I think it would
11 be better if we had working relationships that were more
12 systemised and embedded and that would then transcend
13 different individuals.

14 That said, processes will not work, however embedded
15 they are, if they don't have good faith and the right
16 mindsets and attitudes behind them. So in terms of the
17 working between the four nations in this context or
18 indeed any context, it's a combination of all of these
19 things that is required, but certainly more of
20 an embedded structure that is then respected by all of
21 the governments at play I think would be a step in the
22 right direction.

23 **LADY HALLETT:** Ms Sturgeon, how do you get past -- I don't
24 know if you heard Jeremy Hunt come out with a brutally
25 frank answer, which was that when he was Secretary of

56

1 State for Health here, for England, he found that party
2 politics got in the way of the relationship between
3 ministers for health in the various administrations?
4 **A.** So I think that can happen and I think it has happened.
5 I also think it's possible to overstate the extent to
6 which that happens.

7 In my experience, forgive me, just briefly to go
8 back to swine flu, I, as Scottish Health Secretary at
9 the start of swine flu, Alan Johnson was
10 Health Secretary for England, then replaced by
11 Andy Burnham, I had a very good working relationship
12 with both of those, and different political perspectives
13 at play there. So I think if the attitudes and the
14 mindsets are correct, particularly in the context of
15 a health emergency, political differences shouldn't get
16 in the way, but of course that is going to depend from
17 time to time on the different personalities involved.

18 And -- forgive me, I'm not going to stray off the
19 topic here, but inevitably that will be influenced, it
20 shouldn't be, but it will be influenced by the wider
21 political context at the time, and perhaps Brexit has
22 an impact there in terms of setting the overall tone for
23 some of these intergovernmental relationships.

24 **MR KEITH:** You lent your considerable authority to a review
25 of United Kingdom and national intergovernmental

57

1 everybody around the table is there in the right spirit.
2 **Q.** My Lady heard evidence from Oliver Dowden, the Deputy
3 Prime Minister, about how both before but I think
4 boosted by the national Resilience Framework and its
5 publication by the United Kingdom Government in
6 December 2022, there had been set up a UK resilience
7 forum to discuss important issues relating to
8 cross-United Kingdom resilience and civil contingency
9 arrangements. The Scottish Government attended the
10 first UK Resilience Forum, as did UK ministers, on
11 14 July 2021, but the Scottish Government was absent,
12 it's listed as an absent participant, in May 2022 and
13 February 2023. So it missed -- it has simply not
14 attended two of the three UK Resilience Forum meetings.
15 Do you happen to know why that is so?

16 **A.** I don't know for certain that it is the case,
17 I appreciate you're -- but I understand there may be
18 some dubiety about whether we were in fact present on
19 one of these occasions, but that's not something I can
20 answer for you with certainty --

21 **Q.** Well, you were present on the first meeting --

22 **A.** The Scottish Government was present, I personally wasn't
23 present. I understand from my own colleagues that there
24 is some uncertainty as to whether we were present at the
25 second one or not. I know the minutes suggest that we

59

1 relations, did you not?

2 **A.** Yes.

3 **Q.** Post-Covid, there is now a structure which provides,
4 I think, for a devolved governments council, for
5 interministerial groups to meet. I think there is
6 an interministerial standing committee, or some sort of
7 committee, and a secretariat, intergovernmental relation
8 secretariat.

9 Do you know whether or not that committee structure
10 has borne fruit yet? Is it something which, as
11 First Minister, you attended whilst you were in office?

12 **A.** Those new arrangements are very much in their infancy
13 and were even more in their infancy while I was still
14 First Minister, so I think in many respects it remains
15 to be seen the extent to which they improve the overall
16 working relationship.

17 I come back to a point I made earlier. I think
18 systems and processes are really important, but they
19 will only work if all of the parties participating in
20 them participate in the right spirit and attitude, and
21 that, in intergovernmental relations, is often where it
22 breaks down, and I've been, as First Minister and for
23 years before that as Deputy First Minister, involved in
24 a range of different iterations, joint ministerial
25 councils, these new arrangements, and they will work if

58

1 weren't, but that's not an issue I can resolve for you
2 right now.

3 That resilience forum I think is an important
4 opportunity for the four nations to come together. Its
5 remit, although again it's a forum in its relatively
6 early stages, seems to be similar to, perhaps not
7 identical to the Scottish Resilience Partnership, which
8 is also a strategic overview. So certainly the ability
9 to have a four nations forum that our own operations can
10 feed into is certainly a useful one. I cannot answer
11 why the Scottish Government -- I can get that
12 information for you, I cannot answer here why we weren't
13 present, if indeed we weren't present, but that is
14 something I would certainly encourage ministers now to
15 take part in.

16 **Q.** Thank you.

17 The minutes, I should say, for both
18 3 May 2022 and '23 do state in terms that the
19 Scottish Government was wholly absent.

20 **A.** Can I say, I wasn't questioning that particular point.

21 **Q.** All right.

22 Now, the exercises, Silver Swan, Cygnus and Iris.
23 The Exercise Cygnus exercise was a United Kingdom
24 exercise delivered by Public Health England. It wasn't,
25 therefore, focused centrally on Scotland. Scotland

60

1 played an important part and attended it, and members of
2 the Scottish Government were present during the exercise
3 itself.

4 Do you recall, whilst First Minister, debate about
5 the extent to which the recommendations from
6 Exercise Cygnus had been implemented? There is
7 evidence, I should say, before my Lady that on
8 a UK level many of the recommendations were by the time
9 of Covid not implemented wholly. Some were in part
10 implemented, some were not implemented at all, some were
11 complete.

12 What was the position with Scotland?

13 **A.** As I understand it -- so the first part of your
14 question, would I have had an awareness, I would have
15 had a general awareness of exercises and the
16 Scottish Government working to implement recommendations
17 that were relevant to us. I wouldn't have been closely
18 involved on a day-to-day basis with that in detail. My
19 understanding is that of the, I think,
20 22 recommendations out of Exercise Cygnus, the
21 Scottish Government assessed all of them for their
22 applicability or relevance to Scotland --

23 **Q.** Yes.

24 **A.** -- and I believe at the time Covid struck us there were
25 14 of those complete and eight outstanding. Some of

61

1 **Q.** In March of 2018. Was that the exercise that was
2 concerned with an assumed outbreak of MERS?

3 **A.** Yes.

4 **Q.** What, Ms Sturgeon, was the outcome of that exercise in
5 terms of the implementation of recommendations?

6 **A.** That was very much ongoing at the time Covid struck.
7 Obviously that exercise was the latest of the three that
8 we're referring to right now, I think took place in
9 2018. There were, I think -- of the 13 recommendations
10 in it, there were four that had been completed,
11 a number, two I think, that were ongoing, and then some
12 others were paused when Covid came along, for -- when we
13 look at some of them, for understandable reasons,
14 because the system was dealing with a real pandemic at
15 that time and it would not have made sense to go
16 forwards in a separate track with the recommendations
17 from Iris. But Iris, partly because of when it
18 happened, is the one where, at the outset of Covid,
19 there were most of the recommendations still
20 outstanding. Or more than in the other exercises.

21 **Q.** I think it's fair to say, Ms Sturgeon, that there were
22 no single workstreams which were of great importance
23 which were wholly uncompleted. So although there were,
24 I think, three areas where work had not been completed,
25 other aspects of those workstreams had been completed.

63

1 those would have been for the UK Government to take the
2 lead on. I believe one on social care was paused by
3 the UK Government due to Brexit, something we've already
4 discussed. There was another around pandemic guidance
5 that the UK Government was to take the lead on, but that
6 hadn't been progressed.

7 I think the other point I would make about this is,
8 and in relation to both those recommendations that I've
9 mentioned, there would have been analogous
10 recommendations in Silver Swan that Scotland was
11 pursuing. So, on --

12 **Q.** Yes.

13 **A.** -- social care there was a recommendation there about
14 social care contracts, business continuity, that we had
15 considered complete, and in terms of pandemic guidance,
16 with one exception -- which was updated guidance for
17 health and social care that had been out for
18 consultation at the end of 2019, but other than that --
19 the recommendations in Silver Swan for updating guidance
20 had been taken forward.

21 **Q.** In relation to Exercise Iris, that was a one-day
22 exercise, was that a tabletop exercise?

23 **A.** Yes, it was.

24 **Q.** That was a Scottish exercise?

25 **A.** Yes.

62

1 **A.** Are you still referring to Exercise Iris?

2 **Q.** Yes.

3 **A.** Yes.

4 **Q.** So in relation to, I think, updating guidance in
5 relation to MERS CoV, which obviously is not of great
6 significance, perhaps, in terms of dealing with Covid,
7 certain work to do with readying NHS boards to deal with
8 the potential impact of contact tracing and community
9 sampling during an HCID outbreak, and also finishing off
10 the fit testing for particular types of PPE; were those
11 the broad areas that were still outstanding?

12 **A.** Yes, that is correct, and some of the PPE
13 recommendations around fit testing initially came from
14 Silver Swan, but there were similar recommendations out
15 of Exercise Iris as well.

16 **Q.** Coming back to Silver Swan, which I acknowledge was
17 before Iris, but the reason I'm coming to that last is
18 for the importance of one of the workstreams which came
19 out of Silver Swan, the -- I think of the
20 17 recommendations, 13 were considered by the
21 Scottish Government to be complete, but an important
22 area was pandemic guidance for the health and social
23 care sector. Was that ever completed, even though
24 Silver Swan was in 2015?

25 **A.** The specific guidance for health and social care had not

64

1 been completed, it was out for consultation at the end
 2 of 2019, and therefore hadn't been finalised and
 3 signed off. The recommendation in Exercise Silver Swan
 4 around pandemic guidance, though, incorporated more than
 5 that one piece of guidance, and all of the other aspects
 6 that we took forward had been completed. So NHS
 7 standards for organisational resilience had been
 8 published and reviewed. Guidance on dealing with mass
 9 fatalities, guidance on death certification, pandemic
 10 flu guidance for infection prevention and control and
 11 pandemic flu communications guidance, these other bits
 12 of guidance had been completed. The one outstanding
 13 part was the response and guidance documentation for
 14 health and social care, which was still at the
 15 consultative stage.

16 **Q.** Yes. That was an important part of Silver Swan. It
 17 wasn't complete by the time of Iris, and it wasn't
 18 complete by the time of Covid four years later?

19 **A.** That's correct.

20 **Q.** All right. Is that primarily why the Auditor General of
 21 Scotland reported in February 2021, in the report *NHS in*
 22 *Scotland 2020*, to the effect that the
 23 Scottish Government could have been better prepared to
 24 respond to the Covid-19 pandemic, it based its initial
 25 response on the 2011 strategy, which we've debated, but

65

1 outstanding. Has that guidance now been published, do
 2 you know?

3 **A.** I do not believe that has yet been published, but,
 4 you'll forgive me, I've not been in the
 5 Scottish Government for three months now, and I think
 6 the Audit Scotland report reflected this, there is
 7 a real importance in ensuring that that guidance which
 8 had been out for consultation before Covid fully
 9 reflects the learning from Covid.

10 **Q.** But, Ms Sturgeon, that report was issued in
 11 February 2021, you ceased being First Minister on
 12 28 March of this year; during that elapse of two years
 13 while you were First Minister, was that national
 14 guidance for the health and social care sector
 15 published?

16 **A.** No. I -- again, I can only give an opinion here.
 17 I think, from my experience, to have published guidance
 18 without properly assessing some of the lessons -- we
 19 also commissioned and established a Standing Committee
 20 on Pandemic Preparedness, and I think it is important --
 21 the health service in Scotland, as I'm sure is the case
 22 in the other nations of the UK, has lots of guidance
 23 that it operates within and that it takes cognisance of.
 24 In terms of pandemic guidance, I think it is really
 25 important that there is a proper fulsome exercise to

67

1 did not fully implement improvements identified during
 2 subsequent pandemic preparedness exercises, it was that
 3 issue of the failure to complete the work done in the
 4 adult social care sector that led to that conclusion?

5 **A.** I wouldn't want to speak for the Auditor General, in
 6 saying what led to those conclusions. I would say my
 7 view would be that that would be part of it. I think --
 8 I know there were other issues raised in the
 9 Audit Scotland report that you refer to around PPE, PPE
 10 availability and distribution, so I wouldn't -- I'm not
 11 sure I would agree that was the only issue that led to
 12 those conclusions but certainly it would have been one
 13 of them. Perhaps for completeness I should say that
 14 that Audit Scotland report also did comment that the
 15 Scottish Government responded quickly to Covid when it
 16 confronted us.

17 **Q.** Ms Sturgeon, that of course is an issue of response,
 18 which you and I are both aware we're not addressing,
 19 we're dealing with preparedness.

20 I may have been a little unfair because paragraph 46
 21 of that same report concludes:

22 "As a priority, the Scottish Government should
 23 update and publish national pandemic guidance for health
 24 and social care."

25 From which we deduce that that was the area that was
 66

1 incorporate the granular as well as some of the
 2 strategic learning from the Covid pandemic.

3 **Q.** To conclude, the reference to which you've just made,
 4 about a standing committee, is that the Standing
 5 Committee on Pandemic Preparedness, which is a permanent
 6 advisory group which you commissioned -- it now sits
 7 permanently comprising scientists, experts, the CMO, the
 8 deputy CMO and others -- to make recommendations for the
 9 better promotion of pandemic preparedness in Scotland?

10 **A.** Yes.

11 **Q.** Has that committee already issued an interim report,
 12 I think it did so in August last year, making
 13 recommendations about various aspects of pandemic
 14 preparedness?

15 **A.** It issued an interim report that I responded to while
 16 I was still First Minister. I think it made three
 17 interim recommendations: one proposing a Centre for
 18 Pandemic Preparedness; another relating to the data and
 19 analytics infrastructure that we have and, in its view,
 20 should develop in Scotland; and a third around how we
 21 build and strengthen scientific advisory networks both
 22 within Scotland and across the UK and link into
 23 international organisations as well.

24 It is due in coming months to publish a more
 25 substantive report with longer term recommendations, as
 68

1 I understand it.

2 **Q.** There was a fourth: continued innovation in the sciences
3 and public health research field?

4 **A.** Forgive me, that was the third one that I was referring
5 to. Forgive me if that was the fourth and I've missed
6 the third one.

7 **MR KEITH:** That's all right.

8 Ms Sturgeon, thank you very much.

9 My Lady, would you give me one moment?

10 **LADY HALLETT:** I think I've given provisional permission to
11 Scottish Covid Bereaved to ask a question.

12 **MR KEITH:** My Lady has.

13 **LADY HALLETT:** I confirm permission is granted.

14 Mr Anwar.

15 **Questions from MR ANWAR**

16 **MR ANWAR:** Good afternoon, Ms Sturgeon. I have a handful of
17 questions left to ask on behalf of the Scottish Covid
18 Bereaved.

19 In your evidence earlier you readily accepted there
20 was a gap in terms of the pandemic you were ultimately
21 dealing with, but that did not mean the plan had no
22 utility at all.

23 So I'm going to refer you to the joint expert report
24 that was provided -- prepared for this Inquiry on health
25 inequalities for Module 1 by Professor Sir

69

1 Again, I won't repeat it, I think some of this is
2 narrated in the expert report that you're quoting to me,
3 the work that the Scottish Government had done starting,
4 again when I was Health Secretary, around the
5 *Equally Well* work culminating, in April 2020, in the
6 establishment of Public Health Scotland, which is
7 actually, in an organisational sense, one of the
8 initiatives intended to build that systemic and
9 comprehensive approach to, in particular, health
10 inequalities into our planning work.

11 **Q.** Thank you.

12 The second question is: to what extent, if any, did
13 the Scottish Government carry out an equalities and
14 human rights assessment of its pandemic preparedness
15 plans?

16 **A.** If I can answer in summary there, and offer to seek more
17 information to be provided, because it is a question
18 that would involve looking at lots of different aspects
19 of planning.

20 The Scottish Government does and will have carried
21 out different impact assessments of different aspects of
22 our planning, both in preparedness and then as we went
23 into the response phase to Covid. I don't have all of
24 the detail of that in front of me right now, but I can,
25 through those in the Scottish Government, seek to have

71

1 Michael Marmot and Professor Clare Bambra.

2 I refer you specifically to INQ000195843, page 0064,
3 paragraph 149.

4 I'm not going to take you through it, but to
5 summarise, he concluded that:

6 "... with some exceptions, the specialist structures
7 concerned with the risk management and civil emergency
8 planning did not properly consider societal, economic
9 and health impacts in light of pre-existing
10 inequalities. The UK Government and the devolved
11 administrations and relevant public health bodies did
12 not systematically or comprehensively assess
13 pre-existing social and economic inequalities and the
14 vulnerabilities of different groups during a pandemic in
15 their planning or risk assessment processes."

16 So, Ms Sturgeon, the question is, do you accept that
17 this analysis would also apply to the
18 Scottish Government in their pandemic planning?

19 **A.** In broad terms, yes, I would. I don't think that we
20 sufficiently, to use the terms there, "systematically or
21 comprehensively" assessed social, economic health
22 inequalities and, therefore, how we dealt with it in the
23 context of a pandemic, so I think I would accept that.

24 Again, I don't think it is right to go from there to
25 say there was no planning and no thought given to that.

70

1 that provided if that is helpful.

2 **Q.** Thank you, that would be helpful, and we would be
3 seeking that information, asking the Inquiry to seek
4 that information.

5 The third question, Ms Sturgeon, is to what extent,
6 if any, were those plans assessed as to how they would
7 affect the various protected characteristics, in terms
8 of the Equality Act 2010, for example age, disability,
9 maternity, race, religion, sex and sexual orientation,
10 amongst others?

11 **A.** Again, apologies if I'm repeating myself, that would
12 have been part of impact assessments that would be
13 carried out routinely on Scottish Government work and
14 planning. Again, I will have to get you more detail of
15 that in terms of the sort of granular information.

16 Again, I am moving into the response phase here, but you
17 will be aware, I'm sure, one of the things we did early
18 on in the response phase was to set up an expert group
19 on ethnic minority inequalities in order that, as we
20 went through the response phase, we could make sure that
21 we were adapting appropriately there.

22 But in terms of the detail of the impact assessments
23 and protected characteristic assessments, as I say,
24 I will seek, if the Inquiry would find it helpful, to
25 have more information passed to it.

72

1 **MR ANWAR:** That would be helpful. Those are the answers to
 2 my questions. Thank you, Ms Sturgeon.
 3 **LADY HALLETT:** Thank you very much, Mr Anwar.
 4 It would be helpful if you could provide that
 5 information, Ms Sturgeon.
 6 Can I just check, were you saying that it is your
 7 understanding that impact assessments routinely included
 8 consideration of protected characteristics?
 9 **A.** I -- forgive me, my Lady, I wouldn't want to leave you
 10 with that -- I'm not sure that that would not be
 11 an overstatement, so, again, I think the information I'm
 12 offering to have provided through the offices of the
 13 Scottish Government would answer that question for you.
 14 Certainly that would be involved in impact
 15 assessments, but I wouldn't want to attach more
 16 relevance to the word "routinely" than I feel confident
 17 to give you right now.
 18 **LADY HALLETT:** Thank you very much.
 19 **MR KEITH:** My Lady, rather than setting too great a hare
 20 running, it may help Mr Anwar if my Lady recalls for him
 21 that the evidence of Ms Lamb yesterday included
 22 a section dealing with the consideration by Scotland of
 23 health inequalities, and my Lady will recall that there
 24 was -- in the course of evidence she referred to the
 25 Auditor General for Scotland's report on health

73

1 you on 5 May of this year, and it's true to the best of
 2 your knowledge and belief?
 3 **A.** That is the case, yes.
 4 **MS BLACKWELL:** Thank you very much.
 5 May we have permission to publish?
 6 **LADY HALLETT:** Certainly.
 7 **MS BLACKWELL:** Thank you, my Lady.
 8 We can take that down.
 9 Mr Swinney, you held the position of Deputy First
 10 Minister in the Scottish Government from November of
 11 2014 until March of this year; is that right?
 12 **A.** That is correct, yes.
 13 **Q.** You began your political career as a Westminster MP for
 14 the North Tayside constituency from May of 1997, and you
 15 were then a member of the Scottish Parliament, first for
 16 North Tayside constituency from 1999 to 2011, and then
 17 for the Perthshire North constituency from 2011?
 18 **A.** That is all correct, yes.
 19 **Q.** You also held the roles of Cabinet Secretary for Finance
 20 and Sustainable Growth in the Scottish Government from
 21 May 2007 to May 2016, Cabinet Secretary for Education
 22 and Skills from May 2016 to May 2021, and
 23 Cabinet Secretary for Covid Recovery from May 2021 to
 24 March 2023. Is that all correct?
 25 **A.** That is all correct, yes.

75

1 inequalities in 2012; *Equally Well*, 2013; the NHS Health
 2 Scotland's *Health Inequalities Policy Review*, 2013; and
 3 then five public health reports between 2013 and 2022,
 4 which therefore provide the basis, along with the public
 5 sector equality duty and the Equality Act 2010 for the
 6 consideration of health inequalities.

7 **LADY HALLETT:** Thank you.
 8 Thank you very much indeed, Ms Sturgeon, that's all
 9 for today.

10 **THE WITNESS:** Thank you.

11 **LADY HALLETT:** The next time we meet I suspect will be in
 12 Scotland. Thank you.

13 **THE WITNESS:** Thank you.

14 **(The witness withdrew)**

15 **LADY HALLETT:** Ms Blackwell.

16 **MS BLACKWELL:** Thank you, my Lady, the next witness is
 17 John Swinney.

18 **MR JOHN SWINNEY (affirmed)**

19 **Questions from COUNSEL TO THE INQUIRY**

20 **MS BLACKWELL:** Mr Swinney, may I begin by thanking you for
 21 the assistance that you've so far given to the Inquiry.
 22 You have provided a witness statement, which we can see
 23 at INQ000185352.

24 Thank you. Can we go to page 15, please.

25 Can you confirm, Mr Swinney, that that was signed by

74

1 **Q.** Thank you.
 2 I'd like to begin by asking you, please, about your
 3 ministerial responsibility for resilience, because as
 4 Deputy First Minister over the nine-year period, that
 5 was very much part of your portfolio, wasn't it?
 6 **A.** That's correct, yes.
 7 **Q.** What was the scope of ministerial resilience?
 8 **A.** Before I answer the question, would it be possible,
 9 my Lady, for me perhaps just to express at the outset of
 10 my evidence my sympathy to everyone affected by Covid
 11 and for the suffering that has been experienced, and
 12 also my appreciation to members of the public and our
 13 public service personnel who have done so much, along
 14 with colleagues in the private and third sectors, to
 15 sustain recovery.

16 In relation to the question, my responsibility for
 17 resilience was held essentially as an ultimate point of
 18 responsibility, I considered myself to be, in the
 19 government, responsible for resilience matters,
 20 accountable to the First Minister, and it was my role to
 21 make sure that Scotland had in place effective
 22 resilience arrangements.

23 Now, that didn't mean that I did everything, because
 24 in one of the introductions to the Scottish Risk
 25 Assessment, for example, I make the point that

76

1 resilience has got to be everybody's business, so all
 2 aspects of government have to think through what are the
 3 resilience risks that are faced in their area of
 4 responsibility, but it was my responsibility to make
 5 sure that all of that was in as strong a position as it
 6 could be for any eventuality that we had to face.

7 **Q.** Given that this was but one portfolio of many that you
 8 would have had your eyes across in the role of Deputy
 9 First Minister, do you feel that you had sufficient time
 10 to be able to devote to the subject of resilience?

11 **A.** Life was always pretty hectic, to be honest, in all of
 12 the ministerial responsibilities that I carried out, but
 13 I did feel I had adequate opportunity to provide the
 14 strategic leadership to resilience issues that were
 15 required. But I stress that wasn't a responsibility
 16 that meant I had to do everything. I was providing the
 17 direction, the strategy, the approach to be taken, but
 18 obviously motivating colleagues and all the relevant
 19 aspects of the Scottish government and our partners
 20 around the country to make sure that they were preparing
 21 properly.

22 **Q.** Right. The reason that I ask you that question is, and
 23 you may be aware, that the Inquiry has heard from
 24 Sir Oliver Letwin who gave evidence to my Lady that
 25 there would be a benefit, in his view, of the

77

1 Now, the role of this particular committee was to
 2 give ministerial oversights to strategic policy and
 3 guidance in the context of resilience in Scotland; is
 4 that right?

5 **A.** That's correct, yes.

6 **Q.** This committee met in preparation for emergency response
 7 and in order to keep abreast of matters related to
 8 promoting and improving civil protection and also
 9 preparing for special contingencies such as pandemic
 10 influenza. It was set up some considerable time ago,
 11 and indeed the last recorded meeting of it took place on
 12 14 April 2010.

13 Now, I want to go to those meeting notes, please.
 14 Which are at INQ000102935, thank you.

15 We can see the date there and present are yourself
 16 and also Nicola Sturgeon, and if we scroll down, please,
 17 we can also see others present, some of whose names have
 18 been redacted.

19 Let's go, please, to page 7, and I'd like to look at
 20 paragraphs 11 and 12.

21 Now, of course, if we remind ourselves that 2010 was
 22 just after we had suffered the swine flu outbreak, we
 23 can see at paragraph 11:

24 "[Somebody present] introduced [a] paper ... which
 25 analysed the implications of the lessons identified from

79

1 UK Government having a senior Cabinet-level minister
 2 solely devoted full-time to a resilience portfolio. Do
 3 you think that that is necessary within
 4 Scottish Government?

5 **A.** I think it's a reasonable proposition, and one that is
 6 worthy of consideration, because I think we are -- if
 7 I look back on my ministerial career, I spent 16 years
 8 as a minister, and I dealt with quite a number of
 9 resilience incidents across a whole range of different
 10 responsibilities and sectors. So -- and as I look at
 11 some of the factors that are now affecting society,
 12 issues around about the climate, for example, I only
 13 think that resilience issues are going to become ever
 14 more significant and prescient.

15 Looking at some of the evidence that my Lady has
 16 heard in relation to the scenarios that can be faced as
 17 the world changes, you know, as the population rises, as
 18 climate change has its effect, there may well be
 19 a strong argument for the proposition that
 20 Sir Oliver Letwin has put forward.

21 **Q.** I want to now ask you about a series of bodies and
 22 committees that were set up either just before or during
 23 your time in office, and I want to begin with the
 24 Cabinet Sub-Committee on Scottish Government Resilience,
 25 also known as CSC-SGoR, I think.

78

1 the recent emergencies for the Scottish Government's
 2 role in co-ordinating national emergency responses. He
 3 said that the requirement for SGoRR to be activated had
 4 greatly increased over the last 3 years, which included
 5 activation for the fuel shortages in 2008, the flu
 6 pandemic [that's the swine flu pandemic] and
 7 an increasing number of weather related incidents.
 8 Scottish Resilience would shortly undertake
 9 a significant review of SGoRR's capacity and its
 10 capability to support enhanced national decision making
 11 in the light of the lessons learned and this would
 12 include options for improvements in accommodation, IT,
 13 training, and staffing."

14 Could we scroll down, please.

15 "12. He said that the lessons learned would also
 16 provide an opportunity to develop SGoRR as a national
 17 emergency information analysis and decision-making hub,
 18 which was in line with the shared services agenda and
 19 National Performance Framework. It was planned to have
 20 discussions with COSLA, ACPOS, and the Chief
 21 Fire Officers' Association Scotland on the option of
 22 co-locating mutual aid coordination centres for police,
 23 fire and local authorities with SGoRR. Such
 24 coordination would enable organisations to share
 25 resources and allow for a more streamlined approach to

80

1 the collection and analysis of information."
 2 Thank you. We don't need to read in any further.
 3 So this was a committee which, as of April 2010, not
 4 only was active and had been activated because of the
 5 national issues that had arisen, fuel shortages,
 6 pandemic swine flu, and also issues with climate change,
 7 but was also very much looking forward to providing

8 a level of service in terms of what was being
 9 anticipated.

10 Do you agree that, as far as this meeting was
 11 concerned, it very much looked as if the committee was
 12 going to be busy?

13 **A.** Yes, and the work that flowed from that over a number of
 14 years I think demonstrates exactly that point.

15 **Q.** So why was this the last occasion upon which this
 16 committee met?

17 **A.** Essentially what -- the work that was all envisaged in
 18 the paragraphs that have been read into the record was
 19 all work that was then taken forward, but not with the
 20 necessity of the supervision of that particular
 21 committee.

22 We essentially developed structures which had --
 23 which involved the creation of a Scottish Resilience
 24 Partnership, which in a sense was living out the point
 25 that I made in one of my earlier answers, which was that

81

1 that these issues are very much at the forefront of
 2 ministers' minds. I can say to my Lady and the Inquiry,
 3 you know, these issues have kept me awake at night for
 4 many, many years, on different questions, whether it's
 5 about winter weather incidents or about the pandemic
 6 flu. So they're very much issues that have been under
 7 active management and handling by ministers, with active
 8 engagement on a proactive basis to identify threats and
 9 risks, because that's what led to the production of the
 10 Scottish Risk Assessment for the first time in 2018,
 11 which was to try to calibrate the risks that we might
 12 face. But there may well be the need for a particular
 13 forum to look periodically, formally, in a recorded
 14 fashion, to take stock about where preparations happen
 15 to be.

16 I think one of the reasons why we felt this
 17 committee didn't need to meet was that -- if I go back
 18 to the attendance list at that meeting that you cited
 19 from 2010, that was -- all members of the Cabinet were
 20 present there, apart from the then First Minister, so,
 21 you know, we had Cabinet meeting on a weekly basis which
 22 allowed us to conduct some of these issues as well.

23 **Q.** All right, thank you.

24 I next want to ask you about the Scottish Resilience
 25 Partnership, which you've just mentioned. The first

83

1 resilience had to be everybody's business. So we needed
 2 to have a range of different organisations very much
 3 engaged in the preparation of active resilience
 4 functions, many of which are listed in those
 5 paragraphs 11 and 12 that have been read.

6 So that work was taken forward through the Scottish
 7 Resilience Partnership. There was direct ministerial
 8 involvement in that. I would have attended a number of
 9 Scottish Resilience Partnership meetings to provide the
 10 strategic ministerial direction. And obviously, in the
 11 course of a range of different other incidents, because
 12 after 2010 we would have a number of other resilience
 13 incidents in which we were actively involved, we would
 14 essentially develop that work in practice.

15 **Q.** I understand your answer that the work was taken forward
 16 by other bodies, but you will understand that the
 17 UK Government had an equivalent committee called the
 18 NSC(THRC), or the threats committee, that didn't meet in
 19 person between 2013 and 2017, and then it didn't meet in
 20 person thereafter. The Inquiry has heard that evidence
 21 already. Do you think that there is value now in this
 22 sort of committee being reconvened and regularly meeting
 23 in order to ensure that these matters are kept very much
 24 within the forefront of ministers' minds?

25 **A.** My first response is to say that I do genuinely feel

82

1 issue is to make sure that I'm addressing it by its
 2 correct title, because when I suggested yesterday to
 3 Gillian Russell, who set up the committee, that it was
 4 called the Scottish Resilience Partnership, she
 5 corrected me and said it was called the Strategic
 6 Resilience Partnership. Which is it, please,
 7 Mr Swinney?

8 **A.** Well, at the risk of contradicting a civil servant, it
 9 is, in my view, the Scottish Resilience Partnership, but
 10 it has a strategic remit, if that perhaps helps to build
 11 the bridge.

12 **Q.** Perhaps that's where the difficulty arose.

13 But in any event, this was set up during your time
 14 in office?

15 **A.** Yeah.

16 **Q.** But it was restricted, wasn't it, to Category 1
 17 responders? Do you think that that was, in hindsight,
 18 perhaps too narrow a remit? Do you think it should have
 19 been extended to other bodies beyond Category 1
 20 responders?

21 **A.** I don't think so, but I wouldn't rule out the necessity
 22 to look at this question. I think it's important to
 23 look at who those Category 1 responders are. So around
 24 the table of the Scottish Resilience Partnership would
 25 be the leadership of Scotland's 32 local authorities,

84

1 the Chief Constable of Police Scotland, the Chief Fire
2 Officer of the Fire and Rescue Service, the
3 chief executive of the Scottish Environment Protection
4 Agency, the chief executive of the Scottish Ambulance
5 Service, and there will be others that I haven't managed
6 to remember off the top of my head.

7 So they would be representing a very broad
8 cross-section of those who would have to deliver the
9 resilience response, and, crucially, would have to make
10 sure that appropriate preparations were being undertaken
11 at a more local level, whether that was across the three
12 regional resilience partnership areas in Scotland or the
13 32 local resilience partnerships representing each of
14 the local authority areas.

15 So that body had to consider what might future
16 threats be, and they had to make sure that we were
17 developing the processes and the infrastructure that
18 would enable us to handle any such circumstance should
19 an issue arise.

20 **Q.** How often were ministers involved in or in attendance at
21 these meetings?

22 **A.** Quite frequently. I certainly remember being personally
23 at a number of these resilience partnership meetings,
24 and that was to essentially -- that attendance was to
25 provide the direction of ministerial thinking.

85

1 would be available, so, for example, there would be
2 representatives from Scotland that would take part in
3 organisations such as SAGE, for example --

4 **Q.** And NERVTAG?

5 **A.** And NERVTAG. And we would gather expert information and
6 advice to inform our own thinking within Scotland. So
7 I would cite that as an example of where we weren't
8 trying to replicate what would be a very good and strong
9 source of scientific advice and professional advice to
10 government.

11 There would be co-operation around some aspects of
12 procurement in relation to PPE, I think I recall. So --
13 and then there would be other dialogue on a four nations
14 basis where there really was no particular value in us
15 undertaking a different and distinctive process.

16 **Q.** All right, well, we're going to come on and look at some
17 of those. But whatever the political point that could
18 be made about the devolved administrations and their
19 connection and the strength of their connection to
20 the United Kingdom Government, the truth is that
21 pandemic planning was and ought to have been UK-wide as
22 an effort, shouldn't it, with each nation performing
23 a role in a collective endeavour to prepare for
24 a pandemic?

25 **A.** I would say that, yes.

87

1 So we would be considering -- I can remember
2 contributing to those discussions around a range of
3 issues, some of which would be about pandemic flu, some
4 would be about winter weather, some would be about cyber
5 security, for example, which would be, you know,
6 a number of the very live and topical issues that we'd
7 be discussing.

8 **Q.** In your witness statement to the Inquiry, you say at
9 paragraph 9(sic):

10 "In the period running up to January 2020, the
11 preparations for a pandemic were taken forward in
12 Scotland as a combination of participation in the
13 four nations activity across the UK and specific
14 applications of this approach to the distinctive health
15 and social care arrangements that reflected the devolved
16 governance arrangements."

17 And that:

18 "13. The approach of the Scottish Government would
19 best be summed up as a pragmatic way of co-operating on
20 a four nations basis ..."

21 How do you say, Mr Swinney, that there was pragmatic
22 co-operation between Scotland and the United Kingdom
23 Government in terms of preparation?

24 **A.** I think there would be -- examples of that would be
25 collaboration around some of the expert advice that

86

1 **Q.** So I don't want to dwell upon it, because the Inquiry
2 has heard evidence from several witnesses now about
3 this, but I'm sure you will accept, Mr Swinney, that the
4 UK influenza preparedness strategy of 2011 should have
5 been updated prior to Covid hitting, but wasn't updated?

6 **A.** I've obviously heard that evidence, yes.

7 **Q.** Were you aware at the time when you were in office that
8 there were plans afoot to update it but those plans in
9 fact never came to fruition?

10 **A.** I wouldn't say I was specifically aware of that
11 particular point, no.

12 **Q.** You are aware, though, that a Pandemic Flu Readiness
13 Board was set up --

14 **A.** Yes.

15 **Q.** -- following the Exercise Cygnus recommendations, and
16 one of the aspects of work for that board was to update
17 this strategy. That work was eventually paused because
18 of preparations for a no-deal EU exit.

19 Is it a source of regret for you, Mr Swinney, that
20 on your watch that preparedness strategy was not
21 updated?

22 **A.** Obviously I would, in all circumstances, prefer to be
23 able to achieve all of the commitments that were given
24 to update material and to prepare accordingly. I think
25 there's very strong evidence of pandemic preparations in

88

1 the strategies that were taken forward and in the work
 2 that was undertaken particularly within the health team
 3 within the Scottish Government that led on pandemic
 4 preparation for that to be the case. But there's
 5 obviously aspects of work which have suffered as
 6 a consequence of what are the -- in my experience, the
 7 inevitable congestion of multiple priorities that can
 8 often exist. And as the Inquiry will have heard, the
 9 preparations for a no-deal Brexit were a very real
 10 threat which had to be addressed and, as a consequence,
 11 some aspects of the work that was necessary to be
 12 undertaken for other areas of activity were not able to
 13 be completed.

14 **Q.** Can I suggest, in addition to that, though, there
 15 appears to have been a sluggishness within the
 16 Scottish Government to implement aspects of not only the
 17 Exercise Cygnus recommendations but also those that had
 18 come from Exercise Silver Swan in 2016 and Exercise Iris
 19 in 2018? Because yesterday, during the evidence of
 20 Gillian Russell, we looked at some of the minutes from
 21 the Pandemic Flu Readiness Board from June of 2019, and
 22 some of the comments within those minutes expressed
 23 a surprise at how slow matters were progressing.

24 In addition to that, we have heard this morning from
 25 Nicola Sturgeon that so far as guidance for health and

89

1 **Q.** No update within seven years to that guidance.
 2 **A.** But there would be other work that would be undertaken
 3 through the successive exercises between Silver Swan,
 4 Cygnus and Iris, which would be helping with the
 5 learning in different organisations as those exercises
 6 took their course and as professionals saw the sequence
 7 of events that were being under -- that were unfolding.
 8 So there was a source of information to assist in
 9 the strengthening of guidance, but the final material
 10 was available for consultation around about the time
 11 when the Covid pandemic struck.

12 **Q.** All right.
 13 It doesn't give the impression that those
 14 recommendations were being speedily addressed, does it?

15 **A.** There's a lot of work been undertaken, but I think what
 16 I would have to concede is that there are multiple
 17 priorities that are difficult to wrestle with, within
 18 government, and I've -- I don't want to labour the
 19 point, but other events come along that unfortunately
 20 slow things up, and no-deal Brexit is one example, there
 21 would be other incidents that would happen, there would
 22 be other events that would happen in the sequence of
 23 events, that perhaps would mean that all the timetables
 24 we wanted to complete were not able to be completed as
 25 we would wish.

91

1 social care is concerned, there was a recommendation for
 2 that to be updated as far back as the
 3 Exercise Silver Swan report in 2016, and she has
 4 confirmed to the Inquiry this morning that when she left
 5 office in March of this year that had still not been
 6 implemented. So that is guidance and recommendations
 7 from several years ago.

8 Do you agree that that demonstrates an alarming
 9 sluggishness for the implementation of what are
 10 important recommendations?

11 **A.** I think that there is a significant amount of guidance
 12 available in relation to the preparation for and the
 13 handling of a pandemic, and that guidance would be
 14 shared with health boards who would carry the
 15 responsibility for many of the actions that would be
 16 envisaged in such a plan.

17 The question -- so there would be an element of
 18 guidance that would be available. There was perhaps
 19 a -- well, there is a requirement from the commitments
 20 given here for that to be strengthened and advanced.

21 So it wasn't that no guidance was available, it's
 22 that perhaps updates were not provided in a timeous
 23 period for that, so --

24 **Q.** Seven years.

25 **A.** Yes, but --

90

1 **Q.** From your perspective, Mr Swinney, what was the impetus
 2 and purpose behind a Scottish Risk Assessment being
 3 implemented?

4 **A.** I would say its purpose was to take the learning that we
 5 had from the UK-wide risk assessment and to ensure that
 6 it was tailored in any way that was appropriate for it
 7 to be tailored to the specific circumstances within
 8 Scotland.

9 Now, that would be more relevant on some of the
 10 challenges we would face in relation to winter weather,
 11 for example, which would be perhaps a more acute
 12 challenge for us than other parts of the United Kingdom.
 13 But its purpose and its objective was to be
 14 complementary to the United Kingdom National Risk
 15 Assessment.

16 **Q.** All right.

17 Can we put up, please, the Scottish Risk Assessment
 18 for 2018. It's at INQ000102940. Thank you.

19 If we look to page 3 -- thank you -- we can see your
 20 smiling face there, Mr Swinney, together with, if we
 21 look on the right-hand column, your personal feelings
 22 about the implementation of this assessment:

23 "I feel very strongly that resilience is everyone's
 24 business. Our combined efforts to protect our society
 25 are the test of our resilience; the ongoing safety and

92

1 security of our communities is the measure of our
2 success. Building a shared understanding of the risks
3 we face in Scotland is vital if we are to do this
4 successfully."

5 Does that accurately depict how you felt at the time
6 that this was implemented?

7 **A.** Yes, it does.

8 **Q.** Thank you.

9 I don't want to again cover evidence that
10 the Inquiry has already heard, but you will I think
11 agree, Mr Swinney, that so far as risk assessments are
12 concerned, there is a risk assessment for pandemic
13 influenza and there are risk assessments for
14 high-consequence infectious diseases, but nothing in
15 between, and the evidence that the Inquiry has heard is
16 that consideration should be given to multiple scenarios
17 or a spectrum of risks and that, going forwards, the
18 risk assessments both nationally and also within the
19 devolved administrations should concentrate on a much
20 wider variety of what those risks should be?

21 **A.** I think that's a reasonable point. I think the -- in
22 the compilation of the Scottish Risk Assessment
23 an effort was put in to try to ensure that we addressed
24 the range of circumstances that we might face and, if my
25 memory serves me right, I think in this risk assessment

93

1 is certainly focused on trying to mitigate the impact
2 and to secure recovery as speedily as possible, but
3 I don't think that does justice to the wider perspective
4 within government which -- certainly in the
5 Scottish Government -- lays a very heavy emphasis on
6 prevention.

7 So, you know, in so many aspects of
8 Scottish Government policy, there is an emphasis on
9 early intervention and prevention to avoid damaging
10 circumstances emerging, whether that's on policy
11 questions such as child poverty or early learning
12 interventions. But it has an application to some of the
13 resilience questions as well.

14 **Q.** Well, I'd just like to look at a different document,
15 please, in order to explore your answer to that question
16 in a little more detail.

17 Could we put up INQ000087205, please. This is
18 a minute from the meeting of the Pandemic Diseases
19 Capabilities Board in April of 2022, so it's after the
20 pandemic but I'd like to just look at the analysis here
21 of preparation in order to better inform us of how we
22 really should be considering preparing for any future
23 pandemic.

24 Can we go to page 4, please, and look at
25 paragraph 16. Thank you.

95

1 we identified and prioritised ten within that report.

2 But obviously within that there are a multiplicity of
3 different scenarios on each and every one of those
4 themes.

5 So, to go back to this risk assessment, we would
6 identify -- I think we probably identified pandemic flu
7 and winter weather as the two highest and most likely
8 risks with the greatest degree of impact. Within those,
9 there would be countless scenarios that might well be
10 considered, and I think part of the challenge in all of
11 this work is to be able to satisfactorily identify just
12 how many scenarios it might be possible to consider, and
13 then whether to prepare for them, because they will
14 require a very different response. Of course, all of
15 that stands to be very resource-intensive in the
16 process.

17 **Q.** Yes. Or to have a plan that is flexible enough to deal
18 with different levels of or types of transmission and
19 incubation periods and that sort of thing.

20 The Inquiry has also heard that there is a doctrinal
21 issue with the way in which the reasonable worst-case
22 scenario is unmitigated and encourages those planning
23 for risks to plan for the consequences rather than for
24 preventing them. Do you agree with that?

25 **A.** I think the doctrinal approach in resilience, I think,

94

1 "Further, in line with the National Security Risk
2 Assessment ... methodology, revised pandemic reasonable
3 worst case scenario models ... represent unmitigated
4 scenarios and so do not include a full risk assessment
5 for the use of NPIs [non-pharmaceutical interventions].
6 Given that the imposition of lockdown in part accounted
7 for a 25% drop in GDP between February and April 2020,
8 the largest drop on record, and numerous secondary and
9 tertiary impacts on all sectors, this represents
10 a significant gap in the UK's assessment of pandemic
11 risk. Noting that, even without government
12 intervention, we would anticipate spontaneous behaviour
13 change and subsequent economic damage. What is more,
14 the secondary and tertiary impact of these measures will
15 have been unevenly spread throughout society,
16 highlighting -- and in areas exacerbating --
17 pre-existing inequalities."

18 If we can go to page 5, please, and then look at
19 recommendation 2.1, this recommendation is that:

20 "All departments to use the outputs of
21 recommendation 2 to produce a supplementary risk
22 assessment to the NSRA that assesses the impacts of
23 public behavioural changes on their sectors. The
24 outputs of this work should be reviewed by ministers
25 with a view to determining which behavioural changes

96

1 fall within an agreed 'Response Ambition' that will
2 provide clear planning assumptions to enhance
3 cross-government preparedness arrangements for future
4 NPI deployment."

5 Then if we can go down to read through paragraphs 18
6 to 20, please:

7 "18. The unprecedented use of NPIs and significant
8 changes in public behaviour seen during the Covid-19
9 pandemic required the provision of far greater economic
10 support than pre-Covid planning assumptions suggested.

11 "19. The planning assumptions in the 2011 UK
12 Influenza Pandemic Preparedness Strategy focused on the
13 economic impacts of sickness absence. As a result, the
14 strategy did not include many of the significant
15 economic impacts we have seen during this pandemic, such
16 as the dramatic drops in economic activity, significant
17 shifts and reductions in consumer spending and
18 disruption to global supply chains. The OBR's Fiscal
19 Risks Report from July 2021 suggests the UK's real GDP
20 declined by an unprecedented 9.8% in 2020 and as of
21 September 2021, the NAO estimated the lifetime cost of
22 government spending on Covid-19 will reach £370 billion.

23 "20. Clearly then, in line with recommendation 2.1,
24 our economic risk assessment for pandemics must be
25 updated to include a broader range of impacts, including

97

1 reconcile much of this information as to how we then
2 worked our way back out of that, and it became known as
3 the "four harms framework", where we looked at the
4 direct Covid harm, the indirect Covid harm, the economic
5 and the social harm that was being caused, and how we
6 evaluated what was the right amount of risk to wrestle
7 with, I suppose, in terms of trying to get out of
8 a situation of lockdown. So, in a sense, I offer that
9 information to try to illustrate that the dilemmas that
10 are involved very much in this material were dilemmas
11 that we were wrestling with, but I would concede that we
12 were wrestling with them after lockdown had commenced,
13 not before.

14 Q. Yes, but going forwards, what we've just read into the
15 record become part of pandemic planning, shouldn't it?

16 A. I would say it needs to, yes.

17 Q. Mr Swinney, I'm afraid I'm not going to finish your
18 evidence before the break, which we have to take in
19 a couple of minutes, but before we do break I'd just
20 like to ask you one more question, because you were
21 Cabinet Secretary for Finance and Sustainable Growth for
22 nine years.

23 A. Yeah.

24 Q. What are your views on the fact that, as a result of
25 what we've just discussed, there was no real financial

99

1 the significant potential impacts of NPIs and
2 behavioural changes on different sectors of the
3 economy."

4 So not only was much of the planning and
5 preparedness concerned with preparing for the reasonable
6 worst-case scenario, not preventing it from arising, but
7 it would appear that planning was never really designed
8 to deal with the fallout of any of the countermeasures
9 that might be taken to prevent or cope with the
10 reasonable worst-case scenario; do you agree?

11 A. I think it's difficult to -- and this gets to the heart
12 of so much of the assessment work that has got to be
13 undertaken here -- to identify what might well be the
14 range of impacts that have to be wrestled with in any
15 particular scenario, and then of course the more
16 scenarios that we consider, the broader the range of
17 variables that there will be.

18 But I think what the material that has been read
19 I think fairly highlights is the very significant wider
20 impact of the pandemic and its effect on our society,
21 and, you know, as I -- and we may well come on to this
22 in other modules of the Inquiry's work -- but after we
23 took the steps to, you know, the most immediate steps in
24 March 2020 in relation to lockdown, I led a lot of work
25 within government which was about trying to essentially

98

1 pandemic planning put in place for support or
2 countermeasures?

3 A. If I answer that in relation to the context I was
4 dealing in, which is within the Scottish Government,
5 I suspect your question, Ms Blackwell, might be getting
6 towards: well, why didn't you have a reserve to deal
7 with these circumstances? And as I think a number of
8 evidence -- witness statements have provided this detail
9 to the Inquiry, that was not within my gift to create.
10 The financial arrangements of devolution essentially
11 required the Scottish Government to balance its budget
12 on an annual basis, and any resources that are carried
13 forward are only carried forward on a very limited basis
14 from one financial year to the next, so we are
15 specifically, by the financial -- the
16 Scottish Government is specifically prevented from
17 building up a reserve that it can deploy for
18 eventualities of this type. That's a commentary on the
19 existing financial arrangements that exist within the
20 Scottish Parliament.

21 Now, what I would acknowledge, and I've acknowledged
22 this publicly on many occasions, that the scale of the
23 economic intervention made by the United Kingdom
24 Government in and around about March 2020 and thereafter
25 was very welcome, from my perspective. It saved,

100

1 you know, many people's livelihoods from, you know,
2 great jeopardy, but it is an illustration of the scale
3 of the financial challenge that comes with a disruptive
4 pandemic of this nature.

5 **MS BLACKWELL:** All right, thank you very much.

6 My Lady, is that a convenient moment?

7 **LADY HALLETT:** Thank you very much. Sorry we can't complete
8 you this morning, Mr Swinney. I shall return at 1.45,
9 please.

10 (12.45 pm)

11 (The short adjournment)

12 (1.45 pm)

13 **LADY HALLETT:** Ms Blackwell.

14 **MS BLACKWELL:** Thank you, my Lady.

15 Mr Swinney, the first topic I want to ask you about
16 this afternoon is intergovernmental relations, which is
17 something that was touched upon by Ms Sturgeon in her
18 evidence this morning, and for you to confirm that, in
19 relation to the Civil Contingencies Act of 2004, there
20 was a concordat between the United Kingdom Government
21 and Scottish Ministers that was published in February
22 of 2021, which was an agreed framework for co-operation
23 between Scottish Ministers and the UK Government, not
24 a legally binding agreement but with an expectation that
25 each party would abide by it wherever practicable. Is

101

1 **A.** -- after the passage of the Civil Contingencies Act in
2 2004.

3 **Q.** In 2004, yes.

4 **A.** So those arrangements were --

5 **Q.** Were already in place?

6 **A.** Were already in place, and they, for example, envisaged
7 the designation of -- envisaged -- they require the
8 designation of an individual within the
9 Scottish Government to be, at official level, a key
10 resilience person, if I could use that terminology, and
11 that was always followed through. So just so that I was
12 clear about the document.

13 **Q.** No, thank you very much.

14 In 2013, in fact, there was a memorandum of
15 understanding and supplementary agreements between
16 the United Kingdom Government and all of the devolved
17 nations, with the intention of the devolution
18 settlements having enduring qualities of good
19 communication, et cetera, wasn't there?

20 **A.** Yes.

21 **Q.** So there were these agreements in place from, I'm going
22 to suggest, soon after devolution happened, which always
23 attempted to propel along a good natured agreement and
24 good communication between the nations?

25 **A.** That's correct, yes.

103

1 that right?

2 **A.** It exists, yes, but I think the date is much earlier
3 than 2021.

4 **Q.** Did I say 2021? I meant 2011, I'm so sorry. I'm glad
5 you picked me up on that.

6 **A.** Yes, yes. I think it may even be earlier than that.

7 **Q.** Right, February of 2011 is the date that I have here,
8 but we can check that.

9 In any event, it came into force, I use that word
10 loosely because, of course, there was no legal binding
11 nature attached to it, but an expectation that the
12 Scottish Ministers and the UK Government would abide by
13 it, and effectively from that date, if indeed from
14 before, if you think that the agreement might have
15 extended back beyond that date, Scottish Ministers
16 agreed that certainly the spirit of the Civil
17 Contingencies Act would be followed, and from that time
18 Category 1 and Category 2 responders were identified, as
19 indeed happened in England?

20 **A.** Yes. The reason why I was just being a bit precise
21 about the timescale is that I do have a concordat which
22 was -- pre-dates our government coming to office in
23 2007, so it must have followed, I think, some time
24 soon --

25 **Q.** Yes.

102

1 **Q.** All right.

2 But we know that, after the onset of Covid, and
3 commissioned by the four heads of government, there was
4 a review of intergovernmental relations, and we know
5 that because a report was produced dated January of
6 2022, and I think that was referred to during this
7 morning's session.

8 Michael Gove, who will be coming to this Inquiry to
9 give evidence at a later date, who is currently
10 Secretary of State for DLUHC and Minister for
11 Intergovernmental Relations, has told the Inquiry in his
12 written statement that at the time of the pandemic it
13 was apparent that the broader matter of
14 intergovernmental relations was not clearly agreed and
15 there were difficulties encountered in relation to
16 communication, but also matters of substance.

17 Does the fact that the four heads of state
18 commissioned the review of intergovernmental relations
19 suggest that Michael Gove might be right, that the
20 practical difficulties that were encountered when Covid
21 hit, in terms of communication and substance, indicated
22 that further work needs to be done in terms of the way
23 in which the nations work together in an emergency?

24 **A.** I wouldn't say that the working arrangements in
25 an emergency were particularly poor. I think there was

104

1 generally a pretty good amount of co-operation when we
2 were operating in an emergency. In that respect, I'm
3 going a way back to my period since 2007, generally when
4 there was a difficulty and we were perhaps involved in
5 a COBR call, which is a UK emergency call, there would
6 be, you know, a lot of reasonable, practical engagement
7 in an emergency context.

8 But the reason why that process had to be undertaken
9 to form an agreement about how we were all going to
10 operate was that generally relationships between the
11 administrations were pretty poor by that point. Poor in
12 the aftermath of Brexit, because obviously constituent
13 parts of the United Kingdom -- well, we were -- in
14 Scotland we were not happy with Brexit at all, or not
15 happy with the -- and you obviously had to spend a lot
16 of time on the no-deal Brexit, as the Inquiry heard this
17 morning from Nicola Sturgeon. But generally relations
18 were pretty poor.

19 **Q.** All right.

20 **A.** Therefore there was, you know, a necessity to try to
21 formulate some working basis upon which
22 intergovernmental relationships could be improved.

23 **Q.** So, moving forwards in terms of preparing for future
24 pandemics or future civil emergencies, any level of
25 clarity as to how communications and matters of

105

1 Scotland, has regular dialogue with major business
2 representative organisations, and interaction with
3 a representative range of third sector organisations.

4 Tell us how important the Scottish Leaders Forum and
5 the interaction between government and those sectors is.

6 **A.** Very important on all aspects of government policy.
7 I think if I -- I'm now out of government, one of my big
8 reflections is that one of the big problems of
9 government is that government often operates within
10 individual compartments and the necessary of
11 cross-responsibility working to try to sort common
12 problems -- you know, the problem of child poverty or of
13 climate change will not be solved in one neat little
14 compartment in government, it will involve a whole range
15 of different organisations, as will any issue in
16 relation to resilience will invariably require a range
17 of different organisations to be part of it.

18 So what the governments of which I was a part tried
19 to foster was a climate of collaboration, co-operation
20 across different public and private sector boundaries,
21 third sector boundaries, so Scottish Leaders Forum would
22 bring together basically the key public sector and third
23 sector, private sector leaders around the country to try
24 to formulate common purpose, and a common direction of
25 travel in solving problems that we were all interested

107

1 substance should be taken forwards between the
2 four nations would be welcomed?

3 **A.** Yes.

4 **Q.** Thank you.

5 **LADY HALLETT:** Just in case an eagle-eyed commentator spots
6 it, I think you, by slip of the tongue, said four heads
7 of state.

8 **MS BLACKWELL:** I'm sorry, I didn't mean to say that, the
9 heads of government.

10 **LADY HALLETT:** Thank you.

11 **MS BLACKWELL:** Thank you.

12 I want to move on now to ask you about the level of
13 engagement, community engagement, between the
14 Scottish Government and local government and also the
15 Scottish Leaders Forum.

16 **A.** Yeah.

17 **Q.** You tell us in your witness statement that one of the
18 hallmarks of the operating approach of
19 Scottish Government during the period that this module
20 is interested in was to engage widely with other public
21 authorities, public bodies, business and third sector
22 organisations to create a sense of common purpose in
23 your endeavour, and you tell us that that was achieved
24 through forums such as the Scottish Leaders Forum, which
25 brings together senior public sector leaders from across

106

1 in solving but might have slightly different
2 perspectives about who could do what in the process.

3 **Q.** Right, in terms of emergency preparedness and pandemic
4 planning, what level of engagement was there between the
5 Scottish Government and the voluntary sector?

6 **A.** There would be dialogue through, you know, the routine
7 conversations we would have with the third sector about,
8 you know, how they could perform a role within the
9 delivery of policy. So if I think back to periods
10 where, you know, I had responsibility for third sector
11 relationships, 2007 to probably about 2012, you know,
12 we'd be regularly involved in the third sector in the
13 formulation of strategy, what role they could perform,
14 how they could be involved. When it got to the stage of
15 dealing with the pandemic, the third sector
16 organisations would be operating very closely with local
17 resilience partnerships, because, you know, we would
18 encourage -- we actually not just encouraged but we
19 funded what were called third sector interfaces at local
20 level in the 32 local authority areas in Scotland. So
21 the third sector had an ability to influence the
22 direction of policy and service delivery at local level.

23 **Q.** The Inquiry has received a statement from Heather Fiskin
24 representing an organisation called Inclusion Scotland.

25 It's an independent non-party political representative

108

1 organisation of disabled people across Scotland, with
2 a network of over 50 DPO members and partner
3 organisations as well as individual members. I want to
4 give you the opportunity, Mr Swinney, to respond to what
5 she tells us in her statement:

6 "Prior to January 2020 we were not invited to engage
7 with government, UK, Scottish or local, regarding the
8 extent to which inequalities and vulnerabilities should
9 be factored into emergency preparedness and pandemic
10 planning. We have routinely highlighted the obligation
11 on the UK and Scottish Governments to involve disabled
12 people in the development of law and policy. Failure to
13 do this adequately means that inequalities faced by
14 disabled people were not sufficiently factored in to
15 emergency preparedness and pandemic planning."

16 What does it say, Mr Swinney, about the partnership
17 approach that such a significant organisation,
18 representing such an important and vulnerable
19 constituency in society, were not subject to engagement?
20 **A.** I think I'm -- I've read Heather Fiskin's witness
21 statement and obviously I'm troubled by its contents,
22 because that's the last impression or feeling I would
23 want a person like Heather Fiskin and the organisation
24 she represents to have.

25 I think the government, the Scottish Government, has
109

1 and the United Kingdom Government were not perhaps as
2 cordial as they should have been.

3 It's the UK Resilience Forum and the presence or
4 absence of Scottish Government at these meetings, and
5 given that there was a level of -- or a lack of clarity
6 following Ms Sturgeon's evidence about whether or not
7 the Scottish Government were present at some of the
8 meetings, I think it's important for us to look very
9 briefly at the minutes.

10 So can we look at the minutes of the first meeting,
11 please, which are at INQ000198919.

12 This is the meeting on 14 July 2021, chaired by
13 Paymaster General Penny Mordaunt, and if we can scroll
14 down, please --

15 **LADY HALLETT:** I don't think Ms Sturgeon was questioning
16 that the minutes existed.

17 **MS BLACKWELL:** No, no.

18 **LADY HALLETT:** I think she was questioning the accuracy of
19 the minutes.

20 **MS BLACKWELL:** Or indeed whether or not the government were
21 present.

22 **LADY HALLETT:** Yes.

23 **MS BLACKWELL:** So we can see representatives from the
24 following organisations who were in attendance.
25 Scottish Government are the first in the list.

111

1 gone to a lot of lengths, as I just have recounted,
2 through the arrangements that we put in place to make
3 sure the third sector have got a voice throughout the
4 formulation of policy, whether that's around the design
5 of Scottish Government policy or legislation that's
6 brought forward and, you know, there's extensive
7 consultation with third sector organisations about the
8 formulation of policy within the Scottish Government.
9 So I'm very troubled that that is the impression that
10 Heather Fiskin has about the extent to which the
11 organisation she represents has been involved.

12 I think --

13 **Q.** It's not just an impression, is it? She sets out quite
14 clearly that, having offered the assistance of that
15 organisation, and acknowledging the importance of
16 an organisation like that being involved in pandemic
17 planning, her pleas were ignored.

18 **A.** Well, I regret the fact that that's the case, and
19 I think that, you know, that can and should be rectified
20 by the Scottish Government.

21 **Q.** Thank you.

22 I want to return now to, again, something that was
23 covered in evidence this morning, and following on from
24 your comments that certainly at some point during the
25 Covid outbreak relations between the Scottish Government

110

1 Thank you.

2 If we can now look to the second meeting, which is
3 at INQ000198920.

4 This was a meeting that took place on 3 May 2022,
5 chaired by Minister for the Cabinet Office
6 Michael Ellis, and if we can scroll down, please, to
7 those present and absent, thank you. If we can scroll
8 up the page, please, thank you.

9 We can see:

10 "Invited organisations unable to attend:

11 "Scottish Government ..."

12 Then, finally, INQ000198921, which is the third
13 meeting, taking place on 2 February 2023, chaired by
14 Oliver Dowden.

15 If we can look at those in attendance and those
16 absent, please.

17 "Invited organisations unable to attend", at the
18 bottom of the page, we can see, fourth bullet down,
19 Scottish Government.

20 So it rather looks as if the minutes suggest that
21 the Scottish Government were not present in meetings 2
22 and 3.

23 My question to you is this: do you think that their
24 absence from these meetings was a reflection on the poor
25 quality of relations between the nations?

112

1 A. No. But I wonder if I might just see on that, the
2 minute -- that last minute, I wonder if I could just see
3 slightly higher up --

4 Q. The one that's on the screen now?

5 A. Yes, please. If I could just see -- it's -- I just
6 wanted to check, it says "Meeting held in" -- sorry,
7 it's --

8 Q. If we can go to the next page, please.

9 A. Forgive me for --

10 Q. Not at all.

11 A. -- the process here, because it's material to the answer
12 I'm going to give.

13 Q. Yes, of course.

14 A. It says:
15 "Meeting held in person and by video conference."
16 Okay. Thank you for. That.
17 So, no, I don't think it's about the nature of
18 relations. In the short time I've had to explore this,
19 and, as I say, I'm no longer a member of government so
20 it takes me slightly longer to get answers to things, at
21 least --

22 Q. No, no need to apologise.

23 A. On the first meeting, the Scottish Government was
24 present. On the second meeting, the Scottish Government
25 had planned to be present but, from what I have been

113

1 to the Inquiry to explain that point.

2 Q. Thank you very much.

3 The final matter I want to ask you about is the
4 National Performance Framework.

5 We can see this at INQ000102917.

6 This was established, I think, during your time in
7 office, and it demonstrates that organisations in
8 Scotland were working together, doesn't it, to achieve
9 collective aspirations for all members of society?

10 A. Encouraging them to do so.

11 Q. Yes. It's INQ000102917, please.

12 Right. Now, this is a pictorial representation of
13 the framework, isn't it? Can you explain to us how it
14 works, please, Mr Swinney.

15 A. Essentially what -- at the core of it in the centre are
16 an explanation of the purpose of Scottish public policy
17 and the values that should underpin that, in
18 the circular area in the centre. Then around about it
19 are a series of national outcomes that we work with
20 others in Scotland, whether they're in the local
21 authority partners, third sector organisations, the
22 private sector, to agree, to try to achieve those
23 outcomes. So they are aspirational about the type of
24 country we're trying to create.

25 Q. The reason that I wanted to highlight it during the

115

1 advised, the videolink was not working and unfortunately
2 there were people ready to be involved but could not
3 participate because of technical issues.

4 On the third meeting, what I've been advised, and
5 that's why I wanted to see this wording, was that it was
6 an in-person meeting in London, and that minute
7 contradicts what I've been told, and this was at
8 a period where we were wrestling with winter weather
9 challenges and our staff numbers were under pressure.

10 I'm also not certain that these were invitations
11 extended to ministers to participate. So I would need
12 to check whether that was a ministerial ...

13 But around this time, or certainly around about this
14 period, I discussed collaboration on this question with
15 Michael Ellis, who was I think, at the time, Minister
16 for the Cabinet Office --

17 Q. Yes, he was.

18 A. And basically we had an in principle conversation about
19 the necessity for co-operation.

20 So to go back to the question you put to me,
21 Ms Blackwell, did I think this was -- the absence of the
22 Scottish Government was in any way an indication of poor
23 relations, on that point, no, unreservedly not. I think
24 it was perhaps logistics and issues that got in the way,
25 but I will make sure there is a definitive answer given

114

1 course of your evidence was that the Inquiry has heard
2 from Sir Mark Walport, who spoke of the need, regardless
3 of what approach government takes to future funding of
4 national resilience, we perhaps should consider having
5 a national resilience assessment across all areas of
6 society in order to ensure that the best level of
7 resilience is achieved.

8 Do you think that that principle could work together
9 with the National Performance Framework that we see is
10 currently in force in Scotland?

11 A. I think that would be beneficial, and I think there is
12 a constant challenge that we've got to be aware of on
13 resilience issues about how the world is changing.

14 If I can perhaps give an illustration of that, we
15 had a very severe and acute storm in the northeast of
16 Scotland, Storm Arwen, and there was a very extensive
17 amount of damage particularly to power cables, and what,
18 of course, we discovered very, very quickly is that
19 without power supplies, people's dependence on mobile
20 technology, broadband, for which vast amounts of life
21 now hinge, stops. And it's all very well saying,
22 you know, "We'll get the power back on tomorrow", but if
23 the power can't go on for seven days, which in
24 Storm Arwen was the case, that is an acute challenge to
25 people.

116

1 So the resilience effort is -- you know, the Inquiry
2 will understand I'm not much of an electrical engineer,
3 you need the proper people who know what they're doing
4 to do that. So the necessity for whole approaches to
5 resilience threats, whatever they happen to be, which
6 Sir Mark is suggesting, is a very welcome suggestion.

7 **MS BLACKWELL:** Thank you very much.

8 My Lady, that concludes my questions for Mr Swinney.
9 You have provisionally granted permission for Scottish
10 Covid Bereaved to ask two discrete questions. May they
11 do that now, please.

12 **LADY HALLETT:** Ms Mitchell.

13 **Questions from MS MITCHELL KC**

14 **MS MITCHELL:** I am obliged, and in fact one of the questions
15 has already been dealt with in full before with
16 Ms Sturgeon, so I only need to take you to one question
17 now.

18 I would like, Mr Swinney, for your comment on
19 evidence given to this Inquiry by Dr Jim McMenamin. He
20 was a consultant epidemiologist in Health Protection
21 Scotland and, as you will know, that's the lead body
22 protecting the Scottish public from infectious diseases
23 at the time that pandemic planning was taking place, and
24 also at the time just before the pandemic.

25 I'm not going to ask the Inquiry to physically go to
117

1 Scotland didn't have the budget or staffing levels to
2 provide health protection for Scotland pre-pandemic?
3 **A.** My view is that Public Health Scotland provided the
4 Scottish Government, our local authority partners -- and
5 I make reference to this in my own witness statement --
6 with a huge amount of immensely reliable information and
7 trusted information to enable us to form our decisions.
8 So part of the benefit of the reform which was
9 undertaken to establish Public Health Scotland was it
10 was a body jointly owned, if I could use that
11 terminology, between the government and local
12 authorities. So there was -- often local authorities
13 might dispute the evidence base that government has
14 taken its decisions based on. On this example there was
15 none of that because we jointly owned the body of Public
16 Health Scotland and there was wide confidence in the
17 quality of the material and the information that came
18 from Public Health Scotland.

19 So, in that respect, I want to put that on the
20 record, about the strength of that information that was
21 available from which decision-making then came.

22 Where I would accept is that there were financial
23 pressures -- there were financial pressures throughout
24 every aspect of the public sector in Scotland and we've
25 had a prolonged period of austerity which has required

119

1 the statement, but just for the record it's his
2 statement, the Inquiry number INQ000183410.

3 In that statement to the Inquiry, at paragraph 146,
4 he explains that staffing numbers reduced at Health
5 Protection Scotland between 2005 and 2020.

6 Now, he indicated that this was due to a number of
7 factors, but he specifically highlighted that one of the
8 factors was the requirement placed on all NHS boards by
9 the Scottish Government to make what he describes as
10 cash releasing efficiency savings, and as a result of
11 that, of course, clearly, staffing numbers were
12 affected.

13 Further, he explains at paragraph 145 that the newly
14 formed Public Health Scotland, so the body that was
15 taking over from the other one, the opening budget for
16 that and staffing levels were not sufficient for Public
17 Health Scotland to deliver the health protection and
18 response required by the pandemic.

19 From your position, having, in your own words this
20 morning, the responsibility to make Scotland in as
21 strong a position as it could be for any eventuality we
22 had to face, do you accept the evidence of
23 Dr Jim McMenamin that, amongst other factors, the
24 Scottish Government requirement to make cash savings in
25 the previous body, the newly formed Public Health

118

1 us to make -- to live within very challenging fiscal --
2 a very challenging fiscal environment in the
3 Scottish Government. Having said that, the health
4 budget, which would have funded Public Health Scotland,
5 would have been the budget that grew the most compared
6 to any other aspect of the public -- of public budgets.

7 So yes, there would be efficiency savings required,
8 they were required of everybody, but in that context the
9 health budget was growing to a greater extent than any
10 other part of the public budgets for which the
11 Scottish Government has responsibility.

12 So what that answer is designed to do is to
13 acknowledge the strength of Public Health Scotland but
14 also to accept that, in a challenging fiscal
15 environment, we have to ask organisations to perform
16 strongly to live within the financial resources we have
17 available to us.

18 **Q.** So despite the fact that Public Health Scotland would
19 have had the budget that grew most compared to other
20 aspects of public life, it still wasn't, in terms of
21 budget or in terms of staffing, prepared for the
22 pandemic?

23 **A.** Well, I -- certainly from my experience of Public Health
24 Scotland I thought Public Health Scotland contributed
25 formidably to the handling of the pandemic and at no

120

1 stage did I feel that we did not have the necessary
2 information or interventions available to us, from --
3 well, particularly Dr McMenemy and his colleagues at
4 that time. So from my perspective I felt they were able
5 to make that contribution, but I do acknowledge that the
6 burden of austerity and the requirement for efficiency
7 savings has been acute for many organisations.

8 **MS MITCHELL:** Thank you, my Lady, that concludes my
9 questions.

10 **LADY HALLETT:** Thank you very much, Ms Mitchell.

11 Thank you very much indeed, Mr Swinney, thank you
12 for your help.

13 **THE WITNESS:** Thank you, my Lady.

14 **(The witness withdrew)**

15 **MS BLACKWELL:** My Lady, the final witness of the day and
16 indeed of this week is Catherine Frances.

17 **MS CATHERINE FRANCES (affirmed)**

18 **Questions from COUNSEL TO THE INQUIRY**

19 **MS BLACKWELL:** Please sit down.

20 **A.** Thank you.

21 **Q.** Is your name Catherine Frances?

22 **A.** It is.

23 **Q.** Ms Frances, thank you for coming to give evidence today
24 and thank you for the assistance that you've given so
25 far. You've provided a witness statement which we'll

121

1 a realm of shifting acronyms and names, so I'm going to
2 try and deal with it all at once so that we can then
3 move on.

4 Ms Frances, I need your assistance in relation to
5 how the government is formed and its previous
6 iterations, please.

7 The Department for Levelling Up, Housing and
8 Communities, referred to as DLUHC, which I'm going to
9 use during the course of your evidence, has operated in
10 various forms and under various names over its lifetime,
11 hasn't it? It was created in 2006 to replace the Office
12 of the Deputy Prime Minister, which had taken on the
13 Local Government and Regions portfolio from the
14 Department for Transport, Local Government and the
15 Regions in 2002.

16 When it was first formed, the department was called
17 the Department for Communities and Local Government,
18 DCLG, but then in January of 2018 it became the Ministry
19 of Housing, Communities & Local Government, MHCLG, and
20 then in September of 2021 it became DLUHC.

21 Have I got that right?

22 **A.** You have got that right.

23 **Q.** Good, right.

24 You are responsible in your role for what we know as
25 RED, which is the Resilience and Emergencies Division,

123

1 look at on the screen in a moment. Before we confirm
2 that this is your witness statement, I notice that
3 you're quite softly spoken. That's not a criticism, but
4 please keep your voice up and speak into the microphone
5 so that the stenographer can hear you for the
6 transcript. If you need a break during the course of
7 your evidence, just ask and we will do that.

8 So can you confirm, please, Ms Frances, that this is
9 your witness statement?

10 **A.** I can.

11 **Q.** Thank you. We don't need to go there, but can you also
12 confirm that at the end you have signed it as being true
13 to the best of your knowledge and belief?

14 **A.** I have.

15 **Q.** Thank you, we can take that down, please.

16 You are the Director General for Local Government
17 Resilience and Communities, a post which you have held
18 since April of 2019?

19 **A.** That's correct.

20 **Q.** I think that you joined the civil service in 2001, and
21 prior to joining this department you were director of
22 public services in Her Majesty's Treasury?

23 **A.** That's correct.

24 **Q.** Thank you.

25 Now, a warning, my Lady, we are about to enter

122

1 although it is now known as the Resilience and Recovery
2 Directorate; is that right?

3 **A.** That is correct.

4 **Q.** I'm going to refer to it as "RED" during the course of
5 your evidence. Just pausing there, why has that
6 particular name changed?

7 **A.** It's changed for two reasons. Firstly, because this is
8 part of our organisation which works on resilience
9 planning and response, and we wanted to recognise that
10 we were thinking in a holistic way about how you recover
11 from emergencies as well as how you just immediately
12 respond. So the name has been changed for that purpose.

13 It's also been changed to reflect, I think over
14 time, changes in the resourcing of that team and set of
15 teams. It is now run by a director who has
16 responsibility solely for that function, and previously
17 it's been in slightly different arrangements over the
18 years.

19 **Q.** All right, thank you.

20 The department is a ministerial department with
21 oversight for local government and elections,
22 homelessness, housing and home ownership, planning,
23 building safety and levelling up and the unions since
24 2021, but the Inquiry is interested in its oversight in
25 terms of local government, because it oversees the local

124

1 government sector and is responsible for the stewardship
2 and oversight of local authorities in England, which
3 includes ensuring that the frameworks for accountability
4 and finance of local government are robust, and that
5 local authorities operate in accordance with what's
6 described as a "best value" regime.

7 **A.** That is a correct description of our role nationally in
8 relation to local government. I think it's important
9 for the Inquiry to understand, and that because local
10 government does so many different things, in England the
11 way that this is organised is that the lead government
12 department for a particular service area would take
13 national oversight and accountability for that.

14 So to give you an example, the Department for Health
15 and Social Care would be responsible at national level
16 for social care, even though local authorities are
17 a major player in social care.

18 Similarly the Department for Education would be
19 responsible for children's services, and we as
20 a department would be responsible for homelessness at
21 a national policy level.

22 **Q.** Right.

23 **A.** But you're correct in your description that we did the
24 overarching framework.

25 **Q.** In terms of resilience, which is of particular interest
125

1 with overarching responsibility, and they have
2 responsibility in terms of policy, known as doctrine,
3 for local emergencies planning too.

4 As you have probably heard from other people there's
5 often a lead government department which takes forward
6 a particular risk and plans for that.

7 Locally speaking, we have a situation defined in
8 legislation where Category 1 responders, hospitals,
9 local authorities, blue lights, have a responsibility
10 for planning for emergencies and then responding in
11 emergencies. They also have a responsibility to come
12 together in local resilience forums, and those forums
13 are in place to enable planning and response when it
14 needs a cross-agency response locally.

15 The role of RED in that wider system is, in a sense,
16 relatively simple: it is the connecting team between the
17 national level civil contingencies arrangements and the
18 local LRFs.

19 **Q.** Right.

20 **A.** So those 38 LRFs in England will have RED connecting
21 officers working with them, and they will work with them
22 on planning and also in response. I hope that's clear.

23 **Q.** It is, thank you very much.

24 Local government is responsible for a range of
25 services for people and businesses in defined areas, and
127

1 to this Inquiry, your department shares joint competency
2 for local resilience with the Cabinet Office, I think;
3 is that right?

4 **A.** Yes. May I set this out very clearly for you?

5 **Q.** Please do.

6 **A.** So the way to think about our department's role is in
7 two different chunks, if you like. The first is, as any
8 other government department, we have lead areas of
9 responsibility, and they are exactly as you have set
10 out: housing, homelessness, building safety and local
11 government overarching accountancy in stewardship form.

12 There is then a separate function that sits within
13 our department which is the Resilience and Emergencies
14 Division, now renamed RED.

15 **Q.** RED?

16 **A.** RED. Now, RED performs a function which is not just for
17 our own department, RED performs a function on behalf of
18 all of government, central and local. I can set that
19 out role for you now if it's helpful.

20 **Q.** Yes, please.

21 **A.** So this is all based in legislation and in the civil
22 contingencies framework and then the supporting guidance
23 that goes with this.

24 So at national level civil contingencies are
25 arranged in such a way as you have the Cabinet Office
126

1 I'd like your assistance, please, now, on how the local
2 government levels work.

3 So there are different times of local authorities,
4 aren't there?

5 **A.** Correct.

6 **Q.** Can you tell us what they are, please.

7 **A.** Yes. So there are a range of different types. There
8 are some authorities, metropolitan authorities and
9 integrated authorities that have responsibility for
10 a full range of services. To give you an example, that
11 would include social care, children's services, those
12 sorts of services, it would include libraries, it would
13 also include responsibilities for refuse collection and
14 things like that, and planning.

15 In other parts of the country where we don't have
16 that unitary authority that integrates both tiers, that
17 can be split between a county, which holds some
18 responsibilities, and, underneath it, some district
19 councils.

20 **Q.** Right.

21 **A.** They have separated lines of responsibilities that are
22 set out very clearly in all legislation. For example,
23 districts would do refuse and that sort of service and
24 at the county level you might find adult social care and
25 children's services.
128

1 **Q.** So differing types of local authorities --
 2 **A.** It is a patchwork across the country, well understood by
 3 practitioners, but it is not regular. Then, in addition
 4 to that, in some parts of the country there are combined
 5 authorities or mayoral combined authorities, they bring
 6 together the authorities in the area and have certain
 7 accountabilities that are set out in a series largely of
 8 devolution deals and then legislation that follows
 9 those.
 10 If it would help the Inquiry, they tend to be less
 11 directly responsible for the public services that are
 12 affected immediately in a pandemic-type response.
 13 **Q.** Right, but what's the interrelation between the local
 14 resilience forums and local authorities? Is there
 15 a direct correlation between the area that a local
 16 resilience forum covers and a local authority, or do
 17 some local resilience forums cross boundaries?
 18 **A.** Thank you for asking that question.
 19 So in the legislation the 38 local resilience forums
 20 are set out as being along the same footprint as police
 21 authorities.
 22 **Q.** Right.
 23 **A.** So that is what defines them.
 24 You can imagine that a local resilience forum will
 25 sometimes be responding to a situation where the police

129

1 **Q.** So the department's role in preparedness and risk
 2 management for civil emergencies, as we've established,
 3 sits within RED, and you've explained how RED really
 4 sits between central government and local government,
 5 and provides a conduit for advice.
 6 Does that extend to assurance? So what level of
 7 assurance does RED have over plans and arrangements that
 8 a local -- that might be held at a local level?
 9 **A.** Okay, just to break this down, so firstly I think we do
 10 have civil contingencies responsibilities as
 11 a department outside RED as any other department would.
 12 **Q.** Yes.
 13 **A.** But just looking at RED, its role is to act as the
 14 connecting point between central government and LRFs.
 15 So in the preparedness phase, RED's role is to act as
 16 a critical friend of local planners, to check that they
 17 are asking themselves the right question, because the
 18 accountability for planning lies with them, to share
 19 with them and point them in the direction of guidance
 20 that's been issued, so that they can understand that, to
 21 ensure that they understand the national risk registers
 22 that are issued, and then of course local planners then
 23 have to make their own community risk registers, and to
 24 help local partners identify risks.
 25 In a response phase, RED's interaction would build

131

1 may be other lead agency, so one can see why it's set
 2 out like that --
 3 **LADY HALLETT:** I thought there were 42 authorities? Sorry
 4 to interrupt.
 5 **A.** 38.
 6 **LADY HALLETT:** I thought there were 40 ...
 7 **A.** I would bow to your greater knowledge on the police.
 8 **LADY HALLETT:** I thought it was over 40 police forces.
 9 Forgive me for interrupting.
 10 **A.** It may have changed, I don't know. I'm afraid I can't
 11 help you on that one.
 12 You asked about the connection with local
 13 authorities?
 14 **MS BLACKWELL:** Yes.
 15 **A.** Because they are Category 1 responders, they are
 16 required to engage with the local resilience forum of
 17 which they are a part.
 18 **Q.** Under the Civil Contingencies Act?
 19 **A.** Exactly.
 20 **Q.** Yes.
 21 **A.** In practice, what that can mean is that you'll have
 22 a local resilience forum that has several councils in
 23 it, that is perfectly standardised, and you may find
 24 that councils don't all individually attend, they can
 25 nominate each other to attend on each other's behalf.

130

1 on that sort of relationship, and effectively they would
 2 act as a communicator between the local LRF and the
 3 centre, highlighting where there are issues that need to
 4 be resolved and facilitating the transfer of information
 5 between central and local.
 6 For the avoidance of doubt, RED has no role in
 7 assuring the local plan, because the local plan is the
 8 responsibility of the local responders, and legislation
 9 and accountability very clearly sits there.
 10 **Q.** All right.
 11 The identity of the person that sits in RED who
 12 communicates at a local level, is that person called
 13 a resilience adviser?
 14 **A.** They are called a resilience adviser when they're
 15 planning and advising, yes.
 16 **Q.** In the event of a response period, if you like, does the
 17 name of that person change to become a government
 18 liaison officer?
 19 **A.** They do, and the reason for the change of name is
 20 literally that they turn into a function where they are
 21 liaising very proactively between the local and the
 22 national to make sure messages get through and to make
 23 sure they're helping to solve problems and handing
 24 things to lead departments and things where it's needed.
 25 **Q.** Is it more often than not the case that that person is

132

1 the same person, the resilience adviser is the same
2 person as the government liaison officer?
3 **A.** Often and usually -- we may come on to this later -- at
4 points where the whole country's systems are activated,
5 as in a pandemic response, we had to work on shift bases
6 and with a bit more variety, but normally we would try
7 for as much continuity as is possible.

8 **Q.** All right.

9 Do you think it's perhaps unnecessary and a little
10 confusing that the name of that person changes or the
11 title of that person changes, or do you think it's
12 helpful?

13 **A.** I think for people who work in the system, they
14 understand absolutely exactly how the systems work.

15 **Q.** In terms of oversight and assurance, you've explained
16 why RED does not hold a responsibility of assuring that
17 the local plans are in place, et cetera. Do you think
18 it would help if RED did have that level of assurance
19 and accountability to provide at that level comfort that
20 the local plans are dealing with the national risks
21 appropriately?

22 **A.** I think it potentially could be quite confusing done in
23 that way, because what we are trying to achieve in RED
24 is a situation where RED supports the local people who
25 are accountable for planning and helps them in

133

1 risk, such as pandemic planning, extended as far as
2 facilitating the communication in those sort of
3 joined-up ways between local and national.

4 The second thing to say, I think, is just that we do
5 recognise that LRFs need to be able to assure themselves
6 and have good accountability locally for their own
7 plans, and although I believe it wasn't set out in my
8 witness statement, because it postdates it, we have made
9 some further announcements about further work on that.

10 **Q.** All right, thank you.

11 At the heart of the system is the principle of
12 subsidiarity; is that right?

13 **A.** Correct.

14 **Q.** Can you explain to us what RED's approach is to that and
15 how it ensures that matters cascade down in the way that
16 that principle expects.

17 **A.** Well, the principle of subsidiarity is that decisions
18 should be taken at the lowest possible level, and
19 co-ordination should happen at the lowest necessary
20 level. In general, RED's approach is therefore to make
21 sure that information is cascaded down, if I can use
22 that terminology, to local resilience fora. So, to give
23 you an example, RED will have facilitated events
24 following -- workshops and things, following the issue
25 of the National Security Risk Assessment to make sure

135

1 a supportive, collegiate way to assure themselves that
2 they are at an appropriate level of preparedness, and
3 that accountability and the clarity of that
4 accountability is relatively important, I think.

5 I would say two additional things, if you would let
6 me. The first I think is that that's not the same as
7 saying that RED disengages from the process of local
8 plans and local risk assessments. If I can take
9 an example in pandemic preparedness, we may come on to
10 it later, I mean, RED has participated in a lot of the
11 exercises over the years that have been important in
12 pandemic preparedness, but we have also taken steps over
13 the years -- I mean, in December 2017 we interviewed all
14 LRFs and said -- I think 35 or 38, and asked them about
15 levels of preparedness, fed back what they said to
16 central government departments to aid that
17 communication. RED has additionally run workshops for
18 LRFs to attend and had central government partners there
19 as well, so that they could work together on the issues
20 that needed to be grappled with in terms of planning for
21 a pandemic. RED have also facilitated a sort of local
22 resilience forum engagement group to work through
23 particular issues with central government partners.

24 So although they're not assuring local plans
25 whatsoever, RED's interlocutor role when it's a major

134

1 that every LRF in the country understood that and could
2 dock that into their plans.

3 RED's general approach is to share as much
4 information as is possible with local resilience fora.
5 We do that depending on the security of the information
6 and also the sign-off of the lead government department,
7 but we have a very strong culture of sharing with local
8 colleagues. And in relation to a pandemic, the
9 preparedness here really was whole-system, so RED's
10 approach to subsidiarity there was to dock into the
11 central structures, which you'll have heard a lot about,
12 the Pandemic Flu Readiness Boards and structures like
13 that, and to convey there what local resilience forum
14 were saying and then to facilitate the flow of
15 information into local resilience forums, to be part of
16 joint exercising, locally and nationally, and to
17 facilitate the flow of messages back up and down through
18 the system.

19 So I think in summary, it is an approach based on
20 subsidiarity.

21 **Q.** Yes.

22 **A.** It is just a whole-system approach when planning for
23 a pandemic, because some elements of it involve national
24 decision-making and some, quite rightly, either LRF
25 level or more local decision-making because --

136

1 Q. Even more local than that.
 2 A. It is local partners who know their communities --
 3 Q. The best, yes.
 4 A. -- and we know that local planners are very good at
 5 dealing with their communities.
 6 Q. Well, let's have a look at a couple of documents,
 7 please. The first is a report from the C-19 National
 8 Foresight Group, entitled "Covid-19 Pandemic Third
 9 Interim Operational Review".
 10 Thank you.
 11 Now, this is dated October of 2020 so it's outside
 12 of our Module 1 time period but I want to look at
 13 page 22, please, because it sets out some concerns that
 14 were felt by -- from delegates.
 15 If which can highlight the second paragraph there,
 16 please, this was a group that had gathered evidence from
 17 all but one local resilience forum and it said:
 18 "Delegates report that they did not feel understood
 19 or trusted by Central Government and Ministers.
 20 Delegates have reported that Ministers and some
 21 government departments still do not understand what LRFs
 22 and SCGs are, what these structures can and cannot do,
 23 and what the difference is between an LRF and an SCG."
 24 Is that a strategic commissioning group, an SCG?
 25 A. Co-ordination group.

137

1 To avoid a huge number of letters creeping in, in
 2 central government I think possibly sometimes people
 3 referred to LRFs when they meant SCGs, but I don't think
 4 that would have meant that central government
 5 departments didn't understand what an LRF was, or indeed
 6 an SCG.
 7 I think this question about feelings of trust
 8 between central government and ministers is one that one
 9 really has to ask local partners about. We often heard
 10 from local partners that they wanted to have advanced
 11 notice of decisions that were being taken, and sometimes
 12 they asked about the sharing of information in a timely
 13 way. I think some of that is coming out here.
 14 From a RED perspective, and indeed a wider
 15 departmental perspective, we shared material when it was
 16 authorised to be shared, when decisions had been taken
 17 and so on and so forth.
 18 Q. All right.
 19 We can take that down, please, and let's replace it
 20 with INQ000177803, which is the witness statement of
 21 Mark Lloyd from the Local Government Association. He is
 22 going to be coming to give evidence to the Inquiry at
 23 a later date.
 24 Could we go to page 51 and have a look at
 25 paragraph 199, please. Thank you.

139

1 Q. "This hampers the ability to integrate the national and
 2 local approach, as the expectations from the national
 3 decision-makers are misplaced and misaligned with the
 4 civil contingencies' frameworks, or guidance materials
 5 are incorrectly framed, or include incorrect details."
 6 Is that something that you recognise, Ms Frances?
 7 A. So I was aware of this work being done at the time, and
 8 indeed RED attended some of the sessions to hear
 9 first-hand, because it was important to learn from
 10 practitioners and what they were feeling at the time.
 11 I think, not to deflect the query you're making, but
 12 this is October 2020 --
 13 Q. Yes.
 14 A. -- and I think quite a lot of what we're hearing from
 15 delegates here is their reflection on evolution during
 16 the pandemic and how they felt certain things were
 17 going. The distinction between an LRF and an SCG is,
 18 of course, important in operational work --
 19 Q. What is the difference?
 20 A. The distinction is literally that an LRF is the group
 21 that brings together all of the Category 1 responders.
 22 Q. Yes.
 23 A. But when you go into response you need a strategic group
 24 that is just running the response and that is designated
 25 by the LRF, that is the SCG.

138

1 "The LGA's view is that in a number of [cases], the
 2 principle [this is of subsidiarity] is not currently
 3 being applied effectively" --
 4 **LADY HALLETT:** Areas.
 5 **MS BLACKWELL:** "Areas", I'm so sorry.
 6 "... in a number of areas, the principle is not
 7 currently being applied effectively. Subsidiarity
 8 implies that local agencies are trusted, equal partners
 9 in emergency preparedness and response which, in
 10 appropriate circumstances, are empowered to lead local
 11 resilience work. However, there are a number of
 12 examples of practice suggesting otherwise."
 13 If we could read on to the next paragraph, please:
 14 "As noted, a persistent issue, which has undermined
 15 trust and therefore the principle of subsidiarity, has
 16 been the extent of central Government's willingness to
 17 share information with local partners. There have been
 18 repeated challenges with central Government sharing
 19 intelligence and information about national risks
 20 (for examples, planning assumptions reasonable
 21 worst-case scenarios) on a limited basis or not at all,
 22 thereby undermining the ability of local areas to
 23 undertake timely and informed local planning."
 24 Thank you.
 25 It appears from what Mark Lloyd has to say,

140

1 certainly in those two paragraphs, is that there was
2 a lack of sharing of information or certainly
3 a perception at the local level of not being fully
4 informed about the National Risk Assessment and what lay
5 behind it.

6 Do you agree, Ms Frances, that if the risk
7 assessments at a local level are going to be meaningful
8 and adequate, there needs to be an understanding of the
9 assumptions that are being used at a national level to
10 perform the National Risk Assessment?

11 **A.** So the national risk security assessment is shared with
12 every LRF in England. There are elements of it that can
13 be secure and they can be accessed through secure
14 routes. LRFs themselves nominate who has access to that
15 information. So -- and we use the LRF to cascade that
16 information because it is the named ways for doing so in
17 civil contingencies approaches in legislation.

18 **Q.** Just so that I understand it correctly, there is
19 a confidential -- there is a secret part of the National
20 Security Risk Assessment, isn't there? There is
21 an element of it which is not public facing? Are you
22 suggesting that, in relation to that part of the
23 assessment process, there is a facility whereby the
24 local resilience forum can have access to that, but it
25 requires the nomination of a person, presumably who has

141

1 I think I'd say two things here.

2 I mean, the first is that before the pandemic local
3 planners had the same epidemiological sort of
4 assumptions that were there in all of the documentation
5 as national planners were using from the 2011 and 2013
6 documentation, and were working using the same planning
7 frameworks as central government planners, and I think
8 we also shared with them updated Covid material when it
9 was available.

10 So I understand that local partners -- and we did
11 hear local partners saying, "Are you sharing as much as
12 you can?" But I think in terms of pandemic preparation
13 the basic building blocks were all common across central
14 and national government. The exercises that we were
15 doing were on common bases, and the same for planners.

16 I would say that in the pandemic things moved at
17 pace, and sometimes that may have led local planners to
18 say, "Could you not have told us this earlier?"

19 **Q.** Yes.

20 **A.** Totally accept that. That's absolutely something we
21 heard.

22 **Q.** But in terms of preparedness and the National Risk
23 Assessment and the ability of that to be carried
24 forwards and cascading down to a local level, do you
25 think there is a disconnect between what happens at

143

1 security clearance to do that?

2 **A.** So my understanding is that the NSRA is shared with
3 every LRF in the country, and certainly in 2019, when it
4 was updated, RED and the CCS ran a series of events with
5 local resilience fora, so that they understood changes
6 to the NSRA and appreciated how that could affect them.

7 That is not the same as saying that every local
8 partner saw the NSRA or the associated documents.

9 An LRF would each have had to decide who had access to
10 that material, and my understanding is that the areas
11 that are more secure are treated in a more secure way.

12 **Q.** Right.

13 **A.** But it would have been for the LRF to determine who saw
14 that, and I would certainly expect key people to have
15 seen the key documentation.

16 **Q.** So does it surprise you that Mr Lloyd's opinion appears
17 to be that there have been repeated challenges about the
18 sharing of information?

19 **A.** I think that he's making two points, if I read this
20 right. So the first is around the national risk
21 assessments where, as I've said, it was shared in the
22 appropriate way down the appropriate routes.

23 The second point I think he's making is a general
24 question about whether information more widely was
25 shared.

142

1 a national and a local level or are you confident that
2 there is sufficient quality of information flowing from
3 the top to the bottom?

4 **A.** Well, I think if we set out the National Risk
5 Assessments we hold a series of events to explain the
6 changes and then LRFs are required, and I think do,
7 understand what's in the national risk assessments, that
8 that's acceptable. I think they then need to work out
9 at a local level, and this can be challenging actually,
10 how the local community risk assessment works, because
11 you may have a part of the country which has a different
12 balance of risk assessment to another, for entirely
13 legitimate reasons. Maybe it's subject to more flooding
14 than another part of the country or something. We see
15 those sorts of variations. But, yes, I think local
16 planners had those framework pieces.

17 **Q.** What are regional resilience teams?

18 **A.** So are you referring to the arrangements which were in
19 place before RED started in our department?

20 **Q.** Yes.

21 **A.** Yes. So before 2011 --

22 **Q.** Yes.

23 **A.** -- government was structured in a different way and
24 there were a series of government offices across
25 England. In that context, there were a series of

144

1 regional resilience teams and they were Cabinet Office
2 teams who reported directly in to the Cabinet Office,
3 and they did -- what the name suggests, actually --
4 a very similar function to that which RED performs and
5 has performed since 2011.

6 **Q.** But spread out across the country?

7 **A.** Yes, exactly. Located in those government offices which
8 no longer exist and didn't after 2011.

9 **Q.** Yes. If it were to be suggested that consideration
10 perhaps should be given to the reinstatement of regional
11 resilience teams to add an additional level of
12 assistance, and perhaps combined with a level of
13 assurance between central and local government, do you
14 think that that's an idea that's worth considering?

15 **A.** There are very different views around the country on the
16 regional situation, and I think that we think that the
17 regional position is more complex than -- in resilience
18 terms, than existed prior to 2011.

19 To explain that a little bit more, there are some
20 parts of the country where the collaboration jointly
21 between resilience planners on the old regional
22 footprint still continues to feel relatively natural, if
23 I can put it that way.

24 So to draw an example, the northeast or the
25 southwest, the LRFs in those areas tend to work jointly

145

1 needed to be made on the regional basis we were
2 facilitating that.

3 **Q.** Right, so from what you have said, RED takes the issue
4 that's been raised, considers the area in which it's
5 being raised, and prepares and presents a suitable
6 solution, and it's got flexibility within the
7 organisation in order to be able to do that?

8 **A.** That is a very good way of putting it, thank you.

9 **Q.** Thank you very much.

10 I want to move on to resources now, please.
11 The Inquiry will hear that, in terms of local government
12 funding, there were real terms reductions over the
13 period of time that this Inquiry is involved in, up to,
14 in some cases, 57%. That evidence is going to be coming
15 from Mr Lloyd. And that however large the reduction
16 was, there was a significant amount of concern at
17 a local government level as to whether or not there was
18 sufficient resource in order to be able to carry out
19 proper preparation for any civil emergency happening.

20 Did you witness the impact of reduction in funding
21 or changes in funding in your day-to-day relationship
22 with local government?

23 **A.** Can I correct one thing for the record, first?

24 **Q.** Yes, please.

25 **A.** I think you said that there was a 57% reduction in local

147

1 in a way that is very close to the original regional
2 footprint, and RED works with them on that basis as
3 well. If they want to work like that, we support them
4 on that basis. But there are other parts of the country
5 where that geography doesn't feel so natural, maybe
6 because there's a very rural area next to a very urban
7 area, and the connection there just feels less
8 significant than maybe other structural connections.

9 So RED works in a way that we support collaboration
10 across different LRFs in the way that works for whatever
11 the task that needs to be done. So if I can give you
12 an example, in preparations for the possibility of
13 leaving the EU with no deal, we worked with different
14 LRFs across the country who had ports and airports, and
15 clearly they weren't all in one region but they shared
16 a common set of issues that they needed to deal with,
17 and so we would flex our approach that way.

18 I should just add one more point, which is that RED
19 does work on a regional basis, we have four regional
20 offices.

21 **Q.** Right.

22 **A.** At various times it's been four or five. But all of the
23 workshops that we've run in pandemic planning,
24 for example our workshops in, I think it was, early
25 2018, were run in four locations so that if connections

146

1 government budgets.

2 **Q.** What I intended to say was that the councils had their
3 core funding from central government reduced and in some
4 areas that amounted to a real terms reduction of 57%.

5 **A.** So I think that's a quote from Mark Lloyd's witness
6 statement.

7 **Q.** That's exactly where it's come from.

8 **A.** I just think it's important for the Inquiry to
9 understand that that is not a measure of the resources
10 available to local government, particularly because it
11 doesn't include resources from council tax.

12 Mark Lloyd in his witness statement does make
13 reference to another figure which is drawn from the
14 National Audit Office --

15 **Q.** Yes.

16 **A.** -- and I would strongly recommend that we use that one,
17 because it represents a holistic view of resources for
18 councils, it's at paragraph 287 in Mark Lloyd's witness
19 statement.

20 **Q.** Do you agree that there was a reduction?

21 **A.** Absolutely.

22 **Q.** Right. And my question was: did you witness any impact
23 of that reduction in your day-to-day work with local
24 government?

25 **A.** So there was definitely a really significant reduction

148

1 in local government resources in the 2010s, as part of
 2 the wider government approach to fiscal policy. What
 3 I've witnessed varies a lot between different councils,
 4 and it's hard to draw simple conclusions about the
 5 budget reductions and preparedness for a pandemic,
 6 actually. Firstly, I think, because councils make their
 7 own decisions about what they're going to prioritise
 8 within the statutory framework, and so they will
 9 naturally have looked at where they had statutory
 10 responsibilities, like to plan for emergencies --

11 **Q.** Yes?

12 **A.** -- and for big public services, which were critical, and
 13 will have formed a view about what was necessary.
 14 Because they take different locally-based decisions as
 15 well, they also take quite different strategies, and
 16 it's hard to generalise. And they're quite good and
 17 have been very effective organisations at working in
 18 a creative way to get out efficiencies over this era.

19 So I would say I've seen councils' capacity being
 20 affected, that is the case. I've also seen them working
 21 in a very efficient way through different reductions.

22 At an overall level, when you look at the choices
 23 they've made on services like adult social care and
 24 children's services, they've tended to try to uphold the
 25 expenditure in those areas and make reductions

149

1 RED and the local government, both local authorities and
 2 local resilience forums.

3 Would it assist in the planning that they have to do
 4 for civil emergencies for there to be one single
 5 repository of material that they need to consider?
 6 The Inquiry has received information that there isn't
 7 at present a single repository for relevant guidance and
 8 information on emergency preparedness, and that that --
 9 consideration of creating that is something that should
 10 happen.

11 **A.** So the Cabinet Office hold a system called
 12 ResilienceDirect which can be accessed by LRFs, and some
 13 of the guidance is also available on public websites.
 14 We have heard exactly the same feedback from local
 15 planners, and you will have seen in some of our
 16 documentation attached to my witness statement that
 17 that's reflected in some of their feedback.

18 **Q.** The Inquiry has also heard that, in the main part,
 19 guidance that reflects upon all civil emergencies, but
 20 in particular pandemic planning, did not cover the issue
 21 of non-pharmaceutical interventions. Do you think that,
 22 going forwards, that is something, the involvement of
 23 that in planning documents and guidance given to those
 24 in charge of local government about non-pharmaceutical
 25 interventions, would be a welcome addition?

151

1 elsewhere.

2 And, yes, I don't think you can draw quite
 3 a straight line from the resourcing question to their
 4 capability and their planning, because they've seemed
 5 quite resilient organisations to me and quite adaptable,
 6 and they were in the pandemic.

7 **Q.** In your witness statement you make reference to "best
 8 value duty". What does that mean?

9 **A.** There's a duty in legislation that councils have regard
 10 to efficiency and economy and improvement, which is
 11 a requirement on all councils essentially to govern
 12 themselves well and to continue with due regard to those
 13 principles. They -- the best value principle has been
 14 used when councils are in severe difficulty, but it's
 15 a relatively unusual context, a relatively unusual
 16 intervention to make, on best value grounds. Most
 17 councils govern themselves exceptionally well and are
 18 very effective at managing this sort of resource
 19 pressure.

20 **Q.** Do you think that at the present time the subsidiarity
 21 model is still capable of working effectively, given the
 22 level of funding that local government has?

23 **A.** Absolutely.

24 **Q.** Right.

25 Other issues relating to the relationship between

150

1 **A.** So local planners for the pandemic were using the same
 2 planning guidance documents and the same assumptions as
 3 national, and thus -- as you will have heard from other
 4 witnesses and you will have seen from the published
 5 material -- there were elements in there, and what
 6 happened in the pandemic, that weren't included in
 7 there.

8 **Q.** Yes.

9 **A.** In terms of what should be in a planning document for
 10 pandemic, whether flu or otherwise, I would absolutely
 11 defer to the Department of Health and Social Care,
 12 because they are the lead government department in
 13 defining what should be included in that. So I hope
 14 that answers your question.

15 There were gaps in terms of the comparability of
 16 what we were planning for and what ultimately happened.
 17 They had the same information as central government
 18 departments, and I would absolutely defer to DH.

19 **Q.** When one considers that particularly taking into account
 20 the model or the principle of subsidiarity, that it is
 21 those people on the ground acting locally, following
 22 plans and guidance locally, that are in the greatest
 23 need of practical guidance, then it is imperative, is it
 24 not, that the guidance that they follow includes the
 25 practical application of things like non-pharmaceutical

152

- 1 interventions?
- 2 **A.** It's absolutely necessary that the plans that everyone
3 is following are as close as can be reasonably expected
4 to be what is likely to happen, and that everybody has
5 a shared understanding of that, and that in exercising
6 and in reflecting on exercises and in workshopping
7 things we are talking about the same thing, whether at
8 a national or a local level.
- 9 **Q.** I'd finally like to ask you about the vulnerable and
10 what level of involvement planning and guidance has had
11 in terms of identifying those who are the most
12 vulnerable in society and how they need to be accounted
13 for in terms of planning and also in terms of any
14 response to a civil emergency.
- 15 You say in your witness statement that:
16 "RED engages with voluntary, community and social
17 enterprise ('VCSE') partners in preparedness, response
18 and recovery planning. This is primarily through LRF
19 engagement where VCSE partners are core partners within
20 individual LRFs."
- 21 Can you explain to us, please, how that works?
- 22 **A.** Yes, certainly. So the department is not the lead
23 department in national government in terms of overall
24 relationship with the voluntary and community sector.
- 25 **Q.** Yes.

153

- 1 there's some engagement by us at the national level, but
2 our primary engagement with the VCS is to ask LRFs to do
3 that, and then we absolutely acknowledge that local
4 authorities and even smaller partners are working
5 collaboratively with the VCS.
- 6 **Q.** All right.
- 7 You mention the British Red Cross, so I would like
8 to display part of the witness statement that we have
9 from Mr Adamson, who is the chief executive there.
- 10 It's at INQ000182613, and if we can go to page 10,
11 please, and look at paragraph 43. Thank you.
- 12 "The [British Red Cross] has long believed that
13 increased engagement between the CCS and the voluntary
14 sector would be beneficial for the UK's emergency
15 preparedness. It is in that context that, in 2019, the
16 [British Red Cross] and other voluntary organisations
17 sought to engage with the CCS. Our focus was on seeking
18 to develop a strategy with the government for the
19 voluntary sector to react to a range of emergencies
20 based on the lessons learned from responding to the
21 multiple emergency events of 2017. The intention was
22 for the voluntary sector to offer something more than
23 the gold, silver and bronze model which usually
24 dominates emergency responses, in particular to focus on
25 the human aspects of recovery that are sometimes

155

- 1 **A.** But it is absolutely critical to emergency preparedness
2 and response that the voluntary and community sector are
3 part of that. The guidance that sets out how LRFs
4 should work stipulates that LRFs should be expected to
5 work with volunteering organisations at the right
6 footprint, and so the way that we support LRFs on that
7 is simply to make sure that they are aware of that
8 guidance and to make sure they factor it in.
- 9 I think more precisely, in terms of preparing from
10 RED, if I can give you an example, at the national
11 level, we try and make sure we have some connections
12 with lead VCS organisations. So, for example, the
13 British Red Cross has attended our twice-yearly LRFs,
14 chairs a conference on very regular occasions, and is
15 a regular attendee and invitee, but then we channel most
16 of our work with the VCS simply by looking at the LRF
17 and what the LRF is doing.
- 18 To elaborate yet further, when we're in response,
19 and indeed in planning, we often find that the LRF area
20 itself is quite a large footprint for engaging with
21 charities, so in the pandemic a lot of very kind people
22 gave of their time and effort, and they did so at what
23 I would describe as a hyper-local level, so often that
24 was corralled and organised by local authorities who
25 themselves would then be part of the LRF structure. So

154

- 1 forgotten. The experience was somewhat dispiriting and
2 there appeared to be a lack of curiosity on the part of
3 the CCS regarding what the voluntary sector could
4 provide."
- 5 Further down, please:
6 "44. I had also previously approached the RED
7 in 2018 and received a more positive response, including
8 a proposed approach to the CCS for a three-way meeting.
9 However, this meeting did not materialise."
- 10 Could more be done, Ms Frances, to engage with the
11 voluntary sector and to ensure that, so far as both
12 planning and response is concerned, those most
13 vulnerable in society, and who require the services and
14 assistance from the voluntary sector, are engaged with,
15 both at a national and also at a level at which RED was,
16 and is, existing?
- 17 **A.** So a lot of what you've just read out is in relation to
18 CCS, not RED. I don't know about the particular meeting
19 that Michael Adamson is alluding to in paragraph 44.
- 20 **Q.** But forgive me, you were talking, in your previous
21 answer, about engagement at a national level with CCS,
22 between CCS and the --
- 23 **A.** No, I was talking about engagement at national level
24 primarily between RED and the British Red Cross, but
25 I also noted that the British Red Cross often attended

156

1 at --

2 **Q.** Yes.

3 **A.** -- are joint LRF chairs, joint with CCS there.

4 I mean, I think that there is always more to be done

5 working with the voluntary and community sector. It has

6 an incredibly distinct and important role. It is

7 exactly, as Michael Adamson notes, not the same as the

8 role that is provided through gold, silver, bronze

9 structures, so I accept his feedback that local

10 resilience partners, whether that be in LRFs or other

11 fora, can continue to build their connections with the

12 VCS.

13 I also noted in his witness statement that he talked

14 about progress that had been made about interrelations

15 with the VCS over the course of the pandemic, which

16 seemed to me to be positive and were led by the lead

17 government department for the VCS.

18 In terms of RED's engagement with the VCS, as I've

19 said the national engagement in the LRFs chairs forum

20 has been the principal one, and we have looked across

21 the sector at how people are engaging with the VCS to

22 see if we can learn any lessons or take any cues from

23 that. We haven't yet moved forward with the work.

24 **Q.** Because if RED is expecting to be able to rely upon the

25 British Red Cross and other organisations within the

157

1 one day.

2 **THE WITNESS:** I'm sorry about that.

3 **LADY HALLETT:** It's not your fault, I'm afraid it's

4 systemic.

5 **THE WITNESS:** Yes.

6 **LADY HALLETT:** If only it was enough acronyms for

7 a lifetime, but I fear it's not.

8 Thank you very much indeed for your help,

9 Ms Frances.

10 **THE WITNESS:** Thank you.

11 **(The witness withdrew)**

12 **LADY HALLETT:** Right, as far as next week is concerned,

13 obviously we're not sitting tomorrow, it's a Friday, we

14 don't normally sit on a Friday. We had hoped to sit

15 Monday morning but for various reasons it hasn't proved

16 possible, so I will next sit again at 2 o'clock, Monday

17 afternoon.

18 **MS BLACKWELL:** Thank you, my Lady.

19 **LADY HALLETT:** Thank you.

20 **(3.07 pm)**

21 **(The hearing adjourned until 2 pm**

22 **on Monday, 3 July 2023)**

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24

25

159

1 VCS, in the event of a response to a civil emergency,

2 that is likely to make more of an impact if the VCS has

3 also been engaged in the preparation, isn't it?

4 **A.** RED is asking local responders but RED is acting as

5 a communicator between central and local government and

6 structures. RED is asking that local responders who are

7 responsible in legislation are content that they have

8 plans, and the Cabinet Office guidance, which is very

9 sensible, expects LRFs to have good connections with

10 the VCS. I completely agree that good connections with

11 the VCS is a vital part of the mixture, part of the

12 recipe of good response and good planning. I'm not sure

13 I can go very much beyond that.

14 **Q.** All right.

15 **A.** Our recent publications on this express a desire to

16 integrate preparedness and response more closely with

17 communities, which of course is in part about the VCS,

18 though not entirely.

19 **MS BLACKWELL:** Thank you very much.

20 Would you excuse my back, please?

21 **(Pause)**

22 My Lady, there are no questions for which permission

23 has been granted, and so that concludes Ms Frances's

24 evidence.

25 **LADY HALLETT:** I think we have all had enough acronyms for

158

INDEX	
1	
2	SIR JEREMY FARRAR (affirmed) 1
3	Questions from LEAD COUNSEL TO THE INQUIRY ... 1
4	
5	MS NICOLA STURGEON (affirmed) 30
6	Questions from LEAD COUNSEL TO THE INQUIRY ..30
7	Questions from MR ANWAR 69
8	
9	MR JOHN SWINNEY (affirmed) 74
10	Questions from COUNSEL TO THE INQUIRY 74
11	Questions from MS MITCHELL KC 117
12	
13	MS CATHERINE FRANCES (affirmed) 121
14	Questions from COUNSEL TO THE INQUIRY 121
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

160

LADY HALLETT: [38] 1/3 5/20 16/11 16/14 29/7 29/14 29/20 30/3 30/18 48/16 48/21 56/23 69/10 69/13 73/3 73/18 74/7 74/11 74/15 75/6 101/7 101/13 106/5 106/10 111/15 111/18 111/22 117/12 121/10 130/3 130/6 130/8 140/4 158/25 159/3 159/6 159/12 159/19 MR ANWAR: [2] 69/16 73/1 MR KEITH: [17] 1/4 1/12 5/21 16/13 16/17 29/6 29/16 30/2 30/4 30/7 31/18 48/20 48/25 57/24 69/7 69/12 73/19 MS BLACKWELL: [18] 74/16 74/20 75/4 75/7 101/5 101/14 106/8 106/11 111/17 111/20 111/23 117/7 121/15 121/19 130/14 140/5 158/19 159/18 MS MITCHELL: [2] 117/14 121/8 THE WITNESS: [7] 29/10 74/10 74/13 121/13 159/2 159/5 159/10	14 [1] 61/25 14 April 2010 [1] 79/12 14 July 2021 [2] 59/11 111/12 145 [1] 118/13 146 [1] 118/3 149 [1] 70/3 15 [1] 74/24 16 [1] 95/25 16 years [1] 78/7 17 recommendations [1] 64/20 17,000 [1] 32/23 18 [2] 97/5 97/7 19 [11] 26/9 30/24 40/12 41/2 42/16 65/24 97/8 97/11 97/22 137/7 137/8 19 April 2023 [1] 32/1 19 May 2011 [2] 33/20 33/25 1918 [1] 5/3 199 [1] 139/25 1996 [1] 1/22 1997 [1] 75/14 1999 [3] 6/22 7/2 75/16	144/21 145/5 145/8 145/18 2012 [3] 33/21 74/1 108/11 2013 [8] 1/23 1/24 74/1 74/2 74/3 82/19 103/14 143/5 2014 [2] 8/18 75/11 2015 [1] 64/24 2016 [4] 75/21 75/22 89/18 90/3 2017 [3] 82/19 134/13 155/21 2018 [8] 63/1 63/9 83/10 89/19 92/18 123/18 146/25 156/7 2019 [8] 7/2 51/9 62/18 65/2 89/21 122/18 142/3 155/15 2020 [13] 21/24 26/4 65/22 71/5 86/10 96/7 97/20 98/24 100/24 109/6 118/5 137/11 138/12 2021 [13] 59/11 65/21 67/11 75/22 75/23 97/19 97/21 101/22 102/3 102/4 111/12 123/20 124/24 2022 [6] 59/6 59/12 74/3 95/19 104/6 112/4 2023 [7] 1/1 1/25 32/1 59/13 75/24 112/13 159/22 21st century [1] 8/5 22 [1] 137/13 22 recommendations [1] 61/20 24 [1] 14/10 25 [1] 96/7 28 March [1] 67/12 287 [1] 148/18 29 June 2023 [1] 1/1 2A [2] 31/22 47/22	43 [1] 155/11 44 [2] 156/6 156/19 46 [1] 66/20 48 hours [2] 14/10 22/8 5 5 May [1] 75/1 50 [1] 109/2 51 [1] 139/24 57 [3] 147/14 147/25 148/4 9 9.8 [1] 97/20 95 [1] 27/21 A abide [2] 101/25 102/12 ability [11] 9/17 23/1 47/16 48/1 48/2 51/15 60/8 108/21 138/1 140/22 143/23 able [23] 12/14 14/8 14/18 15/25 17/8 20/17 21/3 21/18 21/22 25/20 26/5 48/5 52/3 77/10 88/23 89/12 91/24 94/11 121/4 135/5 147/7 147/18 157/24 abolished [1] 18/15 about [117] 2/22 2/23 3/25 3/25 5/11 6/4 7/19 8/9 8/15 8/15 9/13 10/6 15/21 15/22 17/4 17/9 17/10 18/9 24/20 26/1 26/3 26/7 26/19 26/23 28/1 28/7 28/8 31/2 32/23 34/25 35/8 35/11 35/22 39/17 41/20 42/5 42/17 43/1 44/15 45/5 47/13 47/13 48/6 51/7 54/1 54/12 55/3 59/3 59/18 61/4 62/7 62/13 68/4 68/13 76/2 78/12 78/21 83/5 83/5 83/14 83/24 86/3 86/4 86/4 87/18 88/2 91/10 92/22 98/25 100/24 101/15 102/21 103/12 105/9 106/12 108/2 108/7 108/11 109/16 110/7 110/10 111/6 113/17 114/13 114/18 115/3 115/18 115/23 116/13 119/20 122/25 124/10 126/6 130/12 134/14 135/9 136/11 139/7 139/9 139/12 140/19 141/4 142/17 142/24 149/4 149/7	149/13 151/24 153/7 153/9 156/18 156/21 156/23 157/14 157/14 158/17 159/2 abreast [1] 79/7 absence [6] 12/24 46/15 97/13 111/4 112/24 114/21 absent [9] 43/5 43/7 46/18 48/12 59/11 59/12 60/19 112/7 112/16 absolute [1] 21/7 absolutely [19] 8/4 9/15 12/5 14/6 15/13 17/6 20/4 20/19 40/16 44/4 133/14 143/20 148/21 150/23 152/10 152/18 153/2 154/1 155/3 Academy [2] 3/15 17/12 accept [18] 39/7 39/23 40/13 41/7 42/19 44/10 45/24 46/4 47/7 47/12 70/16 70/23 88/3 118/22 119/22 120/14 143/20 157/9 acceptable [1] 144/8 acceptance [2] 46/5 47/3 accepted [5] 45/12 45/23 46/9 50/14 69/19 accepts [1] 50/3 access [4] 14/17 141/14 141/24 142/9 accessed [2] 141/13 151/12 accommodation [1] 80/12 accordance [1] 125/5 accordingly [1] 88/24 account [2] 47/7 152/19 accountabilities [1] 129/7 accountability [8] 125/3 125/13 131/18 132/9 133/19 134/3 134/4 135/6 accountable [2] 76/20 133/25 accountancy [1] 126/11 accounted [2] 96/6 153/12 accuracy [1] 111/18 accurately [1] 93/5 ACDP [1] 18/14 achieve [4] 88/23
' '23 [1] 60/18 'Response [1] 97/1 'VCSE' [1] 153/17 0 0064 [1] 70/2 1 1,500 [1] 32/21 1.45 [1] 101/8 1.45 pm [1] 101/12 10 [1] 155/10 10.00 am [1] 1/2 11 [4] 36/2 79/20 79/23 82/5 11.12 am [1] 48/22 11.30 [1] 48/21 11.30 am [1] 48/24 12 [3] 79/20 80/15 82/5 12 months [1] 19/18 12.45 pm [1] 101/10 13 [3] 63/9 64/20 86/18	2 2 February 2023 [1] 112/13 2 o'clock [1] 159/16 2 pm [1] 159/21 2.1 [2] 96/19 97/23 20 [3] 27/9 97/6 97/23 20 years [3] 6/21 7/18 27/9 20-year [1] 7/2 2001 [1] 122/20 2002 [1] 123/15 2004 [3] 101/19 103/2 103/3 2005 [1] 118/5 2006 [1] 123/11 2007 [4] 75/21 102/23 105/3 108/11 2008 [1] 80/5 2009 [10] 3/14 4/5 4/8 4/13 4/22 4/22 5/4 5/7 7/6 32/10 2010 [7] 72/8 74/5 79/12 79/21 81/3 82/12 83/19 2010s [1] 149/1 2011 [27] 2/23 2/25 3/11 3/11 4/15 6/14 33/19 33/20 33/25 37/2 37/5 37/14 39/2 47/5 49/1 65/25 75/16 75/17 88/4 97/11 102/4 102/7 143/5	3 3 July 2023 [1] 159/22 3 May 2022 [1] 112/4 3 years [1] 80/4 3.07 pm [1] 159/20 30 or [1] 13/11 32 local [3] 84/25 85/13 108/20 35 [1] 134/14 370 billion [1] 97/22 38 [4] 127/20 129/19 130/5 134/14 4 40 [2] 13/11 130/6 40 police [1] 130/8 42 [1] 130/3	5 5 May [1] 75/1 50 [1] 109/2 51 [1] 139/24 57 [3] 147/14 147/25 148/4 9 9.8 [1] 97/20 95 [1] 27/21 A abide [2] 101/25 102/12 ability [11] 9/17 23/1 47/16 48/1 48/2 51/15 60/8 108/21 138/1 140/22 143/23 able [23] 12/14 14/8 14/18 15/25 17/8 20/17 21/3 21/18 21/22 25/20 26/5 48/5 52/3 77/10 88/23 89/12 91/24 94/11 121/4 135/5 147/7 147/18 157/24 abolished [1] 18/15 about [117] 2/22 2/23 3/25 3/25 5/11 6/4 7/19 8/9 8/15 8/15 9/13 10/6 15/21 15/22 17/4 17/9 17/10 18/9 24/20 26/1 26/3 26/7 26/19 26/23 28/1 28/7 28/8 31/2 32/23 34/25 35/8 35/11 35/22 39/17 41/20 42/5 42/17 43/1 44/15 45/5 47/13 47/13 48/6 51/7 54/1 54/12 55/3 59/3 59/18 61/4 62/7 62/13 68/4 68/13 76/2 78/12 78/21 83/5 83/5 83/14 83/24 86/3 86/4 86/4 87/18 88/2 91/10 92/22 98/25 100/24 101/15 102/21 103/12 105/9 106/12 108/2 108/7 108/11 109/16 110/7 110/10 111/6 113/17 114/13 114/18 115/3 115/18 115/23 116/13 119/20 122/25 124/10 126/6 130/12 134/14 135/9 136/11 139/7 139/9 139/12 140/19 141/4 142/17 142/24 149/4 149/7	149/13 151/24 153/7 153/9 156/18 156/21 156/23 157/14 157/14 158/17 159/2 abreast [1] 79/7 absence [6] 12/24 46/15 97/13 111/4 112/24 114/21 absent [9] 43/5 43/7 46/18 48/12 59/11 59/12 60/19 112/7 112/16 absolute [1] 21/7 absolutely [19] 8/4 9/15 12/5 14/6 15/13 17/6 20/4 20/19 40/16 44/4 133/14 143/20 148/21 150/23 152/10 152/18 153/2 154/1 155/3 Academy [2] 3/15 17/12 accept [18] 39/7 39/23 40/13 41/7 42/19 44/10 45/24 46/4 47/7 47/12 70/16 70/23 88/3 118/22 119/22 120/14 143/20 157/9 acceptable [1] 144/8 acceptance [2] 46/5 47/3 accepted [5] 45/12 45/23 46/9 50/14 69/19 accepts [1] 50/3 access [4] 14/17 141/14 141/24 142/9 accessed [2] 141/13 151/12 accommodation [1] 80/12 accordance [1] 125/5 accordingly [1] 88/24 account [2] 47/7 152/19 accountabilities [1] 129/7 accountability [8] 125/3 125/13 131/18 132/9 133/19 134/3 134/4 135/6 accountable [2] 76/20 133/25 accountancy [1] 126/11 accounted [2] 96/6 153/12 accuracy [1] 111/18 accurately [1] 93/5 ACDP [1] 18/14 achieve [4] 88/23

A	145/11	44/23 48/6 60/5 67/16 70/24 71/1 71/4 72/11 72/14 72/16 73/11 93/9 110/22 159/16 against [6] 5/9 6/12 15/11 27/21 40/10 51/5 age [4] 7/7 7/8 7/9 72/8 agencies [1] 140/8 agency [3] 85/4 127/14 130/1 agenda [2] 14/13 80/18 agnostic [1] 25/9 ago [3] 16/18 79/10 90/7 agree [24] 4/20 4/21 11/4 11/10 13/5 13/8 13/17 20/19 23/4 25/3 44/18 44/23 49/9 52/24 66/11 81/10 90/8 93/11 94/24 98/10 115/22 141/6 148/20 158/10 agreed [5] 47/25 97/1 101/22 102/16 104/14 agreement [4] 101/24 102/14 103/23 105/9 agreements [2] 103/15 103/21 aid [2] 80/22 134/16 air [1] 27/24 airport [1] 24/23 airports [1] 146/14 Alan [1] 57/9 Alan Johnson [1] 57/9 alarming [1] 90/8 all [111] 2/2 3/9 6/13 9/24 9/25 10/1 10/4 10/7 11/12 11/22 11/24 12/13 13/8 14/6 14/7 18/24 19/19 20/22 23/17 23/19 24/14 24/22 24/24 25/11 25/25 29/3 29/11 30/13 30/24 31/3 31/5 37/16 40/12 41/10 43/5 43/9 45/19 49/16 51/6 51/15 53/24 54/5 56/18 56/20 58/19 60/21 61/10 61/21 65/5 65/20 69/7 69/22 71/23 74/8 75/18 75/24 75/25 77/1 77/5 77/11 77/18 81/17 81/19 83/19 83/23 87/16 88/22 88/23 91/12 91/23 92/16 94/10 94/14 96/9 96/20 101/5 103/16	104/1 105/9 105/14 105/19 107/6 107/25 113/10 115/9 116/5 116/21 118/8 123/2 124/19 126/18 126/21 128/22 130/24 132/10 133/8 134/13 135/10 137/17 138/21 139/18 140/21 143/4 143/13 146/15 146/22 150/11 151/19 155/6 158/14 158/25 all right [18] 18/24 60/21 65/20 69/7 83/23 87/16 91/12 92/16 101/5 104/1 105/19 124/19 132/10 133/8 135/10 139/18 155/6 158/14 alleged [1] 15/4 allow [3] 7/14 53/13 80/25 allowed [1] 83/22 allows [1] 25/17 alluded [1] 42/3 alluding [1] 156/19 almost [2] 22/18 27/9 along [6] 63/12 74/4 76/13 91/19 103/23 129/20 alongside [1] 10/13 already [10] 38/2 46/14 49/25 62/3 68/11 82/21 93/10 103/5 103/6 117/15 also [57] 3/7 3/15 7/12 16/7 18/6 23/4 23/10 24/19 30/13 35/19 36/19 41/1 47/17 53/21 55/4 57/5 60/8 64/9 66/14 67/19 70/17 75/19 76/12 78/25 79/8 79/16 79/17 80/15 81/6 81/7 89/17 93/18 94/20 104/16 106/14 114/10 117/24 120/14 122/11 124/13 127/11 127/22 128/13 134/12 134/21 136/6 143/8 149/15 149/20 151/13 151/18 153/13 156/6 156/15 156/25 157/13 158/3 alternative [2] 51/14 54/7 although [8] 18/16 49/25 53/3 60/5 63/23 124/1 134/24 135/7 altogether [1] 53/11 always [7] 15/18 35/23 45/25 77/11 103/11 103/22 157/4 am [6] 1/2 30/20 48/22 48/24 72/16	117/14 Ambition [1] 97/1 Ambulance [1] 85/4 among [1] 5/14 amongst [3] 27/15 72/10 118/23 amount [8] 49/18 50/4 90/11 99/6 105/1 116/17 119/6 147/16 amounted [1] 148/4 amounts [1] 116/20 analogous [1] 62/9 analogy [1] 27/19 analysed [1] 79/25 analysis [4] 70/17 80/17 81/1 95/20 analytics [1] 68/19 anchored [1] 44/24 Andy [2] 20/25 57/11 Andy Burnham [1] 57/11 Andy Pollard [1] 20/25 angle [1] 24/18 Animal [1] 18/13 animals [1] 5/16 announcements [1] 135/9 annual [1] 100/12 another [8] 7/5 15/8 53/11 62/4 68/18 144/12 144/14 148/13 answer [16] 46/20 48/6 56/25 59/20 60/10 60/12 71/16 73/13 76/8 82/15 95/15 100/3 113/11 114/25 120/12 156/21 answering [1] 46/19 answers [4] 73/1 81/25 113/20 152/14 anticipate [1] 96/12 anticipated [3] 36/20 38/7 81/9 antivirals [1] 23/10 Anwar [5] 69/14 69/15 73/3 73/20 160/7 any [43] 6/9 18/17 18/18 18/22 19/19 28/21 32/19 38/3 40/3 40/11 42/1 45/5 47/17 52/7 52/22 53/20 54/14 56/18 71/12 72/6 77/6 81/2 84/13 85/18 92/6 95/22 98/8 98/14 100/12 102/9 105/24 107/15 114/22 118/21 120/6 120/9 126/7 131/11 147/19 148/22 153/13 157/22 157/22 anybody [1] 30/1 anything [2] 17/3
----------	--------	---	---	---

A	19/11 20/5 21/7 22/18 22/23 24/4 24/5 24/12 26/4 28/20 31/15 34/20 40/4 41/15 42/14 45/7 45/18 47/6 49/3 49/3 53/18 55/21 56/15 57/14 58/12 58/18 64/1 66/18 73/1 77/2 77/3 78/6 78/11 78/13 79/14 79/15 82/4 82/23 83/1 84/23 88/12 89/6 90/9 91/16 91/17 92/25 93/3 93/11 93/13 94/2 99/10 99/24 100/12 100/13 100/14 111/11 111/25 115/15 115/19 115/23 122/16 122/25 123/24 125/4 125/16 126/9 126/24 127/13 128/3 128/6 128/7 128/8 128/21 129/4 129/7 129/11 129/20 130/15 130/15 130/17 131/17 131/22 132/3 132/14 132/20 133/4 133/17 133/20 133/23 133/25 134/2 137/4 137/22 138/3 138/5 140/8 140/10 140/11 141/7 141/9 141/12 141/21 142/11 142/11 143/11 144/1 144/6 144/17 144/18 145/15 145/19 146/4 150/14 150/17 152/12 152/22 153/3 153/7 153/11 153/19 154/2 154/7 155/4 155/25 156/14 157/3 157/21 158/6 158/7 158/22	around [40] 3/8 4/15 5/16 7/17 11/12 19/16 25/5 32/23 38/15 40/17 43/10 43/21 45/1 46/8 52/14 53/25 54/23 55/24 59/1 62/4 64/13 65/4 66/9 68/20 71/4 77/20 78/12 84/23 86/2 86/25 87/11 91/10 100/24 107/23 110/4 114/13 114/13 115/18 142/20 145/15 arranged [1] 126/25 arrangements [17] 55/21 58/12 58/25 59/9 76/22 86/15 86/16 97/3 100/10 100/19 103/4 104/24 110/2 124/17 127/17 131/7 144/18 Arwen [2] 116/16 116/24 as [227] As I say [1] 20/19 aside [1] 27/1 ask [21] 14/7 18/9 26/21 50/9 54/1 69/11 69/17 77/22 78/21 83/24 99/20 101/15 106/12 115/3 117/10 117/25 120/15 122/7 139/9 153/9 155/2 asked [5] 27/14 31/7 130/12 134/14 139/12 asking [9] 2/21 48/5 53/17 72/3 76/2 129/18 131/17 158/4 158/6 aspect [3] 53/9 119/24 120/6 aspects [20] 14/5 14/12 50/25 51/20 63/25 65/5 68/13 71/18 71/21 77/2 77/19 87/11 88/16 89/5 89/11 89/16 95/7 107/6 120/20 155/25 aspirational [1] 115/23 aspirations [1] 115/9 assess [1] 70/12 assessed [5] 9/5 34/20 61/21 70/21 72/6 assesses [1] 96/22 assessing [1] 67/18 assessment [30] 35/14 70/15 71/14 76/25 83/10 92/2 92/5 92/15 92/17 92/22 93/12 93/22 93/25 94/5 96/2 96/4 96/10 96/22 97/24 98/12	116/5 135/25 141/4 141/10 141/11 141/20 141/23 143/23 144/10 144/12 assessments [14] 71/21 72/12 72/22 72/23 73/7 73/15 93/11 93/13 93/18 134/8 141/7 142/21 144/5 144/7 assigned [1] 49/4 assist [2] 91/8 151/3 assistance [8] 30/10 74/21 110/14 121/24 123/4 128/1 145/12 156/14 associated [2] 26/24 142/8 Association [2] 80/21 139/21 assumed [1] 63/2 assumptions [18] 16/10 34/4 34/7 34/12 34/13 34/17 34/20 37/24 49/18 51/12 54/10 97/2 97/10 97/11 140/20 141/9 143/4 152/2 assurance [5] 131/6 131/7 133/15 133/18 145/13 assure [3] 29/24 134/1 135/5 assuring [3] 132/7 133/16 134/24 AstraZeneca [2] 19/23 20/24 asymptomatic [1] 41/2 at [190] at present [1] 151/7 attach [1] 73/15 attached [2] 102/11 151/16 attempted [1] 103/23 attend [5] 112/10 112/17 130/24 130/25 134/18 attendance [5] 83/18 85/20 85/24 111/24 112/15 attended [8] 58/11 59/9 59/14 61/1 82/8 138/8 154/13 156/25 attendee [1] 154/15 attention [1] 50/16 attitude [1] 58/20 attitudes [2] 56/16 57/13 Audit [4] 66/9 66/14 67/6 148/14 Audit Scotland [2] 66/9 67/6 Auditor [3] 65/20	66/5 73/25 Auditor General [1] 66/5 Auditor General for [1] 73/25 Auditor General of [1] 65/20 August [1] 68/12 austerity [2] 119/25 121/6 authorised [1] 139/16 authorities [26] 20/1 22/21 80/23 84/25 106/21 119/12 119/12 125/2 125/5 125/16 127/9 128/3 128/8 128/8 128/9 129/1 129/5 129/5 129/6 129/14 129/21 130/3 130/13 151/1 154/24 155/4 authority [8] 16/1 57/24 85/14 108/20 115/21 119/4 128/16 129/16 availability [2] 54/12 66/10 available [13] 10/15 51/20 87/1 90/12 90/18 90/21 91/10 119/21 120/17 121/2 143/9 148/10 151/13 avoid [2] 95/9 139/1 avoidance [1] 132/6 awake [1] 83/3 aware [13] 15/14 49/1 49/3 50/19 66/18 72/17 77/23 88/7 88/10 88/12 116/12 138/7 154/7 awareness [3] 3/20 61/14 61/15 away [4] 5/18 8/5 8/13 50/18
	area [18] 9/22 13/25 35/17 52/25 53/5 53/7 53/20 64/22 66/25 77/3 115/18 125/12 129/6 129/15 146/6 146/7 147/4 154/19 areas [22] 13/13 51/18 52/7 54/16 63/24 64/11 85/12 85/14 89/12 96/16 108/20 116/5 126/8 127/25 140/4 140/5 140/6 140/22 142/10 145/25 148/4 149/25 aren't [1] 128/4 argue [1] 19/19 argued [2] 12/1 12/1 argument [1] 78/19 arise [1] 85/19 arisen [2] 44/18 81/5 arising [1] 98/6 arm [1] 29/1 arose [1] 84/12	audit [4] 66/9 66/14 67/6 148/14 Audit Scotland [2] 66/9 67/6 Auditor [3] 65/20	B back [21] 3/23 4/1 5/2 6/20 40/10 57/8 58/17 64/16 78/7 83/17 90/2 94/5 99/2 102/15 105/3 108/9 114/20 116/22 134/15 136/17 158/20 background [1] 11/14 backgrounds [1] 11/21 bad [1] 4/9 balance [2] 100/11 144/12 Bambra [1] 70/1 base [3] 10/13 28/16 119/13	

B	58/22 59/6 61/6 61/17 62/1 62/6 62/9 62/17 62/20 63/10 63/24 63/25 65/1 65/2 65/6 65/7 65/12 65/23 66/12 66/20 67/1 67/3 67/4 67/8 72/12 76/11 79/18 81/4 81/18 82/5 83/6 84/19 87/21 88/5 89/15 90/5 91/15 96/15 98/18 110/11 111/2 113/25 114/4 114/7 117/15 120/5 121/7 124/12 124/13 124/17 131/20 134/11 139/16 140/16 140/17 142/13 142/17 146/22 147/4 149/17 150/13 157/14 157/20 158/3 158/23	beneficial [2] 116/11 155/14 benefit [2] 77/25 119/8 benefitted [1] 43/9 Bereaved [4] 26/12 69/11 69/18 117/10 best [17] 12/7 12/11 20/8 29/10 31/10 31/10 50/22 51/15 75/1 86/19 116/6 122/13 125/6 137/3 150/7 150/13 150/16 better [8] 3/25 13/24 22/24 44/9 56/11 65/23 68/9 95/21 between [53] 22/14 27/24 35/12 35/14 40/7 46/1 54/19 55/4 55/14 55/17 56/17 57/2 74/3 82/19 86/22 91/3 93/15 96/7 101/20 101/23 103/15 103/24 105/10 106/1 106/13 107/5 108/4 110/25 112/25 118/5 119/11 127/16 128/17 129/13 129/15 131/4 131/14 132/2 132/5 132/21 135/3 137/23 138/17 139/8 143/25 145/13 145/21 149/3 150/25 155/13 156/22 156/24 158/5 beyond [8] 7/20 10/24 14/13 15/14 25/8 84/19 102/15 158/13 big [3] 107/7 107/8 149/12 bigger [1] 21/8 biggest [1] 25/7 billion [1] 97/22 binding [2] 101/24 102/10 biodiversity [1] 8/10 biomedical [3] 12/20 12/25 17/16 Birkbeck [1] 24/12 bit [6] 39/13 40/10 44/25 102/20 133/6 145/19 bits [1] 65/11 Blackwell [4] 74/15 100/5 101/13 114/21 block [1] 21/22 blocks [2] 20/17 143/13 blue [1] 127/9 Blueprint [2] 2/14 18/21 blunter [1] 6/8 bluntly [1] 51/8 board [7] 23/12 49/4	49/5 88/13 88/16 89/21 95/19 boards [4] 64/7 90/14 118/8 136/12 bodies [6] 2/11 70/11 78/21 82/16 84/19 106/21 body [7] 2/14 85/15 117/21 118/14 118/25 119/10 119/15 boosted [1] 59/4 borders [1] 8/23 borne [1] 58/10 both [18] 9/6 17/20 23/4 36/22 47/20 54/24 57/12 59/3 60/17 62/8 66/18 68/21 71/22 93/18 128/16 151/1 156/11 156/15 bottom [4] 34/3 36/15 112/18 144/3 boundaries [3] 107/20 107/21 129/17 bow [1] 130/7 box [4] 8/15 17/17 29/19 53/12 break [7] 39/10 48/17 48/23 99/18 99/19 122/6 131/9 breaking [1] 48/16 breaks [1] 58/22 Brexit [19] 49/15 50/21 51/2 51/3 51/3 51/4 51/8 52/8 52/9 53/10 53/15 54/8 57/21 62/3 89/9 91/20 105/12 105/14 105/16 bridge [2] 11/18 84/11 brief [3] 16/14 30/22 38/1 briefly [3] 39/11 57/7 111/9 brilliant [1] 20/6 bring [4] 18/6 32/2 107/22 129/5 brings [2] 106/25 138/21 British [7] 154/13 155/7 155/12 155/16 156/24 156/25 157/25 broad [7] 19/15 22/16 34/19 54/18 64/11 70/19 85/7 broadband [1] 116/20 broader [4] 18/4 97/25 98/16 104/13 broadly [1] 25/22 bronze [2] 155/23 157/8 brought [6] 8/22 12/3 13/22 17/15 50/16	110/6 brutally [1] 56/24 budget [9] 100/11 118/15 119/1 120/4 120/5 120/9 120/19 120/21 149/5 budgets [3] 120/6 120/10 148/1 build [7] 23/25 24/4 68/21 71/8 84/10 131/25 157/11 building [10] 11/21 19/24 20/17 21/22 24/9 93/2 100/17 124/23 126/10 143/13 built [2] 4/13 21/4 bullet [4] 27/18 35/2 36/15 112/18 burden [1] 121/6 Burnham [1] 57/11 business [6] 62/14 77/1 82/1 92/24 106/21 107/1 businesses [1] 127/25 busy [1] 81/12 but [198]
	before [24] 9/16 19/9 19/18 26/3 29/20 31/16 31/21 58/23 59/3 61/7 64/17 67/8 76/8 78/22 99/13 99/18 99/19 102/14 117/15 117/24 122/1 143/2 144/19 144/21 began [1] 75/13 begin [3] 74/20 76/2 78/23 beginning [1] 55/25 behalf [4] 45/21 69/17 126/17 130/25 behaviour [2] 96/12 97/8 behavioural [10] 13/1 13/13 13/14 13/20 14/1 17/5 23/15 96/23 96/25 98/2 behest [1] 15/15 behind [7] 13/11 22/2 22/5 22/8 56/16 92/2 141/5 being [29] 12/14 15/7 15/8 18/20 27/11 35/22 38/3 44/24 67/11 81/8 82/22 85/10 85/22 91/7 91/14 92/2 99/5 102/20 110/16 122/12 129/20 138/7 139/11 140/3 140/7 141/3 141/9 147/5 149/19 beings [1] 8/2 belief [2] 75/2 122/13 believe [16] 1/16 11/24 13/23 13/24 17/19 26/11 27/8 32/22 33/6 33/18 39/17 55/5 61/24 62/2 67/3 135/7 believed [2] 56/6 155/12	bottom [4] 34/3 36/15 112/18 144/3 boundaries [3] 107/20 107/21 129/17 bow [1] 130/7 box [4] 8/15 17/17 29/19 53/12 break [7] 39/10 48/17 48/23 99/18 99/19 122/6 131/9 breaking [1] 48/16 breaks [1] 58/22 Brexit [19] 49/15 50/21 51/2 51/3 51/3 51/4 51/8 52/8 52/9 53/10 53/15 54/8 57/21 62/3 89/9 91/20 105/12 105/14 105/16 bridge [2] 11/18 84/11 brief [3] 16/14 30/22 38/1 briefly [3] 39/11 57/7 111/9 brilliant [1] 20/6 bring [4] 18/6 32/2 107/22 129/5 brings [2] 106/25 138/21 British [7] 154/13 155/7 155/12 155/16 156/24 156/25 157/25 broad [7] 19/15 22/16 34/19 54/18 64/11 70/19 85/7 broadband [1] 116/20 broader [4] 18/4 97/25 98/16 104/13 broadly [1] 25/22 bronze [2] 155/23 157/8 brought [6] 8/22 12/3 13/22 17/15 50/16	C C-19 [1] 137/7 Cabinet [29] 14/4 14/11 16/3 32/8 33/9 33/12 33/14 33/20 33/21 33/24 33/25 50/10 51/2 75/19 75/21 75/23 78/1 78/24 83/19 83/21 99/21 112/5 114/16 126/2 126/25 145/1 145/2 151/11 158/8 Cabinet Office [11] 14/4 14/11 16/3 112/5 114/16 126/2 126/25 145/1 145/2 151/11 158/8 Cabinet Secretary [10] 32/8 33/12 33/14 33/20 33/21 33/24 75/19 75/21 75/23 99/21 Cabinet-level [1] 78/1 cables [1] 116/17 Calderwood [1] 29/22 calibrate [1] 83/11 call [5] 17/8 22/14 29/22 105/5 105/5 called [12] 6/22 41/12 41/14 82/17 84/4 84/5 108/19 108/24 123/16 132/12 132/14 151/11 came [15] 20/24	

C				
<p>came... [14] 24/24 40/12 41/1 43/22 49/7 49/9 50/22 63/12 64/13 64/18 88/9 102/9 119/17 119/21 can [102] 3/3 8/14 12/8 14/24 16/8 16/9 16/14 18/9 19/13 22/24 23/20 24/6 24/15 28/6 29/11 29/16 29/24 30/14 45/10 46/16 47/18 53/10 57/4 59/19 60/1 60/9 60/11 60/20 67/16 71/16 71/24 73/6 74/22 74/24 74/25 75/8 78/16 79/15 79/17 79/23 83/2 86/1 89/7 89/14 92/17 92/19 95/24 96/18 97/5 100/17 102/8 110/19 111/10 111/13 111/23 112/2 112/6 112/7 112/9 112/15 112/18 113/8 115/5 115/13 116/14 122/5 122/8 122/10 122/11 122/15 123/2 126/18 128/6 128/17 129/24 130/1 130/21 130/24 131/20 134/8 135/14 135/21 137/15 137/22 139/19 141/12 141/13 141/24 143/12 144/9 145/23 146/11 147/23 150/2 151/12 153/3 153/21 154/10 155/10 157/11 157/22 158/13 can't [7] 19/16 39/16 47/4 47/12 101/7 116/23 130/10 cannot [4] 53/13 60/10 60/12 137/22 capabilities [3] 42/10 42/15 95/19 capability [8] 19/6 20/13 23/9 23/11 44/3 44/8 80/10 150/4 capable [1] 150/21 capacities [2] 23/25 35/19 capacity [14] 2/3 2/7 7/14 7/14 20/21 20/21 21/6 21/24 22/12 23/4 24/16 25/19 80/9 149/19 capital [1] 8/23 capture [1] 42/2 care [21] 22/22 31/5 62/2 62/13 62/14 62/17 64/23 64/25</p>	<p>65/14 66/4 66/24 67/14 86/15 90/1 125/15 125/16 125/17 128/11 128/24 149/23 152/11 career [5] 2/10 10/23 32/7 75/13 78/7 carried [7] 36/6 71/20 72/13 77/12 100/12 100/13 143/23 carry [3] 71/13 90/14 147/18 cascade [2] 135/15 141/15 cascaded [1] 135/21 cascading [1] 143/24 case [27] 12/24 33/23 34/10 35/6 40/16 45/11 45/13 45/22 47/6 47/17 50/21 53/24 55/20 59/16 67/21 75/3 89/4 94/21 96/3 98/6 98/10 106/5 110/18 116/24 132/25 140/21 149/20 cases [2] 140/1 147/14 cash [2] 118/10 118/24 catastrophic [6] 9/10 9/11 44/20 44/21 46/12 46/16 catch [1] 22/6 Category [8] 84/16 84/19 84/23 102/18 102/18 127/8 130/15 138/21 Category 1 [7] 84/16 84/19 84/23 102/18 127/8 130/15 138/21 Category 2 [1] 102/18 Catherine [4] 121/16 121/17 121/21 160/13 Catherine Frances [2] 121/16 121/21 cause [1] 5/4 caused [1] 99/5 CCS [9] 142/4 155/13 155/17 156/3 156/8 156/18 156/21 156/22 157/3 ceased [1] 67/11 celebrate [1] 19/13 central [21] 31/14 126/18 131/4 131/14 132/5 134/16 134/18 134/23 136/11 137/19 139/2 139/4 139/8 140/16 140/18 143/7 143/13 145/13 148/3 152/17 158/5 centrally [1] 60/25 centre [6] 19/25</p>	<p>24/11 68/17 115/15 115/18 132/3 centres [1] 80/22 century [1] 8/5 certain [6] 34/25 59/16 64/7 114/10 129/6 138/16 certainly [26] 17/7 35/1 35/3 46/4 49/20 53/23 55/12 56/19 60/8 60/10 60/14 66/12 73/14 75/6 85/22 95/1 95/4 102/16 110/24 114/13 120/23 141/1 141/2 142/3 142/14 153/22 certainty [2] 6/10 59/20 certification [1] 65/9 cetera [5] 17/12 17/12 28/14 103/19 133/17 chain [1] 52/11 chains [1] 97/18 chair [3] 2/11 2/13 18/20 chaired [3] 111/12 112/5 112/13 chairs [3] 154/14 157/3 157/19 challenge [14] 9/23 14/19 15/2 15/19 16/2 16/4 16/9 17/25 19/11 92/12 94/10 101/3 116/12 116/24 challenged [2] 15/10 15/13 challenges [6] 7/12 21/16 92/10 114/9 140/18 142/17 challenging [4] 120/1 120/2 120/14 144/9 change [10] 8/1 8/11 28/5 28/23 78/18 81/6 96/13 107/13 132/17 132/19 changed [11] 8/19 8/19 8/20 37/20 37/23 39/17 124/6 124/7 124/12 124/13 130/10 changes [12] 19/3 78/17 96/23 96/25 97/8 98/2 124/14 133/10 133/11 142/5 144/6 147/21 changing [3] 8/1 8/10 116/13 channel [1] 154/15 characteristic [1] 72/23 characteristics [8] 6/7 6/10 40/25 41/21 42/22 42/23 72/7 73/8 charge [1] 151/24</p>	<p>charitable [1] 19/20 charities [1] 154/21 check [6] 33/16 73/6 102/8 113/6 114/12 131/16 cheese [4] 27/19 28/2 28/10 29/2 Chi [1] 1/22 Chichester [1] 1/17 chief [11] 1/25 11/15 12/4 12/10 54/25 80/20 85/1 85/1 85/3 85/4 155/9 chief executive [1] 85/3 child [3] 4/10 95/11 107/12 children's [4] 125/19 128/11 128/25 149/24 China [1] 27/11 choice [2] 51/8 54/14 choices [1] 149/22 Chris [2] 11/1 37/21 Chris Whitty [2] 11/1 37/21 chunks [1] 126/7 circular [1] 115/18 circulate [1] 5/16 circumstance [1] 85/18 circumstances [10] 8/20 12/21 16/24 29/24 88/22 92/7 93/24 95/10 100/7 140/10 cite [1] 87/7 cited [1] 83/18 cities [2] 8/23 34/1 city [2] 1/22 4/22 civic [1] 18/4 civil [25] 11/17 51/25 55/4 59/8 70/7 79/8 84/8 101/19 102/16 103/1 105/24 122/20 126/21 126/24 127/17 130/18 131/2 131/10 138/4 141/17 147/19 151/4 151/19 153/14 158/1 civil service [1] 122/20 Clare [1] 70/1 clarify [1] 18/2 clarity [4] 14/9 105/25 111/5 134/3 clean [1] 27/24 clear [6] 7/7 27/14 54/17 97/2 103/12 127/22 clearance [1] 142/1 clearer [2] 39/8 43/1 clearly [11] 30/13 42/20 45/7 97/23 104/14 110/14 118/11</p>	<p>126/4 128/22 132/9 146/15 climate [7] 8/1 8/10 78/12 78/18 81/6 107/13 107/19 clinical [8] 1/21 3/16 20/14 21/5 22/15 22/21 28/17 42/1 close [5] 11/15 11/16 11/16 146/1 153/3 closely [4] 27/10 61/17 108/16 158/16 closer [2] 22/13 43/1 closing [2] 16/5 16/5 CMO [4] 54/24 55/15 68/7 68/8 CMOs [1] 55/14 co [11] 80/2 80/22 86/19 86/22 87/11 101/22 105/1 107/19 114/19 135/19 137/25 co-locating [1] 80/22 co-operating [1] 86/19 co-operation [6] 86/22 87/11 101/22 105/1 107/19 114/19 co-ordinating [1] 80/2 co-ordination [2] 135/19 137/25 cobble [1] 9/24 COBR [1] 105/5 COG [2] 19/24 24/8 COG-UK [2] 19/24 24/8 cognisance [1] 67/23 coincidentally [1] 32/9 collaboration [5] 86/25 107/19 114/14 145/20 146/9 collaboratively [1] 155/5 colleagues [5] 59/23 76/14 77/18 121/3 136/8 collection [2] 81/1 128/13 collective [2] 87/23 115/9 collegiate [1] 134/1 colour [1] 19/19 column [1] 92/21 combination [2] 56/18 86/12 combined [4] 92/24 129/4 129/5 145/12 come [20] 5/8 26/6 36/21 38/15 40/5 44/11 49/22 54/10 54/21 56/24 58/17 60/4 87/16 89/18 91/19 98/21 127/11</p>

C	community [8] 64/8 106/13 131/23 144/10 153/16 153/24 154/2 157/5	117/8 121/8 158/23 conclusion [1] 66/4 conclusions [3] 66/6 66/12 149/4	considering [3] 86/1 95/22 145/14 considers [3] 9/22 147/4 152/19 consist [1] 41/21 Consortium [1] 2/16 Constable [1] 85/1 constant [1] 116/12 constituency [4] 75/14 75/16 75/17 109/19 constituent [2] 17/23 105/12 constitution [1] 16/20 construct [1] 11/14 constructed [1] 17/19 constructive [2] 14/16 15/1 constructively [1] 14/19 consultant [1] 117/20 consultation [5] 62/18 65/1 67/8 91/10 110/7 consultative [1] 65/15 consumer [1] 97/17 contact [5] 42/17 43/3 46/17 47/14 64/8 contain [1] 7/25 contained [1] 41/5 contemporaneous [1] 43/6 content [1] 158/7 contents [1] 109/21 context [23] 3/17 12/16 26/20 34/24 45/3 45/9 45/16 47/18 50/1 55/23 56/10 56/17 56/18 57/14 57/21 70/23 79/3 100/3 105/7 120/8 144/25 150/15 155/15 contingencies [10] 79/9 101/19 102/17 103/1 126/22 126/24 127/17 130/18 131/10 141/17 contingencies' [1] 138/4 contingency [2] 51/25 59/8 continue [2] 150/12 157/11 continued [3] 35/16 49/23 69/2 continues [2] 31/1 145/22 continuing [2] 11/8 19/5 continuity [2] 62/14	133/7 contracts [1] 62/14 contradicting [1] 84/8 contradicts [1] 114/7 contribute [1] 28/4 contributed [2] 31/4 120/24 contributes [1] 28/3 contributing [2] 27/17 86/2 contribution [2] 19/15 121/5 control [2] 8/22 65/10 convened [1] 16/23 convenient [1] 101/6 conversation [1] 114/18 conversations [2] 23/17 108/7 convey [2] 31/3 136/13 coordination [2] 80/22 80/24 cope [2] 25/17 98/9 cordial [1] 111/2 core [3] 115/15 148/3 153/19 coronavirus [2] 7/6 40/8 corralled [1] 154/24 correct [34] 2/2 2/6 2/17 10/20 10/21 32/4 32/5 32/10 32/11 35/1 40/15 41/24 41/25 49/8 49/15 57/14 64/12 65/19 75/12 75/18 75/24 75/25 76/6 79/5 84/2 103/25 122/19 122/23 124/3 125/7 125/23 128/5 135/13 147/23 corrected [1] 84/5 correcting [1] 15/8 correctly [1] 141/18 correlation [1] 129/15 COSLA [1] 80/20 cost [1] 97/21 could [54] 1/6 1/12 2/21 3/17 5/20 5/21 6/14 8/21 10/14 17/1 18/3 21/8 25/9 25/10 25/10 26/15 29/25 30/4 30/7 30/12 32/25 45/6 45/15 45/19 47/15 55/2 65/23 72/20 73/4 77/6 80/14 87/17 95/17 103/10 105/22 108/2 108/8 108/13 108/14 113/2 113/5 114/2 116/8 118/21 119/10 133/22
----------	---	--	--	---

<p>C</p> <p>could... [8] 134/19 136/1 139/24 140/13 142/6 143/18 156/3 156/10</p> <p>couldn't [1] 53/6</p> <p>council [2] 58/4 148/11</p> <p>council tax [1] 148/11</p> <p>councils [12] 58/25 128/19 130/22 130/24 148/2 148/18 149/3 149/6 150/9 150/11 150/14 150/17</p> <p>councils' [1] 149/19</p> <p>COUNSEL [8] 1/11 30/6 74/19 121/18 160/3 160/6 160/10 160/14</p> <p>countermeasures [15] 9/13 21/13 24/18 27/25 28/7 28/8 28/9 28/22 28/25 29/2 43/2 44/6 47/8 98/8 100/2</p> <p>countless [1] 94/9</p> <p>countries [3] 12/1 12/2 27/12</p> <p>country [19] 19/6 32/14 45/5 53/1 77/20 107/23 115/24 128/15 129/2 129/4 136/1 142/3 144/11 144/14 145/6 145/15 145/20 146/4 146/14</p> <p>country's [1] 133/4</p> <p>counts [1] 13/10</p> <p>county [2] 128/17 128/24</p> <p>couple [2] 99/19 137/6</p> <p>course [41] 4/16 9/6 10/12 12/19 18/25 24/24 26/19 28/23 31/6 31/19 31/24 32/6 32/22 37/4 37/7 43/22 44/12 49/1 54/5 54/9 55/4 57/16 66/17 73/24 79/21 82/11 91/6 94/14 98/15 102/10 113/13 116/1 116/18 118/11 122/6 123/9 124/4 131/22 138/18 157/15 158/17</p> <p>CoV [1] 64/5</p> <p>cover [2] 93/9 151/20</p> <p>covered [2] 49/25 110/23</p> <p>covering [1] 35/20</p> <p>covers [1] 129/16</p> <p>Covid [59] 3/5 3/5 3/7 9/6 12/17 24/25 26/9</p>	<p>26/12 26/20 26/22 26/25 27/4 27/5 30/24 40/12 41/2 42/16 43/22 44/9 45/2 45/12 45/21 46/21 47/2 47/10 54/8 55/13 56/1 58/3 61/9 61/24 63/6 63/12 63/18 64/6 65/18 65/24 66/15 67/8 67/9 68/2 69/11 69/17 71/23 75/23 76/10 88/5 91/11 97/8 97/10 97/22 99/4 99/4 104/2 104/20 110/25 117/10 137/8 143/8</p> <p>Covid-19 [9] 26/9 30/24 40/12 41/2 42/16 65/24 97/8 97/22 137/8</p> <p>create [4] 28/2 100/9 106/22 115/24</p> <p>created [1] 123/11</p> <p>creating [2] 24/2 151/9</p> <p>creation [1] 81/23</p> <p>creative [1] 149/18</p> <p>creeping [1] 139/1</p> <p>Crick [1] 24/11</p> <p>cries [1] 4/11</p> <p>crisis [9] 9/16 10/5 11/17 12/12 12/14 19/10 19/17 21/23 25/8</p> <p>critical [12] 7/13 11/25 12/6 14/6 20/9 20/12 24/13 28/21 31/13 131/16 149/12 154/1</p> <p>critically [2] 11/23 24/14</p> <p>criticism [3] 5/11 5/13 122/3</p> <p>cross [14] 10/8 59/8 85/8 97/3 107/11 127/14 129/17 154/13 155/7 155/12 155/16 156/24 156/25 157/25</p> <p>cross-government [1] 97/3</p> <p>cross-responsibility [1] 107/11</p> <p>cross-section [1] 85/8</p> <p>cross-United Kingdom [1] 59/8</p> <p>crown [1] 21/7</p> <p>crucial [1] 27/20</p> <p>crucially [2] 15/16 85/9</p> <p>CSC [1] 78/25</p> <p>CSC-SGoR [1] 78/25</p> <p>cues [1] 157/22</p> <p>culminating [1] 71/5</p> <p>cultural [1] 11/18</p>	<p>culture [1] 136/7</p> <p>curiosity [1] 156/2</p> <p>currently [4] 104/9 116/10 140/2 140/7</p> <p>curve [2] 22/5 22/9</p> <p>cut [1] 24/2</p> <p>cyber [1] 86/4</p> <p>Cygnus [8] 38/16 60/22 60/23 61/6 61/20 88/15 89/17 91/4</p> <p>D</p> <p>D Blueprint [2] 2/14 18/21</p> <p>damage [2] 96/13 116/17</p> <p>damaging [1] 95/9</p> <p>Dame [1] 36/7</p> <p>Dame Deirdre Hine [1] 36/7</p> <p>danger [3] 4/9 43/13 44/15</p> <p>Dangerous [1] 18/14</p> <p>data [4] 3/17 22/9 28/19 68/18</p> <p>date [8] 33/16 79/15 102/2 102/7 102/13 102/15 104/9 139/23</p> <p>dated [3] 32/1 104/5 137/11</p> <p>dates [1] 102/22</p> <p>day [19] 7/12 7/12 11/18 12/13 12/13 24/5 31/1 31/1 31/9 42/14 61/18 61/18 62/21 121/15 147/21 147/21 148/23 148/23 159/1</p> <p>days [2] 22/7 116/23</p> <p>DCLG [1] 123/18</p> <p>DCMO [1] 54/25</p> <p>deal [28] 2/23 7/15 12/13 21/15 46/11 48/5 49/13 49/15 50/6 50/21 51/2 51/3 51/8 52/4 52/9 53/4 54/8 64/7 88/18 89/9 91/20 94/17 98/8 100/6 105/16 123/2 146/13 146/16</p> <p>dealing [23] 7/12 10/23 12/17 32/13 36/19 36/20 37/7 38/25 39/19 40/8 41/8 42/15 47/19 63/14 64/6 65/8 66/19 69/21 73/22 100/4 108/15 133/20 137/5</p> <p>dealings [1] 18/12</p> <p>deals [1] 129/8</p> <p>dealt [7] 10/8 27/13 37/8 40/24 70/22 78/8 117/15</p>	<p>death [1] 65/9</p> <p>deaths [2] 32/22 32/23</p> <p>debate [9] 14/25 26/5 26/19 41/19 43/1 43/4 46/18 55/3 61/4</p> <p>debated [3] 13/21 50/10 65/25</p> <p>debates [1] 53/15</p> <p>decades [1] 20/5</p> <p>December [2] 59/6 134/13</p> <p>December 2017 [1] 134/13</p> <p>December 2022 [1] 59/6</p> <p>decide [1] 142/9</p> <p>decision [9] 27/15 50/10 50/17 80/10 80/17 119/21 136/24 136/25 138/3</p> <p>decision-makers [2] 27/15 138/3</p> <p>decision-making [4] 80/17 119/21 136/24 136/25</p> <p>decisions [9] 31/11 55/16 119/7 119/14 135/17 139/11 139/16 149/7 149/14</p> <p>declined [1] 97/20</p> <p>deduce [1] 66/25</p> <p>deep [2] 9/18 52/16</p> <p>deeper [1] 8/9</p> <p>deeply [3] 53/19 54/6 54/14</p> <p>defence [1] 20/17</p> <p>defer [2] 152/11 152/18</p> <p>defined [2] 127/7 127/25</p> <p>defines [1] 129/23</p> <p>defining [1] 152/13</p> <p>definitely [2] 14/1 148/25</p> <p>definitive [1] 114/25</p> <p>deflect [1] 138/11</p> <p>degree [7] 4/17 5/8 6/9 9/19 15/19 39/8 94/8</p> <p>Deirdre [1] 36/7</p> <p>delegates [4] 137/14 137/18 137/20 138/15</p> <p>deliver [2] 85/8 118/17</p> <p>delivered [1] 60/24</p> <p>delivery [2] 108/9 108/22</p> <p>demand [1] 25/21</p> <p>demonstrates [3] 81/14 90/8 115/7</p> <p>department [25] 122/21 123/7 123/14 123/16 123/17 124/20</p>	<p>124/20 125/12 125/14 125/18 125/20 126/1 126/8 126/13 126/17 127/5 131/11 131/11 136/6 144/19 152/11 152/12 153/22 153/23 157/17</p> <p>department's [2] 126/6 131/1</p> <p>departmental [1] 139/15</p> <p>departments [6] 96/20 132/24 134/16 137/21 139/5 152/18</p> <p>depend [2] 55/20 57/16</p> <p>depended [1] 42/10</p> <p>dependence [1] 116/19</p> <p>depending [1] 136/5</p> <p>depends [1] 56/2</p> <p>depict [1] 93/5</p> <p>deploy [1] 100/17</p> <p>deployed [1] 9/14</p> <p>deployment [1] 97/4</p> <p>depth [1] 11/13</p> <p>deputy [9] 32/7 33/13 58/23 59/2 68/8 75/9 76/4 77/8 123/12</p> <p>describe [1] 154/23</p> <p>described [3] 15/6 39/5 125/6</p> <p>describes [1] 118/9</p> <p>description [2] 125/7 125/23</p> <p>design [1] 110/4</p> <p>designated [1] 138/24</p> <p>designation [2] 103/7 103/8</p> <p>designed [2] 98/7 120/12</p> <p>desire [1] 158/15</p> <p>despite [2] 7/17 120/18</p> <p>detail [7] 49/22 61/18 71/24 72/14 72/22 95/16 100/8</p> <p>details [1] 138/5</p> <p>determination [1] 45/14</p> <p>determine [2] 9/17 142/13</p> <p>determining [1] 96/25</p> <p>develop [4] 68/20 80/16 82/14 155/18</p> <p>developed [5] 25/1 26/23 27/5 44/9 81/22</p> <p>developing [2] 44/22 85/17</p> <p>development [6] 3/12 19/23 41/18 44/5 48/11 109/12</p>
--	---	---	---	---

D	104/15 104/20	52/11	150/8	78/22 84/13 89/19
device [1] 21/20	difficulty [3] 84/12	district [1] 128/18	doesn't [5] 16/1	97/8 97/15 104/6
devolution [4]	105/4 150/14	districts [1] 128/23	91/13 115/8 146/5	106/19 110/24 115/6
100/10 103/17 103/22	dilemmas [2] 99/9	divergence [1] 35/14	148/11	115/25 122/6 123/9
129/8	99/10	diverse [2] 13/7	doing [4] 117/3	124/4 138/15
devolved [9] 54/23	diminish [1] 16/1	16/21	141/16 143/15 154/17	duty [3] 74/5 150/8
55/5 55/7 58/4 70/10	direct [3] 82/7 99/4	diversion [5] 49/11	dominates [1]	150/9
86/15 87/18 93/19	129/15	50/10 50/12 50/17	155/24	dwell [1] 88/1
103/16	direction [7] 56/22	52/24	don't [29] 20/20	dynamic [1] 28/5
devote [1] 77/10	77/17 82/10 85/25	divert [2] 50/19 50/23	28/24 31/2 46/4 47/7	E
devoted [1] 78/2	107/24 108/22 131/19	diverted [5] 49/19	47/17 53/9 56/15	each [13] 8/6 8/8
DH [1] 152/18	directly [5] 3/12 3/24	51/1 51/22 51/24	56/23 59/16 70/19	9/22 12/5 22/18 28/3
diagnostic [7] 21/19	15/11 129/11 145/2	53/20	70/24 71/23 81/2	85/13 87/22 94/3
22/12 23/9 28/1 28/9	director [7] 1/20 1/24	Division [2] 123/25	84/21 88/1 91/18 93/9	101/25 130/25 130/25
43/2 46/17	2/15 50/3 122/16	126/14	95/3 111/15 113/17	142/9
dialogue [3] 87/13	122/21 124/15	DLUHC [3] 104/10	122/11 128/15 130/10	eagle [1] 106/5
107/1 108/6	Directorate [1] 124/2	123/8 123/20	130/24 139/3 150/2	earlier [10] 32/7
did [49] 4/12 5/8 27/6	disability [1] 72/8	do [92] 4/5 4/21 13/6	156/18 159/14	43/10 53/22 54/22
31/7 31/10 31/11 33/1	disabled [3] 109/1	13/17 14/7 14/10	done [21] 11/6 12/12	58/17 69/19 81/25
33/3 34/13 34/15 35/4	109/11 109/14	14/24 15/3 15/9 15/25	24/20 38/13 38/19	102/2 102/6 143/18
35/17 35/18 37/13	disagree [1] 53/9	16/5 21/14 25/3 26/8	38/20 43/16 45/20	early [5] 60/6 72/17
37/13 42/14 42/14	disciplines [1] 11/20	27/7 37/19 39/7 39/17	45/24 47/15 49/11	95/9 95/11 146/24
43/25 48/4 48/7 56/5	disconnect [1]	39/23 43/7 44/16	50/8 66/3 71/3 76/13	easily [1] 18/3
56/8 58/1 59/10 66/1	143/25	44/23 45/4 45/14	104/22 133/22 138/7	Ebola [4] 8/18 8/19
66/14 68/12 69/21	discovered [1]	47/12 47/13 47/20	146/11 156/10 157/4	10/19 23/24
70/8 70/11 71/12	116/18	51/7 51/14 52/3 54/7	doubling [1] 22/7	ecology [1] 8/1
72/17 76/23 77/13	discrete [3] 8/8 8/14	54/14 55/5 56/23 58/9	doubt [2] 40/5 132/6	economic [12] 11/13
97/14 102/4 114/21	117/10	59/15 60/18 61/4 64/7	Dowden [2] 59/2	70/8 70/13 70/21
121/1 121/1 125/23	discuss [1] 59/7	67/1 67/3 70/16 77/9	112/14	96/13 97/9 97/13
133/18 137/18 143/10	discussed [5] 12/2	77/16 78/2 81/10	down [25] 4/14 5/20	97/15 97/16 97/24
145/3 147/20 148/22	51/2 62/4 99/25	82/21 82/25 84/17	5/21 6/24 8/12 39/11	99/4 100/23
151/20 154/22 156/9	114/14	84/18 86/21 90/8 93/3	44/11 58/22 75/8	economies [1] 16/5
didn't [12] 19/17	discussing [1] 86/7	94/24 96/4 98/10	79/16 80/14 97/5	economists [3] 13/1
29/22 55/10 76/23	discussion [4] 26/2	99/19 102/21 108/2	111/14 112/6 112/18	17/3 17/16
82/18 82/19 83/17	26/6 43/10 43/21	109/13 112/23 115/10	121/19 122/15 131/9	economy [4] 53/3
100/6 106/8 119/1	discussions [6]	116/8 117/4 117/11	135/15 135/21 136/17	53/10 98/3 150/10
139/5 145/8	15/18 55/16 55/17	118/22 120/12 121/5	139/19 142/22 143/24	Edinburgh [3] 1/17
difference [4] 19/10	56/10 80/20 86/2	122/7 126/5 128/23	156/5	24/11 49/6
46/1 137/23 138/19	diseases [6] 1/22	129/16 131/9 132/19	DPhil [1] 1/18	education [4] 52/13
differences [3] 40/6	40/18 40/19 93/14	133/9 133/11 133/17	DPO [1] 109/2	52/14 75/21 125/18
41/21 57/15	95/18 117/22	135/4 136/5 137/21	Dr [3] 117/19 118/23	educational [1] 11/21
different [52] 11/19	disengages [1] 134/7	137/22 141/6 142/1	121/3	effect [4] 34/9 65/22
11/20 11/20 17/1 18/6	dispiriting [1] 156/1	143/24 144/6 145/13	Dr Jim McMenamin	78/18 98/20
21/20 35/19 37/23	display [1] 155/8	147/7 148/20 150/20	[2] 117/19 118/23	effective [4] 27/1
39/6 39/21 39/25	disposal [1] 19/7	151/3 151/21 155/2	Dr McMenamin [1]	76/21 149/17 150/18
42/23 51/4 51/23 54/4	dispute [1] 119/13	dock [2] 136/2	121/3	effectively [6] 36/22
56/13 57/12 57/17	disruption [2] 7/4	136/10	dramatic [1] 97/16	102/13 132/1 140/3
58/24 70/14 71/18	97/18	doctrinal [2] 94/20	draw [3] 145/24	140/7 150/21
71/21 71/21 78/9 82/2	disruptions [1] 7/15	94/25	149/4 150/2	effectiveness [1]
82/11 83/4 87/15 91/5	disruptive [3] 7/20	doctrine [1] 127/2	drawing [1] 23/3	27/7
94/3 94/14 94/18	10/7 101/3	document [8] 2/23	drawn [2] 53/6	efficacy [5] 24/23
95/14 98/2 107/15	disseminated [1]	39/2 39/9 44/8 48/12	148/13	26/17 27/1 27/4 27/7
107/17 107/20 108/1	37/5	95/14 103/12 152/9	drew [2] 12/19 37/5	efficiencies [1]
124/17 125/10 126/7	dissidents [1] 15/9	documentation [6]	drop [2] 96/7 96/8	149/18
128/3 128/7 144/11	distancing [2] 24/23	50/12 65/13 142/15	dropped [1] 4/14	efficiency [4] 118/10
144/23 145/15 146/10	28/11	143/4 143/6 151/16	drops [1] 97/16	120/7 121/6 150/10
146/13 149/3 149/14	distinct [2] 51/10	documents [4] 137/6	drug [1] 5/12	efficient [2] 34/18
149/15 149/21	157/6	142/8 151/23 152/2	dubiety [1] 59/18	149/21
differing [1] 129/1	distinction [2]	does [20] 9/2 21/17	due [5] 29/23 62/3	effort [6] 51/19 56/7
difficult [9] 5/24 7/11	138/17 138/20	40/2 41/9 71/20 91/14	68/24 118/6 150/12	87/22 93/23 117/1
10/2 12/21 16/24 42/2	distinctive [2] 86/14	93/5 93/7 95/3 104/17	duration [1] 30/22	154/22
50/9 91/17 98/11	87/15	109/16 125/10 131/6	during [24] 3/4 24/25	efforts [1] 92/24
difficulties [3] 32/13	distribution [1] 66/10	131/7 132/16 133/16	28/18 32/9 35/11 61/2	eight [1] 61/25
	distributions [1]	142/16 146/19 148/12	64/9 66/1 67/12 70/14	

E	<p>enduring [1] 103/18</p> <p>energy [4] 49/12 49/19 52/2 52/10</p> <p>engage [5] 106/20 109/6 130/16 155/17 156/10</p> <p>engaged [3] 82/3 156/14 158/3</p> <p>engagement [16] 37/16 83/8 105/6 106/13 106/13 108/4 109/19 134/22 153/19 155/1 155/2 155/13 156/21 156/23 157/18 157/19</p> <p>engages [1] 153/16</p> <p>engaging [2] 154/20 157/21</p> <p>engendered [1] 4/18</p> <p>engineer [1] 117/2</p> <p>England [9] 57/1 57/10 60/24 102/19 125/2 125/10 127/20 141/12 144/25</p> <p>enhance [1] 97/2</p> <p>enhanced [1] 80/10</p> <p>enhancing [1] 21/11</p> <p>enough [5] 28/5 29/17 94/17 158/25 159/6</p> <p>ensue [1] 6/7</p> <p>ensure [7] 11/6 82/23 92/5 93/23 116/6 131/21 156/11</p> <p>ensures [1] 135/15</p> <p>ensuring [3] 31/14 67/7 125/3</p> <p>enter [1] 122/25</p> <p>enterprise [2] 14/22 153/17</p> <p>entirely [5] 5/3 29/23 44/23 144/12 158/18</p> <p>entities [1] 2/19</p> <p>entitled [1] 137/8</p> <p>entity [1] 2/14</p> <p>environment [6] 8/10 19/3 22/16 85/3 120/2 120/15</p> <p>envisaged [4] 81/17 90/16 103/6 103/7</p> <p>epidemic [7] 4/8 8/22 22/2 22/5 23/24 28/13 28/21</p> <p>epidemics [7] 3/18 4/7 7/23 8/25 21/16 22/3 23/19</p> <p>epidemiological [1] 143/3</p> <p>epidemiologist [1] 117/20</p> <p>epidemiologists [1] 17/15</p> <p>episode [2] 8/8 8/14</p> <p>episodes [1] 8/7</p>	<p>equal [2] 14/11 140/8</p> <p>equalities [1] 71/13</p> <p>equality [3] 72/8 74/5 74/5</p> <p>Equality Act [1] 72/8</p> <p>equally [4] 13/21 31/11 71/5 74/1</p> <p>Equally Well [1] 71/5</p> <p>equivalent [1] 82/17</p> <p>era [1] 149/18</p> <p>essential [1] 19/4</p> <p>essentially [9] 76/17 81/17 81/22 82/14 85/24 98/25 100/10 115/15 150/11</p> <p>establish [1] 119/9</p> <p>established [4] 24/8 67/19 115/6 131/2</p> <p>establishment [1] 71/6</p> <p>estimated [1] 97/21</p> <p>estimates [1] 35/6</p> <p>et [5] 17/12 17/12 28/14 103/19 133/17</p> <p>et cetera [5] 17/12 17/12 28/14 103/19 133/17</p> <p>ethics [2] 14/2 20/9</p> <p>ethnic [1] 72/19</p> <p>EU [5] 49/13 50/6 53/4 88/18 146/13</p> <p>European [1] 52/13</p> <p>European Union [1] 52/13</p> <p>evaluated [1] 99/6</p> <p>evaluating [1] 24/20</p> <p>even [8] 22/8 58/13 64/23 96/11 102/6 125/16 137/1 155/4</p> <p>event [10] 10/18 20/15 20/18 21/19 25/9 26/9 84/13 102/9 132/16 158/1</p> <p>events [12] 7/3 7/20 8/17 10/7 91/7 91/19 91/22 91/23 135/23 142/4 144/5 155/21</p> <p>eventual [1] 47/9</p> <p>eventualities [1] 100/18</p> <p>eventuality [2] 77/6 118/21</p> <p>eventually [1] 88/17</p> <p>eventuate [1] 6/11</p> <p>ever [7] 35/24 38/23 46/4 47/18 56/5 64/23 78/13</p> <p>every [24] 11/15 11/18 12/3 14/10 21/9 21/9 22/7 23/22 23/22 23/23 23/23 23/23 24/5 31/9 42/14 48/17 52/15 53/9 94/3 119/24 136/1 141/12</p>	<p>142/3 142/7</p> <p>everybody [3] 59/1 120/8 153/4</p> <p>everybody's [2] 77/1 82/1</p> <p>everyone [3] 29/24 76/10 153/2</p> <p>everyone's [1] 92/23</p> <p>everything [8] 11/21 12/11 25/4 31/7 31/12 45/15 76/23 77/16</p> <p>evidence [51] 1/10 2/3 2/24 3/17 4/17 5/19 5/23 6/4 11/1 18/25 28/15 29/3 29/4 29/20 30/11 30/15 31/21 37/4 59/2 61/7 69/19 73/21 73/24 76/10 77/24 78/15 82/20 88/2 88/6 88/25 89/19 93/9 93/15 99/18 100/8 101/18 104/9 110/23 111/6 116/1 117/19 118/22 119/13 121/23 122/7 123/9 124/5 137/16 139/22 147/14 158/24</p> <p>evolution [1] 138/15</p> <p>exacerbating [1] 96/16</p> <p>exactly [8] 81/14 126/9 130/19 133/14 145/7 148/7 151/14 157/7</p> <p>examination [1] 26/14</p> <p>example [26] 10/8 21/18 24/8 43/2 46/14 72/8 76/25 78/12 86/5 87/1 87/3 87/7 91/20 92/11 103/6 119/14 125/14 128/10 128/22 134/9 135/23 145/24 146/12 146/24 154/10 154/12</p> <p>examples [3] 86/24 140/12 140/20</p> <p>exception [1] 62/16</p> <p>exceptionally [1] 150/17</p> <p>exceptions [1] 70/6</p> <p>excuse [2] 30/16 158/20</p> <p>executive [3] 85/3 85/4 155/9</p> <p>exercise [29] 38/16 38/18 39/22 40/19 40/20 41/3 54/2 60/23 60/23 60/24 61/2 61/6 61/20 62/21 62/22 62/22 62/24 63/1 63/4 63/7 64/1 64/15 65/3 67/25 88/15 89/17 89/18 89/18 90/3</p>	<p>Exercise Cygnus [6] 38/16 60/23 61/6 61/20 88/15 89/17</p> <p>Exercise Iris [7] 38/18 40/19 41/3 62/21 64/1 64/15 89/18</p> <p>Exercise Silver Swan [4] 54/2 65/3 89/18 90/3</p> <p>exercises [11] 10/3 38/19 60/22 61/15 63/20 66/2 91/3 91/5 134/11 143/14 153/6</p> <p>exercising [2] 136/16 153/5</p> <p>exigency [1] 44/18</p> <p>exist [5] 27/6 35/23 89/8 100/19 145/8</p> <p>existed [2] 111/16 145/18</p> <p>existence [1] 36/24</p> <p>existing [7] 36/18 36/25 70/9 70/13 96/17 100/19 156/16</p> <p>exists [1] 102/2</p> <p>exit [5] 49/13 50/6 52/4 53/4 88/18</p> <p>expand [1] 17/2</p> <p>expect [1] 142/14</p> <p>expectation [3] 44/16 101/24 102/11</p> <p>expectations [1] 138/2</p> <p>expected [4] 5/7 32/20 153/3 154/4</p> <p>expecting [2] 27/21 157/24</p> <p>expects [2] 135/16 158/9</p> <p>expenditure [1] 149/25</p> <p>experience [11] 10/22 13/5 15/24 18/9 18/17 18/19 57/7 67/17 89/6 120/23 156/1</p> <p>experienced [1] 76/11</p> <p>experiencing [1] 34/15</p> <p>expert [7] 14/5 42/1 69/23 71/2 72/18 86/25 87/5</p> <p>expertise [5] 12/9 12/20 12/25 14/1 18/5</p> <p>experts [4] 13/2 16/15 16/25 68/7</p> <p>explain [6] 115/1 115/13 135/14 144/5 145/19 153/21</p> <p>explained [2] 131/3 133/15</p> <p>explains [2] 118/4</p>
----------	--	--	---	---

E	45/25 59/18 88/9 99/24 103/14 104/17 110/18 117/14 120/18	final [3] 91/9 115/3 121/15	flowed [1] 81/13	120/25
explains... [1] 118/13	factor [1] 154/8	finalised [1] 65/2	flowing [1] 144/2	forms [1] 123/10
explanation [2] 39/13 115/16	factored [2] 109/9 109/14	finally [4] 24/17 31/9 112/12 153/9	flu [51] 4/18 25/5 25/6 25/8 25/14 25/23 25/24 32/9 35/11 36/16 36/17 36/19 36/24 37/1 37/19 38/1 38/5 38/18 39/19 39/20 40/7 40/11 40/25 42/6 43/20 44/25 46/21 46/23 46/23 47/2 47/5 49/4 49/5 50/1 55/24 55/25 57/8 57/9 65/10 65/11 79/22 80/5 80/6 81/6 83/6 86/3 88/12 89/21 94/6 136/12 152/10	formulate [2] 105/21 107/24
explicit [1] 34/12	factors [4] 78/11 118/7 118/8 118/23	finance [3] 75/19 99/21 125/4	focus [10] 6/15 9/6 10/14 11/8 24/25 25/14 44/19 46/10 155/17 155/24	formulation [3] 108/13 110/4 110/8
explore [2] 95/15 113/18	failure [3] 6/14 66/3 109/12	financial [9] 99/25 100/10 100/14 100/15 100/19 101/3 119/22 119/23 120/16	focused [5] 39/15 42/20 60/25 95/1 97/12	forth [2] 12/23 139/17
explored [1] 26/13	fair [6] 35/18 43/8 44/10 44/14 48/14 63/21	find [7] 29/3 29/4 52/2 72/24 128/24 130/23 154/19	focuses [1] 13/25	fortuitously [1] 32/22
exponential [1] 22/7	fairly [2] 43/18 98/19	findings [1] 36/13	focusing [1] 9/9	forum [22] 55/1 59/7 59/10 59/14 60/3 60/5 60/9 83/13 106/15 106/24 107/4 107/21 111/3 129/16 129/24 130/16 130/22 134/22 136/13 137/17 141/24 157/19
express [2] 76/9 158/15	faith [1] 56/15	finish [1] 99/17	follow [3] 1/7 9/2 152/24	forums [8] 106/24 127/12 127/12 129/14 129/17 129/19 136/15 151/2
expressed [1] 89/22	fall [1] 97/1	finished [1] 23/8	followed [3] 102/17 102/23 103/11	forward [15] 36/4 62/20 65/6 78/20 81/7 81/19 82/6 82/15 86/11 89/1 100/13 100/13 110/6 127/5 157/23
exquisite [1] 32/12	fallout [1] 98/8	finishing [1] 64/9	following [8] 88/15 110/23 111/6 111/24 135/24 135/24 152/21 153/3	forwards [7] 63/16 93/17 99/14 105/23 106/1 143/24 151/22
extend [1] 131/6	false [2] 53/3 53/10	fire [4] 80/21 80/23 85/1 85/2	follows [1] 129/8	foster [1] 107/19
extended [4] 84/19 102/15 114/11 135/1	familiar [4] 2/25 24/22 32/12 32/14	Fire Officers' [1] 80/21	food [1] 54/12	found [2] 38/24 57/1
extensive [3] 10/22 110/6 116/16	families [1] 3/6	first [46] 1/4 9/15 21/24 30/20 30/21 31/16 31/19 32/6 32/8 33/13 38/4 38/10 44/22 46/13 58/11 58/14 58/22 58/23 59/10 59/21 61/4 61/13 67/11 67/13 68/16 75/9 75/15 76/4 76/20 77/9 82/25 83/10 83/20 83/25 101/15 111/10 111/25 113/23 123/16 126/7 134/6 137/7 138/9 142/20 143/2 147/23	footprint [5] 129/20 145/22 146/2 154/6 154/20	founding [3] 2/13 2/15 18/20
extent [24] 9/12 9/16 12/19 19/4 26/21 26/25 27/4 35/21 35/23 37/13 38/17 46/2 50/9 50/16 55/5 57/5 58/15 61/5 71/12 72/5 109/8 110/10 120/9 140/16	far [14] 6/13 8/9 10/3 25/1 74/21 81/10 89/25 90/2 93/11 97/9 121/25 135/1 156/11 159/12	First Minister [11] 30/21 32/6 58/11 58/14 58/22 61/4 67/11 67/13 68/16 76/20 83/20	fora [4] 135/22 136/4 142/5 157/11	four [23] 4/23 27/12 37/4 37/14 37/15 37/16 55/14 56/17 60/4 60/9 63/10 65/18 86/13 86/20 87/13 99/3 104/3 104/17 106/2 106/6 146/19 146/22 146/25
external [1] 16/2	Farrar [4] 1/5 1/9 1/13 160/2	first-hand [1] 138/9	force [2] 102/9 116/10	four nations [6] 37/4 37/14 56/17 60/4 86/13 106/2
extraordinarily [2] 7/11 10/2	fashion [1] 83/14	firstly [7] 9/8 10/14 13/9 38/2 124/7 131/9 149/6	forces [1] 130/8	four years [1] 65/18
extraordinary [1] 31/8	fast [2] 5/25 6/24	fiscal [5] 97/18 120/1 120/2 120/14 149/2	fore [1] 43/22	fourth [3] 69/2 69/5 112/18
extreme [1] 52/16	fatalities [1] 65/9	Fisken [3] 108/23 109/23 110/10	forefront [2] 82/24 83/1	fragmented [1] 9/21
extremely [4] 14/21 29/8 51/12 53/4	fault [1] 159/3	Fisken's [1] 109/20	forge [1] 22/20	framed [1] 138/5
eyed [1] 106/5	fear [1] 159/7	fit [3] 38/8 64/10 64/13	forgive [14] 34/23 46/19 47/4 47/23 52/5 57/7 57/18 67/4 69/4 69/5 73/9 113/9 130/9 156/20	framework [15] 36/16 36/17 36/24 54/24 59/4 80/19 99/3 101/22 115/4 115/13 116/9 125/24 126/22 144/16 149/8
eyes [1] 77/8	feature [2] 47/21 55/21	five [2] 74/3 146/22	formal [1] 15/23	frameworks [3] 125/3 138/4 143/7
F	features [3] 8/3 8/4 40/24	flag [1] 5/4	formalise [1] 56/7	Frances [11] 121/16 121/17 121/21 121/23 122/8 123/4 138/6 141/6 156/10 159/9 160/13
face [25] 8/25 24/23 26/13 26/16 26/16 26/19 26/22 27/1 27/4 27/5 27/7 27/16 27/21 27/23 28/16 37/8 40/14 41/12 77/6 83/12 92/10 92/20 93/3 93/24 118/22	February [8] 26/3 59/13 65/21 67/11 96/7 101/21 102/7 112/13	flaws [1] 44/1	formed [5] 118/14 118/25 123/5 123/16 149/13	Frances's [1] 158/23
27/5 27/7 27/16 27/21 27/23 28/16 37/8 40/14 41/12 77/6 83/12 92/10 92/20 93/3 93/24 118/22	February 2021 [2] 65/21 67/11	flex [1] 146/17	formally [1] 83/13	
faced [6] 7/11 53/1 54/8 77/3 78/16 109/13	February 2023 [1] 59/13	flexibility [3] 38/9 41/14 147/6	formed [5] 118/14 118/25 123/5 123/16 149/13	
faces [1] 52/23	fed [2] 55/15 134/15	flexible [4] 38/4 41/12 48/3 94/17	formidably [1]	
facilitate [2] 136/14 136/17	feed [1] 60/10	flooding [1] 144/13		
facilitated [2] 134/21 135/23	feedback [3] 151/14 151/17 157/9	flow [2] 136/14 136/17		
facilitating [3] 132/4 135/2 147/2	feel [10] 25/13 73/16 77/9 77/13 82/25 92/23 121/1 137/18 145/22 146/5			
facilities [2] 22/15 22/22	feeling [2] 109/22 138/10			
facility [1] 141/23	feelings [2] 92/21 139/7			
facing [2] 52/22 141/21	feels [1] 146/7			
fact [14] 2/13 29/22 29/25 36/7 41/15	felt [7] 34/6 34/10 83/16 93/5 121/4 137/14 138/16			

F	136/3 142/23 General for [1] 122/16 generalise [1] 149/16 generally [7] 19/3 51/3 52/8 105/1 105/3 105/10 105/17 genome [2] 19/25 24/10 genomics [1] 24/10 genuinely [1] 82/25 geography [1] 146/5 germane [1] 53/18 get [17] 10/3 22/5 27/22 31/11 32/16 50/14 56/5 56/8 56/23 57/15 60/11 72/14 99/7 113/20 116/22 132/22 149/18 gets [2] 56/9 98/11 getting [3] 25/12 45/9 100/5 gift [1] 100/9 Gilbert [1] 20/25 Gillian [3] 50/3 84/3 89/20 Gillian Russell [3] 50/3 84/3 89/20 give [25] 1/6 5/19 16/2 27/21 30/7 30/11 39/13 50/6 50/7 67/16 69/9 73/17 79/2 91/13 104/9 109/4 113/12 116/14 121/23 125/14 128/10 135/22 139/22 146/11 154/10 given [18] 11/1 14/9 45/12 69/10 70/25 74/21 77/7 88/23 90/20 93/16 96/6 111/5 114/25 117/19 121/24 145/10 150/21 151/23 gives [1] 29/20 giving [2] 2/3 31/21 glad [1] 102/4 Glasgow [1] 24/12 global [4] 2/12 5/5 7/3 97/18 globally [3] 4/10 6/20 32/23 go [30] 3/23 4/1 5/17 5/24 6/20 6/25 7/20 8/5 12/7 49/22 57/7 63/15 70/24 74/24 79/13 79/19 83/17 94/5 95/24 96/18 97/5 113/8 114/20 116/23 117/25 122/11 138/23 139/24 155/10 158/13 goes [3] 23/16 47/13 126/23 going [42] 5/2 5/4 5/17 6/24 7/9 7/16 8/5	16/11 16/13 26/7 26/7 26/17 38/23 45/13 45/23 47/22 48/16 51/19 57/16 57/18 69/23 70/4 78/13 81/12 87/16 93/17 99/14 99/17 103/21 105/3 105/9 113/12 117/25 123/1 123/8 124/4 138/17 139/22 141/7 147/14 149/7 151/22 gold [2] 155/23 157/8 gone [1] 110/1 good [22] 1/4 10/8 24/8 29/17 55/14 56/15 57/11 69/16 87/8 103/18 103/23 103/24 105/1 123/23 135/6 137/4 147/8 149/16 158/9 158/10 158/12 158/12 got [14] 20/2 22/2 22/8 29/25 57/2 77/1 98/12 108/14 110/3 114/24 116/12 123/21 123/22 147/6 Gove [2] 104/8 104/19 govern [2] 150/11 150/17 governance [1] 86/16 government [191] Government's [3] 52/19 80/1 140/16 governmental [3] 24/18 32/14 34/19 governments [16] 2/12 2/19 7/11 9/3 11/12 18/22 19/19 37/17 38/7 40/17 49/17 51/16 56/21 58/4 107/18 109/11 granted [4] 26/11 69/13 117/9 158/23 granular [2] 68/1 72/15 grappled [1] 134/20 grateful [1] 29/9 grave [1] 8/6 great [6] 2/23 52/20 63/22 64/5 73/19 101/2 greater [7] 9/6 9/12 18/18 43/21 97/9 120/9 130/7 greatest [7] 3/4 5/1 5/15 52/21 53/1 94/8 152/22 greatly [1] 80/4 grew [2] 120/5 120/19 grim [1] 51/12	ground [2] 34/8 152/21 grounds [2] 34/14 150/16 group [25] 4/22 14/5 14/15 15/5 15/20 15/20 15/23 16/12 16/15 16/22 17/7 17/15 18/3 25/23 25/23 36/12 68/6 72/18 134/22 137/8 137/16 137/24 137/25 138/20 138/23 grouped [1] 34/20 groups [2] 58/5 70/14 growing [4] 19/1 19/2 19/5 120/9 growth [4] 11/13 22/7 75/20 99/21 guard [1] 6/12 guess [2] 38/11 40/10 guidance [47] 6/15 62/4 62/15 62/16 62/19 64/4 64/22 64/25 65/4 65/5 65/8 65/9 65/10 65/11 65/12 65/13 66/23 67/1 67/7 67/14 67/17 67/22 67/24 79/3 89/25 90/6 90/11 90/13 90/18 90/21 91/1 91/9 126/22 131/19 138/4 151/7 151/13 151/19 151/23 152/2 152/22 152/23 152/24 153/10 154/3 154/8 158/8	57/11 59/6 61/6 61/14 61/15 62/14 62/17 62/20 63/10 63/24 63/25 64/25 65/6 65/7 65/12 67/8 69/21 71/3 76/21 77/6 77/8 77/9 77/13 77/16 79/22 80/3 81/4 81/5 81/22 82/1 82/17 83/21 85/15 85/16 89/10 89/17 90/5 92/5 99/12 105/8 105/15 108/10 108/21 113/18 113/25 114/18 116/15 118/22 119/25 120/19 123/12 133/5 134/18 137/16 139/16 142/9 142/9 143/3 144/16 146/14 148/2 149/9 152/17 153/10 156/6 157/14 158/25 159/14 hadn't [3] 23/8 62/6 65/2 HAIRS [1] 18/12 hallmarks [1] 106/18 hampers [1] 138/1 hand [5] 27/23 28/12 50/15 92/21 138/9 handful [1] 69/16 handing [1] 132/23 handle [1] 85/18 handling [6] 35/3 45/2 47/10 83/7 90/13 120/25 happen [11] 35/12 37/13 57/4 59/15 83/14 91/21 91/22 117/5 135/19 151/10 153/4 happened [15] 8/21 17/10 22/10 22/11 24/1 35/13 38/5 49/13 51/9 57/4 63/18 102/19 103/22 152/6 152/16 happening [4] 26/9 45/7 51/5 147/19 happens [3] 35/24 57/6 143/25 happy [3] 51/6 105/14 105/15 hard [4] 5/23 30/14 149/4 149/16 hard-working [2] 5/23 30/14 harder [1] 7/24 hare [1] 73/19 harm [5] 45/23 46/5 99/4 99/4 99/5 harms [1] 99/3 harnessed [1] 48/25 has [77] 2/24 6/4 6/12 7/8 7/18 15/13 20/11 31/13 37/3 39/5
G	gap [5] 35/11 40/22 41/7 69/20 96/10 gaps [1] 152/15 gastrointestinal [1] 25/11 gather [2] 28/19 87/5 gathered [2] 3/17 137/16 gave [3] 29/24 77/24 154/22 GDP [2] 96/7 97/19 general [17] 3/20 6/13 9/7 13/6 22/22 31/7 32/17 55/9 61/15 65/20 66/5 73/25 111/13 122/16 135/20			
				H
				H1N1 [8] 3/14 4/8 4/18 5/6 32/16 33/10 35/4 36/5 H5N1 [3] 5/16 7/5 27/10 H5N1 pandemic [1] 5/16 had [122] 5/10 6/14 8/19 8/19 8/20 10/22 18/12 18/17 18/19 20/25 26/3 26/20 27/5 27/12 27/16 28/16 28/18 31/24 32/19 35/6 35/7 37/19 38/7 39/4 39/15 39/19 40/24 41/9 41/11 42/6 42/19 43/18 43/21 44/5 44/13 46/24 50/6 50/7 50/14 50/15 50/25 51/8 51/8 51/14 52/2 53/5 53/20 54/6 54/10 54/13 54/15 54/21 56/6 56/11

H				
has... [67] 44/18 53/10 57/4 57/21 58/10 59/13 67/1 67/3 67/22 68/11 69/12 76/11 77/1 77/23 78/15 78/18 78/20 82/20 84/10 88/2 90/3 93/10 93/15 94/20 95/12 98/12 98/18 104/11 107/1 108/23 109/25 110/10 110/11 116/1 117/15 119/13 119/25 120/11 121/7 123/9 124/5 124/12 124/15 130/22 132/6 134/10 134/17 139/9 140/14 140/15 140/25 141/14 141/25 144/11 145/5 150/13 150/22 151/6 151/18 153/4 153/10 154/13 155/12 157/5 157/20 158/2 158/23	60/24 62/17 64/22 64/25 65/14 66/23 67/14 67/21 69/3 69/24 70/9 70/11 70/21 71/4 71/6 71/9 73/23 73/25 74/1 74/2 74/3 74/6 86/14 89/2 89/25 90/14 117/20 118/4 118/14 118/17 118/17 118/25 119/2 119/3 119/9 119/16 119/18 120/3 120/4 120/9 120/13 120/18 120/23 120/24 125/14 152/11 Health Secretary [5] 33/7 33/17 57/8 57/10 71/4 Health' [1] 21/5 healthcare [2] 3/7 27/16 hear [6] 5/22 30/13 122/5 138/8 143/11 147/11 heard [26] 6/4 26/3 32/17 37/3 37/21 56/24 59/2 77/23 78/16 82/20 88/2 88/6 89/8 89/24 93/10 93/15 94/20 105/16 116/1 127/4 136/11 139/9 143/21 151/14 151/18 152/3 hearing [2] 138/14 159/21 heart [4] 37/17 37/25 98/11 135/11 Heather [4] 108/23 109/20 109/23 110/10 Heather Fiskén [3] 108/23 109/23 110/10 Heather Fiskén's [1] 109/20 heavy [1] 95/5 hectic [1] 77/11 held [8] 16/6 75/9 75/19 76/17 113/6 113/15 122/17 131/8 help [9] 3/9 29/8 73/20 121/12 129/10 130/11 131/24 133/18 159/8 helpful [11] 15/25 17/17 34/7 34/11 72/1 72/2 72/24 73/1 73/4 126/19 133/12 helping [2] 91/4 132/23 helps [2] 84/10 133/25 her [5] 50/4 101/17 109/5 110/17 122/22 Her Majesty's [1] 122/22	here [21] 2/6 31/16 42/13 45/11 52/6 53/16 53/17 57/1 57/19 60/12 67/16 72/16 90/20 95/20 98/13 102/7 113/11 136/9 138/15 139/13 143/1 Here's [1] 47/11 high [3] 15/19 40/18 93/14 high-consequence [2] 40/18 93/14 higher [1] 113/3 highest [3] 13/16 25/16 94/7 highlight [2] 115/25 137/15 highlighted [2] 109/10 118/7 highlighting [2] 96/16 132/3 highlights [1] 98/19 him [1] 73/20 hindsight [2] 43/9 84/17 Hine [4] 36/7 36/8 54/21 55/11 Hine review [3] 36/8 54/21 55/11 hinge [1] 116/21 his [7] 77/25 104/11 118/1 121/3 148/12 157/9 157/13 hit [4] 8/3 26/20 32/10 104/21 hits [4] 9/16 10/5 12/15 19/10 hitting [1] 88/5 HIV [1] 28/14 Ho [1] 1/22 hoc [2] 55/10 55/21 hold [4] 34/14 133/16 144/5 151/11 holds [1] 128/17 holistic [2] 124/10 148/17 home [1] 124/22 homelessness [3] 124/22 125/20 126/10 honest [1] 77/11 honours [1] 2/18 hope [3] 4/7 127/22 152/13 hoped [1] 159/14 horizon [1] 9/25 Hospital [1] 1/21 hospitalisations [1] 32/21 hospitals [3] 4/23 22/21 127/8 hours [2] 14/10 22/8 housing [4] 123/7 123/19 124/22 126/10	how [49] 3/16 3/25 8/9 9/10 10/6 16/16 27/1 29/4 29/5 34/18 34/18 34/21 40/24 44/11 48/7 56/23 59/3 68/20 70/22 72/6 85/20 86/21 89/23 93/5 94/12 95/21 99/1 99/5 105/9 105/25 107/4 108/8 108/14 115/13 116/13 123/5 124/10 124/11 128/1 131/3 133/14 135/15 138/16 142/6 144/10 153/12 153/21 154/3 157/21 however [6] 34/6 46/7 56/14 140/11 147/15 156/9 HRA [1] 20/7 hub [1] 80/17 huge [9] 14/8 19/10 22/25 25/24 25/25 26/4 26/19 119/6 139/1 hugely [1] 25/15 human [4] 8/2 18/13 71/14 155/25 humanity [2] 5/15 5/18 hundreds [1] 13/11 Hunt [1] 56/24 hyper [1] 154/23	130/10 I cannot [2] 60/10 60/12 I carried [1] 77/12 I certainly [2] 17/7 85/22 I come [1] 58/17 I commence [2] 1/15 2/21 I completely [1] 158/10 I confirm [1] 69/13 I considered [1] 76/18 I correct [1] 147/23 I could [3] 103/10 113/2 119/10 I dealt [1] 78/8 I deeply [1] 54/14 I did [3] 43/25 76/23 77/13 I didn't [1] 106/8 I discussed [1] 114/14 I do [14] 4/5 4/21 13/17 25/3 27/7 37/19 39/17 43/7 44/23 47/13 67/3 82/25 102/21 121/5 I don't [20] 31/2 46/4 47/17 53/9 56/23 59/16 70/19 70/24 71/23 84/21 88/1 91/18 93/9 95/3 111/15 113/17 130/10 139/3 150/2 156/18 I fear [1] 159/7 I feel [3] 73/16 92/23 121/1 I felt [1] 121/4 I focus [1] 10/14 I go [1] 83/17 I got [1] 123/21 I guess [2] 38/11 40/10 I had [6] 18/19 57/11 77/13 77/16 108/10 156/6 I hadn't [1] 23/8 I have [6] 11/10 17/18 61/14 69/16 113/25 122/14 I haven't [1] 85/5 I heard [1] 37/21 I hope [2] 127/22 152/13 I imagine [1] 51/24 I intended [1] 148/2 I just [4] 16/14 73/6 110/1 113/5 I know [5] 31/9 31/11 55/12 59/25 66/8 I learned [1] 37/18 I led [3] 31/10 45/21

I	101/15 106/12 109/3 110/22 115/3 119/19 137/12 147/10 I wanted [3] 30/22 114/5 115/25 I was [24] 3/14 4/21 7/4 14/14 14/21 15/18 18/18 18/22 33/16 33/21 46/20 47/1 50/19 68/16 69/4 71/4 77/16 88/10 100/3 102/20 103/11 107/18 138/7 156/23 I wasn't [2] 46/19 60/20 I will [4] 72/14 72/24 114/25 159/16 I wish [1] 29/10 I won't [2] 49/22 71/1 I wonder [2] 113/1 113/2 I would [52] 8/3 11/10 13/8 14/10 14/14 14/22 19/19 22/13 23/14 25/6 25/22 28/24 29/21 33/6 34/24 40/1 40/9 41/7 42/5 44/10 50/24 53/25 60/14 61/14 62/7 66/6 66/11 70/19 70/23 82/8 87/7 87/25 88/22 91/16 92/4 99/11 99/16 100/21 109/22 114/11 117/18 119/22 130/7 134/5 142/14 143/16 148/16 149/19 152/10 152/18 154/23 155/7 I wouldn't [9] 18/2 61/17 66/5 66/10 73/9 73/15 84/21 88/10 104/24 I'd [11] 8/13 9/15 33/16 76/2 79/19 95/14 95/20 99/19 128/1 143/1 153/9 I'll [1] 39/10 I'm [57] 2/6 3/24 6/2 15/14 23/8 34/25 38/15 41/11 41/25 42/12 42/16 43/11 44/23 44/24 47/22 48/5 48/6 48/16 52/5 53/12 54/6 57/18 64/17 66/10 67/21 69/23 70/4 72/11 72/17 73/10 73/11 84/1 88/3 99/17 99/17 102/4 102/4 103/21 105/2 106/8 107/7 109/20 109/21 110/9 113/12 113/19 114/10 117/2 117/25 123/1 123/8 124/4 130/10	140/5 158/12 159/2 159/3 I'm afraid [2] 130/10 159/3 I've [22] 3/23 8/7 12/1 13/23 38/2 58/22 62/8 67/4 69/5 69/10 88/6 91/18 100/21 109/20 113/18 114/4 114/7 142/21 149/3 149/19 149/20 157/18 idea [1] 145/14 identical [1] 60/7 identification [1] 35/15 identified [9] 9/4 42/22 44/7 52/21 66/1 79/25 94/1 94/6 102/18 identify [5] 83/8 94/6 94/11 98/13 131/24 identifying [2] 9/8 153/11 identity [1] 132/11 ie [1] 45/6 ie stop [1] 45/6 if [110] 1/7 3/23 4/1 5/24 6/20 7/2 8/18 9/17 9/18 9/19 9/21 10/4 14/7 14/16 17/25 19/22 19/23 19/25 20/1 20/8 20/20 20/21 21/14 22/4 22/5 23/12 23/18 23/20 24/8 27/14 27/20 29/17 39/10 41/3 46/19 52/5 52/7 53/10 56/11 56/15 56/24 57/13 58/19 58/25 60/13 69/5 71/12 71/16 72/1 72/6 72/11 72/24 73/4 73/20 78/6 79/16 79/21 81/11 83/17 84/10 92/19 92/20 93/3 93/24 96/18 97/5 100/3 102/13 102/14 103/10 107/7 108/9 111/13 112/2 112/6 112/7 112/15 112/20 113/1 113/2 113/5 113/8 116/14 116/22 119/10 122/6 126/7 126/19 129/10 132/16 133/18 134/5 134/8 135/21 137/15 140/13 141/6 142/19 144/4 145/9 145/22 146/3 146/11 146/25 154/10 155/10 157/22 157/24 158/2 159/6 ignored [1] 110/17 ilk [1] 5/2 ill [1] 9/19 illustrate [1] 99/9	illustration [2] 101/2 116/14 images [1] 17/23 imagine [3] 51/24 54/1 129/24 immediate [1] 98/23 immediately [2] 124/11 129/12 immensely [1] 119/6 impact [15] 28/6 57/22 64/8 71/21 72/12 72/22 73/7 73/14 94/8 95/1 96/14 98/20 147/20 148/22 158/2 impacted [2] 52/8 52/15 impacts [8] 70/9 96/9 96/22 97/13 97/15 97/25 98/1 98/14 imperative [1] 152/23 impetus [1] 92/1 implement [3] 61/16 66/1 89/16 implementation [3] 63/5 90/9 92/22 implemented [7] 61/6 61/9 61/10 61/10 90/6 92/3 93/6 implications [4] 26/4 36/12 54/15 79/25 implies [1] 140/8 importance [9] 3/20 11/8 31/13 38/3 38/12 63/22 64/18 67/7 110/15 important [29] 2/6 5/22 9/4 25/14 25/15 37/18 38/22 45/18 58/18 59/7 60/3 61/1 64/21 65/16 67/20 67/25 84/22 90/10 107/4 107/6 109/18 111/8 125/8 134/4 134/11 138/9 138/18 148/8 157/6 imposition [1] 96/6 impossible [2] 6/9 20/13 impression [4] 91/13 109/22 110/9 110/13 improve [1] 58/15 improved [1] 105/22 improvement [1] 150/10 improvements [2] 66/1 80/12 improving [1] 79/8 inadequacy [1] 39/9 inadequate [3] 21/25 39/6 39/24 incident [2] 25/23 41/4	incidents [6] 78/9 80/7 82/11 82/13 83/5 91/21 inclination [1] 56/3 include [14] 21/17 28/11 28/11 28/12 28/13 80/12 96/4 97/14 97/25 128/11 128/12 128/13 138/5 148/11 included [5] 73/7 73/21 80/4 152/6 152/13 includes [5] 27/23 27/23 27/24 125/3 152/24 including [4] 4/10 14/1 97/25 156/7 Inclusion [1] 108/24 Inclusion Scotland [1] 108/24 inconvenienced [1] 29/22 incorporate [1] 68/1 incorporated [1] 65/4 incorrect [1] 138/5 incorrectly [1] 138/5 increased [4] 8/2 9/7 80/4 155/13 increases [1] 25/21 increasing [1] 80/7 incredibly [2] 20/11 157/6 incubation [3] 41/23 42/24 94/19 indeed [24] 2/8 3/13 8/24 27/15 29/6 29/7 32/19 36/1 42/19 53/14 56/18 60/13 74/8 79/11 102/13 102/19 111/20 121/11 121/16 138/8 139/5 139/14 154/19 159/8 independent [2] 14/23 108/25 Independent SAGE [1] 14/23 INDEX [1] 159/23 indicated [3] 35/6 104/21 118/6 indication [1] 114/22 indirect [1] 99/4 individual [6] 9/22 45/7 103/8 107/10 109/3 153/20 individually [1] 130/24 individuals [3] 27/25 55/20 56/13 industry [1] 18/4 inequalities [14] 9/18 69/25 70/10 70/13 70/22 71/10 72/19 73/23 74/1 74/2 74/6
----------	--	---	--	--

I	input [1] 13/14 INQ00087205 [1] 95/17 INQ000102917 [2] 115/5 115/11 INQ000102935 [1] 79/14 INQ000102936 [1] 33/9 INQ000102940 [1] 92/18 INQ000177803 [1] 139/20 INQ000182613 [1] 155/10 INQ000183410 [1] 118/2 INQ000185352 [1] 74/23 INQ000195843 [1] 70/2 INQ000198919 [1] 111/11 INQ000198920 [1] 112/3 INQ000198921 [1] 112/12 inquiry [54] 1/11 2/24 15/7 19/12 26/18 29/11 30/6 30/7 30/11 30/20 31/13 31/22 69/24 72/3 72/24 74/19 74/21 77/23 82/20 83/2 86/8 88/1 89/8 90/4 93/10 93/15 94/20 100/9 104/8 104/11 105/16 108/23 115/1 116/1 117/1 117/19 117/25 118/2 118/3 121/18 124/24 125/9 126/1 129/10 139/22 147/11 147/13 148/8 151/6 151/18 160/3 160/6 160/10 160/14 Inquiry's [1] 98/22 insignificance [1] 54/9 insofar [1] 54/22 instance [2] 13/14 28/14 instead [2] 24/2 25/12 Institute [1] 1/21 institutes [3] 2/19 21/5 24/11 institutions [1] 19/22 instructions [1] 1/7 integrate [2] 138/1 158/16 integrated [3] 23/15 23/21 128/9 integrates [2] 29/3 128/16	intelligence [1] 140/19 intended [2] 71/8 148/2 intensive [1] 94/15 intention [2] 103/17 155/21 interaction [3] 107/2 107/5 131/25 interepidemic [1] 26/6 interest [2] 24/10 125/25 interested [3] 106/20 107/25 124/24 interesting [1] 29/8 interfaces [1] 108/19 intergovernmental [11] 55/24 57/23 57/25 58/7 58/21 101/16 104/4 104/11 104/14 104/18 105/22 interim [4] 68/11 68/15 68/17 137/9 interlocutor [1] 134/25 interministerial [2] 58/5 58/6 international [3] 2/15 14/2 68/23 internationally [3] 11/4 20/12 21/8 interrelation [1] 129/13 interrelations [1] 157/14 interrelationship [1] 22/14 interrupt [1] 130/4 interrupting [1] 130/9 intervention [5] 27/17 95/9 96/12 100/23 150/16 interventions [13] 24/21 25/4 26/1 27/20 27/23 28/14 28/20 95/12 96/5 121/2 151/21 151/25 153/1 interviewed [1] 134/13 into [38] 4/13 12/8 13/14 13/15 16/11 17/9 21/12 23/21 24/4 24/25 28/25 33/21 36/5 39/11 39/20 40/24 42/7 42/12 49/19 49/22 54/9 55/16 60/10 68/22 71/10 71/23 72/16 81/18 99/14 102/9 109/9 122/4 132/20 136/2 136/10 136/15 138/23 152/19	introduced [1] 79/24 introduction [1] 30/17 introductions [1] 76/24 introductory [1] 11/11 invariably [1] 107/16 invested [1] 19/21 investment [2] 20/5 21/4 invitations [1] 114/10 invited [3] 109/6 112/10 112/17 invitee [1] 154/15 involve [4] 71/18 107/14 109/11 136/23 involved [25] 3/12 3/15 3/18 7/5 11/11 13/12 18/22 20/2 27/11 35/20 57/17 58/23 61/18 73/14 81/23 82/13 85/20 99/10 105/4 108/12 108/14 110/11 110/16 114/2 147/13 involvement [3] 82/8 151/22 153/10 Iris [13] 38/18 40/19 41/3 60/22 62/21 63/17 63/17 64/1 64/15 64/17 65/17 89/18 91/4 is [384] ISARIC [1] 2/16 isn't [7] 20/21 20/21 41/24 115/13 141/20 151/6 158/3 isolated [1] 8/21 issue [26] 4/6 4/12 10/14 24/18 26/12 26/15 26/16 26/22 35/14 35/16 52/25 53/11 53/18 54/18 60/1 66/3 66/11 66/17 84/1 85/19 94/21 107/15 135/24 140/14 147/3 151/20 issued [5] 67/10 68/11 68/15 131/20 131/22 issues [27] 7/25 9/19 12/13 13/22 26/12 44/6 59/7 66/8 77/14 78/12 78/13 81/5 81/6 83/1 83/3 83/6 83/22 86/3 86/6 114/3 114/24 116/13 132/3 134/19 134/23 146/16 150/25 it [313] it's [71] 2/6 4/7 5/22 5/24 6/1 6/9 12/16 15/16 20/22 22/10	23/8 24/6 25/15 29/8 31/19 32/2 33/9 43/17 43/18 50/11 56/18 57/5 59/12 60/5 63/21 75/1 78/5 83/4 84/22 90/21 92/18 95/19 98/11 108/25 110/13 111/3 111/8 113/5 113/7 113/11 113/17 115/11 116/21 118/1 124/7 124/13 124/17 125/8 126/19 130/1 132/24 133/9 133/11 134/25 137/11 144/13 146/22 147/4 147/6 148/7 148/8 148/18 149/4 149/16 150/14 153/2 155/10 159/3 159/3 159/7 159/13 iteration [1] 37/23 iterations [4] 36/16 37/11 58/24 123/6 its [33] 9/22 13/25 16/8 20/6 25/19 33/2 37/8 40/14 41/12 42/9 48/1 48/2 48/8 59/4 60/4 60/5 65/24 68/19 71/14 78/18 80/9 84/1 92/4 92/13 92/13 98/20 100/11 109/21 119/14 123/5 123/10 124/24 131/13 itself [4] 16/22 17/6 61/3 154/20
			J	
			James [1] 1/13 January [4] 86/10 104/5 109/6 123/18 January 2020 [2] 86/10 109/6 jeopardy [1] 101/2 Jeremy [22] 1/5 1/6 1/9 1/13 1/14 2/21 5/19 6/2 6/24 9/2 12/16 16/15 16/18 18/9 23/3 26/10 26/15 29/6 29/7 29/18 56/24 160/2 Jeremy Hunt [1] 56/24 jewels [1] 21/7 Jim [2] 117/19 118/23 job [2] 49/6 50/15 John [3] 74/17 74/18 160/9 John Swinney [1] 74/17 Johnson [1] 57/9 joined [2] 122/20 135/3 joined-up [1] 135/3 joining [3] 1/5 1/14	

J	108/10 108/11 108/17 110/6 110/19 116/22 117/1 117/3 117/21 123/24 130/10 137/2 137/4 156/18 knowledge [6] 20/3 21/11 25/24 75/2 122/13 130/7 known [7] 7/25 31/20 50/24 78/25 99/2 124/1 127/2 Korea [1] 27/12	106/24 106/25 107/4 107/21 107/23 leadership [2] 77/14 84/25 leading [2] 20/4 55/25 learn [2] 138/9 157/22 learned [8] 3/13 29/12 31/15 35/8 37/18 80/11 80/15 155/20 learning [7] 11/18 31/12 67/9 68/2 91/5 92/4 95/11 learnt [1] 32/25 least [2] 40/14 113/21 leave [1] 73/9 leaving [1] 146/13 led [11] 7/4 31/10 45/21 66/4 66/6 66/11 83/9 89/3 98/24 143/17 157/16 left [2] 69/17 90/4 legal [1] 102/10 legally [1] 101/24 legislation [10] 110/5 126/21 127/8 128/22 129/8 129/19 132/8 141/17 150/9 158/7 legitimate [2] 47/15 144/13 lengths [1] 110/1 lent [1] 57/24 less [7] 4/11 5/7 51/20 52/20 53/7 129/10 146/7 lesser [1] 38/17 lessons [13] 3/13 23/19 29/12 31/14 32/24 37/18 38/1 67/18 79/25 80/11 80/15 155/20 157/22 let [2] 18/2 134/5 let's [3] 79/19 137/6 139/19 letters [1] 139/1 Letwin [2] 77/24 78/20 level [60] 26/2 45/6 45/8 45/23 46/5 47/3 47/11 48/10 50/11 50/13 54/24 54/25 54/25 55/3 55/8 61/8 78/1 81/8 85/11 103/9 105/24 106/12 108/4 108/20 108/22 111/5 116/6 125/15 125/21 126/24 127/17 128/24 131/6 131/8 132/12 133/18 133/19 134/2 135/18 135/20 136/25 141/3 141/7 141/9	143/24 144/1 144/9 145/11 145/12 147/17 149/22 150/22 153/8 153/10 154/11 154/23 155/1 156/15 156/21 156/23 levelling [2] 123/7 124/23 levels [6] 11/13 94/18 118/16 119/1 128/2 134/15 LGA's [1] 140/1 liaise [1] 133/2 liaising [1] 132/21 liaison [1] 132/18 libraries [1] 128/12 licensed [1] 15/9 lies [2] 43/18 131/18 life [6] 17/1 17/24 19/4 77/11 116/20 120/20 lifetime [3] 97/21 123/10 159/7 light [3] 9/6 70/9 80/11 lights [1] 127/9 like [35] 5/11 8/13 14/17 14/23 17/11 17/25 22/13 23/5 23/13 24/11 25/22 25/22 26/9 29/21 47/18 76/2 79/19 95/14 95/20 99/20 109/23 110/16 117/18 126/7 128/1 128/14 130/2 132/16 136/12 146/3 149/10 149/23 152/25 153/9 155/7 likely [7] 25/10 34/9 42/25 44/8 94/7 153/4 158/2 limit [3] 9/20 25/20 32/24 limitations [1] 34/5 limited [5] 51/15 51/16 51/17 100/13 140/21 line [4] 80/18 96/1 97/23 150/3 lines [1] 128/21 link [2] 29/18 68/22 linked [1] 14/16 list [3] 13/10 83/18 111/25 listed [2] 59/12 82/4 listened [1] 25/3 literally [3] 42/13 132/20 138/20 literature [1] 17/13 little [10] 5/21 39/13 40/10 44/25 54/7 66/20 95/16 107/13 133/9 145/19 live [4] 46/3 86/6	120/1 120/16 livelihoods [1] 101/1 lives [3] 2/8 3/4 3/8 living [5] 3/11 7/7 7/9 27/9 81/24 Lloyd [4] 139/21 140/25 147/15 148/12 Lloyd's [3] 142/16 148/5 148/18 load [2] 41/22 42/25 local [131] 20/1 22/21 34/17 38/20 80/23 84/25 85/11 85/13 85/14 106/14 108/16 108/19 108/20 108/22 109/7 115/20 119/4 119/11 119/12 122/16 123/13 123/14 123/17 123/19 124/21 124/25 124/25 125/2 125/4 125/5 125/8 125/9 125/16 126/2 126/10 126/18 127/3 127/9 127/12 127/18 127/24 128/1 128/3 129/1 129/13 129/14 129/15 129/16 129/17 129/19 129/24 130/12 130/16 130/22 131/4 131/8 131/8 131/16 131/22 131/24 132/2 132/5 132/7 132/7 132/8 132/12 132/21 133/17 133/20 133/24 134/7 134/8 134/21 134/24 135/3 135/22 136/4 136/7 136/13 136/15 136/25 137/1 137/2 137/4 137/17 138/2 139/9 139/10 139/21 140/8 140/10 140/17 140/22 140/23 141/3 141/7 141/24 142/5 142/7 143/2 143/10 143/11 143/17 143/24 144/1 144/9 144/10 144/15 145/13 147/11 147/17 147/22 147/25 148/10 148/23 149/1 150/22 151/1 151/1 151/2 151/14 151/24 152/1 153/8 154/23 154/24 155/3 157/9 158/4 158/5 158/6 locally [7] 127/7 127/14 135/6 136/16 149/14 152/21 152/22 locally-based [1] 149/14 Located [1] 145/7 locating [1] 80/22 locations [1] 146/25 lockdown [5] 26/2
joining... [1] 122/21 joint [6] 58/24 69/23 126/1 136/16 157/3 157/3 jointly [4] 119/10 119/15 145/20 145/25 July [4] 59/11 97/19 111/12 159/22 July 2021 [1] 97/19 June [2] 1/1 89/21 just [56] 3/3 7/3 9/9 10/9 11/17 15/20 16/14 23/9 28/25 29/20 32/16 39/2 39/4 42/3 45/12 50/14 54/18 57/7 68/3 73/6 76/9 78/22 79/22 83/25 94/11 95/14 95/20 99/14 99/19 99/25 102/20 103/11 106/5 108/18 110/1 110/13 113/1 113/2 113/5 113/5 117/24 118/1 122/7 124/5 124/11 126/16 131/9 131/13 135/4 136/22 138/24 141/18 146/7 146/18 148/8 156/17 justice [1] 95/3	L laboratories [3] 22/15 22/21 23/5 laboratory [2] 21/18 21/21 labour [1] 91/18 lack [5] 42/14 42/15 111/5 141/2 156/2 lacking [1] 13/18 Lady [33] 1/4 6/4 26/11 29/16 30/2 30/16 31/9 31/20 37/3 48/20 59/2 61/7 69/9 69/12 73/9 73/19 73/20 73/23 74/16 75/7 76/9 77/24 78/15 83/2 101/6 101/14 117/8 121/8 121/13 121/15 122/25 158/22 159/18 Lady's [2] 2/24 26/18 Lamb [1] 73/21 language [1] 11/19 large [9] 9/16 9/18 12/19 16/23 28/16 37/12 50/11 147/15 154/20 largely [1] 129/7 largest [1] 96/8 last [10] 6/21 7/18 37/22 64/17 68/12 79/11 80/4 81/15 109/22 113/2 late [1] 33/21 later [10] 22/8 24/1 45/25 47/2 54/1 65/18 104/9 133/3 134/10 139/23 latest [1] 63/7 law [1] 109/12 lay [3] 17/13 42/10 141/4 lays [1] 95/5 lead [18] 1/11 30/6 62/2 62/5 117/21 125/11 126/8 127/5 130/1 132/24 136/6 140/10 152/12 153/22 154/12 157/16 160/3 160/6 leaders [6] 106/15	lifetime [3] 97/21 123/10 159/7 light [3] 9/6 70/9 80/11 lights [1] 127/9 like [35] 5/11 8/13 14/17 14/23 17/11 17/25 22/13 23/5 23/13 24/11 25/22 25/22 26/9 29/21 47/18 76/2 79/19 95/14 95/20 99/20 109/23 110/16 117/18 126/7 128/1 128/14 130/2 132/16 136/12 146/3 149/10 149/23 152/25 153/9 155/7 likely [7] 25/10 34/9 42/25 44/8 94/7 153/4 158/2 limit [3] 9/20 25/20 32/24 limitations [1] 34/5 limited [5] 51/15 51/16 51/17 100/13 140/21 line [4] 80/18 96/1 97/23 150/3 lines [1] 128/21 link [2] 29/18 68/22 linked [1] 14/16 list [3] 13/10 83/18 111/25 listed [2] 59/12 82/4 listened [1] 25/3 literally [3] 42/13 132/20 138/20 literature [1] 17/13 little [10] 5/21 39/13 40/10 44/25 54/7 66/20 95/16 107/13 133/9 145/19 live [4] 46/3 86/6		
K KC [2] 117/13 160/11 keep [3] 30/12 79/7 122/4 keeping [1] 37/11 Keith [3] 1/3 16/11 30/3 kept [2] 82/23 83/3 key [5] 54/4 103/9 107/22 142/14 142/15 kilometre [1] 4/23 kind [2] 19/2 154/21 kindly [1] 31/25 Kingdom [24] 2/22 6/16 10/16 10/24 12/18 32/10 36/20 37/5 49/17 52/19 55/2 57/25 59/5 59/8 60/23 86/22 87/20 92/12 92/14 100/23 101/20 103/16 105/13 111/1 Kingdom's [1] 3/21 know [47] 6/9 19/17 31/9 31/11 40/5 40/18 45/2 46/6 54/12 55/12 56/24 58/9 59/15 59/16 59/25 66/8 67/2 78/17 83/3 83/21 86/5 95/7 98/21 98/23 101/1 101/1 104/2 104/4 105/6 105/20 107/12 108/6 108/8	legally [1] 101/24 legislation [10] 110/5 126/21 127/8 128/22 129/8 129/19 132/8 141/17 150/9 158/7 legitimate [2] 47/15 144/13 lengths [1] 110/1 lent [1] 57/24 less [7] 4/11 5/7 51/20 52/20 53/7 129/10 146/7 lesser [1] 38/17 lessons [13] 3/13 23/19 29/12 31/14 32/24 37/18 38/1 67/18 79/25 80/11 80/15 155/20 157/22 let [2] 18/2 134/5 let's [3] 79/19 137/6 139/19 letters [1] 139/1 Letwin [2] 77/24 78/20 level [60] 26/2 45/6 45/8 45/23 46/5 47/3 47/11 48/10 50/11 50/13 54/24 54/25 54/25 55/3 55/8 61/8 78/1 81/8 85/11 103/9 105/24 106/12 108/4 108/20 108/22 111/5 116/6 125/15 125/21 126/24 127/17 128/24 131/6 131/8 132/12 133/18 133/19 134/2 135/18 135/20 136/25 141/3 141/7 141/9	live [4] 46/3 86/6		

L	158/9	March [8] 26/4 63/1 67/12 75/11 75/24 90/5 98/24 100/24	maybe [4] 43/11 144/13 146/5 146/8	93/25
lockdown... [4] 96/6 98/24 99/8 99/12	M	March 2020 [2] 98/24 100/24	mayoral [1] 129/5	meningitis [1] 21/2
logistics [1] 114/24	machinery [1] 11/24	March 2023 [1] 75/24	McMenamin [3] 117/19 118/23 121/3	mention [3] 14/3 18/23 155/7
London [3] 1/17 49/5 114/6	made [19] 15/10 19/18 20/20 31/8 34/21 45/1 53/22 56/7 58/17 63/15 68/3 68/16 81/25 87/18 100/23 135/8 147/1 149/23 157/14	Mark [7] 116/2 117/6 139/21 140/25 148/5 148/12 148/18	me [42] 3/25 12/11 16/3 18/2 30/16 33/18 33/23 34/2 34/23 35/2 42/13 43/18 44/14 46/19 47/4 47/23 50/22 52/5 53/17 54/1 57/7 57/18 67/4 69/4 69/5 69/9 71/2 71/24 73/9 76/9 83/3 84/5 93/25 102/5 113/9 113/20 114/20 130/9 134/6 150/5 156/20 157/16	mentioned [5] 13/13 18/20 23/19 62/9 83/25
long [4] 3/7 6/2 10/22 155/12	magic [1] 27/18	Mark Lloyd [3] 139/21 140/25 148/12	mean [17] 6/21 15/3 19/14 40/2 40/4 41/9 45/4 69/21 76/23 91/23 106/8 130/21 134/10 134/13 143/2 150/8 157/4	MERS [5] 7/5 38/18 41/4 63/2 64/5
long Covid [1] 3/7	main [2] 46/15 151/18	Mark Lloyd's [2] 148/5 148/18	means [4] 16/15 22/7 45/16 109/13	MERS CoV [1] 64/5
longer [4] 68/25 113/19 113/20 145/8	maintain [8] 12/12 19/5 20/11 20/20 21/9 23/17 23/18 23/20	Marmot [1] 70/1	meaningful [1] 141/7	messages [2] 132/22 136/17
longstanding [1] 26/5	maintained [4] 12/6 20/16 23/9 23/12	masks [15] 24/23 26/13 26/16 26/16 26/20 26/22 27/1 27/4 27/5 27/7 27/16 27/21 27/23 28/12 28/16	meant [7] 48/12 49/18 50/8 77/16 102/4 139/3 139/4	met [2] 79/6 81/16
look [35] 7/2 7/3 8/18 9/23 19/22 19/24 19/25 20/1 24/8 41/3 50/20 63/13 78/7 78/10 79/19 83/13 84/22 84/23 87/16 92/19 92/21 95/14 95/20 95/24 96/18 111/8 111/10 112/2 112/15 122/1 137/6 137/12 139/24 149/22 155/11	Majesty's [1] 122/22	mass [7] 21/19 43/2 43/3 46/16 46/17 47/14 65/8	measure [2] 93/1 148/9	methodology [1] 96/2
looked [7] 40/20 43/19 81/11 89/20 99/3 149/9 157/20	major [8] 5/5 7/4 7/20 8/3 8/23 107/1 125/17 134/25	material [12] 43/6 88/24 91/9 98/18 99/10 113/11 119/17 139/15 142/10 143/8 151/5 152/5	measures [3] 12/22 45/7 96/14	methods [1] 46/15
looking [13] 38/17 39/21 41/3 42/7 46/23 46/24 52/10 54/10 71/18 78/15 81/7 131/13 154/16	make [38] 16/20 19/17 22/23 37/21 38/8 42/5 62/7 68/8 72/20 76/21 76/25 77/4 77/20 84/1 85/9 85/16 110/2 114/25 118/9 118/20 118/24 119/5 120/1 121/5 131/23 132/22 132/22 135/20 135/25 148/12 149/6 149/25 150/7 150/16 154/7 154/8 154/11 158/2	materialise [1] 156/9	medical [3] 19/6 20/14 54/25	metropolitan [1] 128/8
loosely [1] 102/10	make-up [1] 16/20	materials [1] 138/4	medicine [3] 1/16 3/16 17/12	Mexico [2] 4/21 4/22
lose [1] 24/15	makers [2] 27/15 138/3	maternity [1] 72/9	medicines [1] 54/13	MHCLG [1] 123/19
losing [1] 25/24	makes [1] 19/10	matter [4] 26/17 52/16 104/13 115/3	meet [9] 19/4 19/7 44/7 44/17 58/5 74/11 82/18 82/19 83/17	Michael [7] 70/1 104/8 104/19 112/6 114/15 156/19 157/7
loss [1] 8/10	making [11] 43/11 54/6 68/12 80/10 80/17 119/21 136/24 136/25 138/11 142/19 142/23	mattered [1] 44/2	meeting [23] 14/9 59/21 79/11 79/13 81/10 82/22 83/18 83/21 95/18 111/10 111/12 112/2 112/4 112/13 113/6 113/15 113/23 113/24 114/4 114/6 156/8 156/9 156/18	Michael Adamson [2] 156/19 157/7
lost [2] 3/4 22/8	Malaysia [1] 6/23	matters [10] 21/17 44/2 49/20 76/19 79/7 82/23 89/23 104/16 105/25 135/15	meetings [9] 56/5 59/14 82/9 85/21 85/23 111/4 111/8 112/21 112/24	Michael Ellis [2] 112/6 114/15
lot [13] 5/10 52/10 91/15 98/24 105/6 105/15 110/1 134/10 136/11 138/14 149/3 154/21 156/17	managed [1] 85/5	maximum [2] 45/17 45/20	medicines [1] 54/13	Michael Gove [2] 104/8 104/19
lots [3] 55/15 67/22 71/18	management [5] 25/8 25/23 70/7 83/7 131/2	may [56] 1/14 1/25 4/13 4/22 4/22 6/7 6/10 6/11 9/13 12/23 26/8 26/21 30/13 30/18 30/25 32/24 33/8 33/14 33/20 33/25 39/3 39/10 39/22 42/2 44/2 49/22 50/9 59/12 59/17 60/18 66/20 73/20 74/20 75/1 75/5 75/14 75/21 75/21 75/22 75/22 75/23 77/23 78/18 83/12 98/21 102/6 112/4 117/10 126/4 130/1 130/10 130/23 133/3 134/9 143/17 144/11	me	Michael Marmot [1] 70/1
lowest [2] 135/18 135/19	managing [3] 9/11 44/19 150/18	May 2007 [1] 75/21	memory [2] 50/22	microphone [1] 122/4
LRF [19] 132/2 136/1 136/24 137/23 138/17 138/20 138/25 139/5 141/12 141/15 142/3 142/9 142/13 153/18 154/16 154/17 154/19 154/25 157/3	Manchester [1] 24/12	May 2016 [2] 75/21 75/22		middle [1] 36/2
LRFs [23] 127/18 127/20 131/14 134/14 134/18 135/5 137/21 139/3 141/14 144/6 145/25 146/10 146/14 151/12 153/20 154/3 154/4 154/6 154/13 155/2 157/10 157/19	mandatory [1] 12/23	May 2021 [2] 75/22 75/23		might [19] 16/6 25/1 41/21 42/23 83/11 85/15 93/24 94/9 94/12 98/9 98/13 100/5 102/14 104/19 108/1 113/1 119/13 128/24 131/8

M	more [74] 7/9 7/10 7/23 7/24 8/8 8/15 8/16 8/16 8/24 8/24 9/12 10/6 14/25 15/10 17/3 18/10 24/3 24/17 25/13 25/22 25/22 31/23 34/7 34/12 38/22 39/13 39/22 42/8 42/20 42/20 44/2 45/20 46/21 46/24 47/15 55/11 55/21 56/11 56/19 58/13 63/20 65/4 68/24 71/16 72/14 72/25 73/15 78/14 80/25 85/11 92/9 92/11 95/16 96/13 98/15 99/20 132/25 133/6 136/25 137/1 142/11 142/11 142/24 144/13 145/17 145/19 146/18 154/9 155/22 156/7 156/10 157/4 158/2 158/16	Mr Swinney [19] 74/20 74/25 75/9 84/7 86/21 88/3 88/19 92/1 92/20 93/11 99/17 101/8 101/15 109/4 109/16 115/14 117/8 117/18 121/11	117/7 121/10 121/11 127/23 133/7 136/3 143/11 147/9 158/13 158/19 159/8	132/17 132/19 133/10 145/3
ministers [15] 55/18 57/3 59/10 60/14 83/7 85/20 96/24 101/21 101/23 102/12 102/15 114/11 137/19 137/20 139/8	Ms [52] 29/20 29/22 30/5 30/10 31/18 31/25 34/16 37/3 39/1 42/19 43/24 46/7 47/22 48/17 48/25 53/12 56/23 63/4 63/21 66/17 67/10 69/8 69/16 70/16 72/5 73/2 73/5 73/21 74/8 74/15 100/5 101/13 101/17 111/6 111/15 114/21 117/12 117/13 117/16 121/10 121/17 121/23 122/8 123/4 138/6 141/6 156/10 158/23 159/9 160/5 160/11 160/13	multiple [6] 9/8 27/20 89/7 91/16 93/16 155/21	named [1] 141/16 names [4] 13/9 79/17 123/1 123/10 NAO [1] 97/21 narrated [1] 71/2 narrow [1] 84/18 nation [3] 52/22 52/23 87/22	national [57] 21/5 31/4 34/17 54/13 57/25 59/4 66/23 67/13 80/2 80/10 80/16 80/19 81/5 92/14 96/1 115/4 115/19 116/4 116/5 116/9 125/13 125/15 125/21 126/24 127/17 131/21 132/22 133/20 135/3 135/25 136/23 137/7 138/1 138/2 140/19 141/4 141/9 141/10 141/11 141/19 142/20 143/5 143/14 143/22 144/1 144/4 144/7 148/14 152/3 153/8 153/23 154/10 155/1 156/15 156/21 156/23 157/19
ministers' [2] 82/24 83/2	Morning [12] 1/4 1/5 1/14 29/23 89/24 90/4 101/8 101/18 105/17 110/23 118/20 159/15	must [17] 9/5 11/6 12/6 12/6 20/11 20/15 21/10 23/11 23/15 23/17 23/25 24/15 25/17 29/12 29/12 97/24 102/23	national [57] 21/5 31/4 34/17 54/13 57/25 59/4 66/23 67/13 80/2 80/10 80/16 80/19 81/5 92/14 96/1 115/4 115/19 116/4 116/5 116/9 125/13 125/15 125/21 126/24 127/17 131/21 132/22 133/20 135/3 135/25 136/23 137/7 138/1 138/2 140/19 141/4 141/9 141/10 141/11 141/19 142/20 143/5 143/14 143/22 144/1 144/4 144/7 148/14 152/3 153/8 153/23 154/10 155/1 156/15 156/21 156/23 157/19	national [57] 21/5 31/4 34/17 54/13 57/25 59/4 66/23 67/13 80/2 80/10 80/16 80/19 81/5 92/14 96/1 115/4 115/19 116/4 116/5 116/9 125/13 125/15 125/21 126/24 127/17 131/21 132/22 133/20 135/3 135/25 136/23 137/7 138/1 138/2 140/19 141/4 141/9 141/10 141/11 141/19 142/20 143/5 143/14 143/22 144/1 144/4 144/7 148/14 152/3 153/8 153/23 154/10 155/1 156/15 156/21 156/23 157/19
ministry [4] 10/10 11/15 12/3 123/18	morning's [1] 104/7	mutual [2] 12/5 80/22	national [57] 21/5 31/4 34/17 54/13 57/25 59/4 66/23 67/13 80/2 80/10 80/16 80/19 81/5 92/14 96/1 115/4 115/19 116/4 116/5 116/9 125/13 125/15 125/21 126/24 127/17 131/21 132/22 133/20 135/3 135/25 136/23 137/7 138/1 138/2 140/19 141/4 141/9 141/10 141/11 141/19 142/20 143/5 143/14 143/22 144/1 144/4 144/7 148/14 152/3 153/8 153/23 154/10 155/1 156/15 156/21 156/23 157/19	nationally [3] 93/18 125/7 136/16
minority [1] 72/19	most [13] 25/10 25/15 34/9 37/18 63/19 94/7 98/23 120/5 120/19 150/16 153/11 154/15 156/12	my [99] 1/4 2/7 2/24 5/3 6/4 8/6 11/14 13/15 13/18 14/3 15/23 17/20 21/8 24/2 26/11 26/13 26/18 29/16 30/2 30/16 30/23 31/3 31/9 31/20 34/23 35/10 37/3 37/17 38/22 39/13 42/13 44/5 45/3 46/5 46/7 46/7 47/10 48/20 50/22 55/18 57/7 59/2 59/23 61/7 61/18 66/6 67/17 69/9 69/12 73/2 73/9 73/19 73/20 73/23 74/16 75/7 76/9 76/10 76/10 76/12 76/16 76/20 77/4 77/24 78/7 78/15 81/25 82/25 83/2 84/9 85/6 89/6 93/24 100/9 100/25 101/6 101/14 105/3 107/7 112/23 117/8 117/8 119/3 119/5 120/23 121/4 121/8 121/8 121/13 121/15 122/25 135/7 142/2 142/10 148/22 151/16 158/20 158/22 159/18	nations [15] 37/4 37/14 37/15 56/17 60/4 60/9 67/22 86/13 86/20 87/13 103/17 103/24 104/23 106/2 112/25	
minute [4] 95/18 113/2 113/2 114/6	mount [1] 20/17	my Lady [32] 1/4 6/4 26/11 29/16 30/2 30/16 31/9 31/20 37/3 48/20 59/2 61/7 69/9 69/12 73/9 73/20 73/23 74/16 75/7 76/9 77/24 78/15 83/2 101/6 101/14 117/8 121/8 121/13 121/15 122/25 158/22 159/18	nations [15] 37/4 37/14 37/15 56/17 60/4 60/9 67/22 86/13 86/20 87/13 103/17 103/24 104/23 106/2 112/25	natural [2] 145/22 146/5
minutes [11] 16/8 59/25 60/17 89/20 89/22 99/19 111/9 111/10 111/16 111/19 112/20	move [5] 8/13 16/13 106/12 123/3 147/10	Ms Sturgeon [29] 29/20 30/10 31/18 31/25 34/16 37/3 39/1 42/19 43/24 46/7 47/22 48/17 48/25 53/12 56/23 63/4 63/21 66/17 67/10 69/8 69/16 70/16 72/5 73/2 73/5 74/8 101/17 111/15 117/16	natural [2] 145/22 146/5	naturally [1] 149/9
misaligned [1] 138/3	movement [2] 8/2 52/13	Ms Sturgeon's [1] 111/6	naturally [1] 149/9	nature [7] 4/19 39/8 41/16 42/16 101/4 102/11 113/17
misplaced [1] 138/3	moving [2] 72/16 105/23	much [59] 3/2 9/5 9/12 22/13 22/24 24/25 26/10 26/17 29/6 29/7 29/25 31/17 34/14 39/7 42/14 43/1 43/7 43/10 43/22 49/25 51/19 56/3 58/12 63/6 69/8 73/3 73/18 74/8 75/4 76/5 76/13 81/7 81/11 82/2 82/23 83/1 83/6 93/19 98/4 98/12 99/1 99/10 101/5 101/7 102/2 103/13 115/2 117/2	nature [7] 4/19 39/8 41/16 42/16 101/4 102/11 113/17	natured [1] 103/23
missed [3] 28/18 59/13 69/5	MP [1] 75/13	my Lady's [2] 2/24 26/18	natured [1] 103/23	neat [1] 107/13
mistake [1] 8/6	Mr [32] 1/3 16/11 30/3 69/14 69/15 73/3 73/20 74/18 74/20 74/25 75/9 84/7 86/21 88/3 88/19 92/1 92/20 93/11 99/17 101/8 101/15 109/4 109/16 115/14 117/8 117/18 121/11 142/16 147/15 155/9 160/7 160/9	myself [4] 16/19 45/10 72/11 76/18	neat [1] 107/13	necessarily [4] 31/20 37/20 37/24 47/7
Mitchell [4] 117/12 117/13 121/10 160/11	Mr Adamson [1] 155/9		necessarily [4] 31/20 37/20 37/24 47/7	necessary [20] 9/3 9/13 20/14 24/7 24/15 43/2 44/6 48/5 48/11 49/11 49/12 50/12 52/3 78/3 89/11 107/10 121/1 135/19 149/13 153/2
mitigate [1] 95/1	Mr Anwar [3] 69/14 73/3 73/20		necessary [20] 9/3 9/13 20/14 24/7 24/15 43/2 44/6 48/5 48/11 49/11 49/12 50/12 52/3 78/3 89/11 107/10 121/1 135/19 149/13 153/2	necessity [6] 50/19 81/20 84/21 105/20 114/19 117/4
mitigated [1] 53/5	Mr Keith [2] 1/3 16/11		necessity [6] 50/19 81/20 84/21 105/20 114/19 117/4	need [37] 7/19 8/16 9/13 10/4 10/6 12/20 15/9 16/7 26/1 28/10 28/11 28/11 28/12 28/12 34/24 44/17 50/23 54/23 55/1 81/2
mixture [1] 158/11	Mr Lloyd [1] 147/15		need [37] 7/19 8/16 9/13 10/4 10/6 12/20 15/9 16/7 26/1 28/10 28/11 28/11 28/12 28/12 34/24 44/17 50/23 54/23 55/1 81/2	
mobile [1] 116/19	Mr Lloyd's [1] 142/16			
model [7] 27/19 28/2 28/10 29/2 150/21 152/20 155/23				
modelling [3] 34/6 35/5 37/25				
models [2] 44/13 96/3				
module [7] 26/18 31/22 31/23 47/22 69/25 106/19 137/12				
Module 1 [2] 69/25 137/12				
Module 2 [1] 26/18				
Module 2A [2] 31/22 47/22				
modules [3] 40/6 42/12 98/22				
moment [4] 36/21 69/9 101/6 122/1				
moments [1] 16/18				
Monday [5] 21/9 23/22 159/15 159/16 159/22				
money [1] 52/25				
month [1] 23/23				
months [4] 19/18 21/24 67/5 68/24				
Mordaunt [1] 111/13				

N	51/3 51/8 51/8 51/14 52/1 52/4 52/9 52/20 53/4 53/7 54/8 54/13 63/22 67/16 69/21 70/25 70/25 87/14 88/11 88/18 89/9 90/21 91/1 91/20 99/25 102/10 103/13 105/16 111/17 111/17 113/1 113/17 113/19 113/22 113/22 114/23 120/25 132/6 145/8 146/13 156/23 158/22	82/21 88/2 92/9 100/21 106/12 107/7 110/22 112/2 113/4 115/12 116/21 117/11 117/17 118/6 122/25 124/1 124/15 126/14 126/16 126/19 128/1 137/11 147/10 NPI [1] 97/4 NPIs [3] 96/5 97/7 98/1 NSC [1] 82/18 NSRA [4] 96/22 142/2 142/6 142/8 number [22] 2/18 4/16 7/3 11/12 25/7 50/11 51/22 63/11 78/8 80/7 81/13 82/8 82/12 85/23 86/6 100/7 118/2 118/6 139/1 140/1 140/6 140/11 number one [1] 25/7 numbers [3] 114/9 118/4 118/11 numerous [1] 96/8	148/14 151/11 158/8 officer [4] 54/25 85/2 132/18 133/2 officers [1] 127/21 Officers' [1] 80/21 offices [4] 73/12 144/24 145/7 146/20 official [1] 103/9 officially [1] 13/10 officials [1] 50/14 often [18] 13/9 22/18 28/7 43/14 48/17 55/19 58/21 85/20 89/8 107/9 119/12 127/5 132/25 133/3 139/9 154/19 154/23 156/25 Okay [2] 113/16 131/9 old [1] 145/21 Oliver [4] 59/2 77/24 78/20 112/14 Oliver Dowden [2] 59/2 112/14 on [204] once [4] 26/20 31/24 48/8 123/2 one [72] 5/1 5/14 6/12 8/8 11/3 13/19 20/7 23/25 25/7 28/3 36/25 39/25 41/4 45/25 46/9 46/22 49/3 49/10 49/14 49/20 50/7 53/5 54/4 59/19 59/25 60/10 62/2 62/16 62/21 63/18 64/18 65/5 65/12 66/12 68/17 69/4 69/6 69/9 71/7 72/17 76/24 77/7 78/5 81/25 83/16 88/16 91/20 94/3 99/20 100/14 106/17 107/7 107/8 107/13 113/4 117/14 117/16 118/7 118/15 130/1 130/11 137/17 139/8 139/8 146/15 146/18 147/23 148/16 151/4 152/19 157/20 159/1 138/12 one day [1] 159/1 ones [1] 11/3 ongoing [3] 63/6 63/11 92/25 online [1] 1/5 only [19] 19/13 23/18 23/20 24/22 37/8 38/23 43/11 45/10 51/24 58/19 66/11 67/16 78/12 81/4 89/16 98/4 100/13 117/16 159/6 onset [2] 32/13 104/2 opened [1] 35/11 opening [1] 118/15	operate [2] 105/10 125/5 operated [1] 123/9 operates [2] 67/23 107/9 operating [5] 17/20 86/19 105/2 106/18 108/16 operation [6] 86/22 87/11 101/22 105/1 107/19 114/19 operational [2] 137/9 138/18 operationalise [1] 38/13 operations [1] 60/9 opinion [2] 67/16 142/16 opportunity [7] 28/18 30/23 31/15 60/4 77/13 80/16 109/4 opposed [5] 2/4 9/9 9/11 44/21 46/3 option [1] 80/21 options [1] 80/12 or [109] 1/6 2/8 2/14 7/3 11/7 11/7 13/1 13/11 13/11 14/10 15/4 15/4 15/5 15/8 15/10 16/1 16/19 18/14 18/15 19/10 21/12 23/25 23/25 24/17 26/3 26/12 29/1 33/4 34/18 37/6 37/24 37/24 41/22 41/22 41/22 42/1 42/6 42/8 44/13 44/18 45/19 47/2 47/9 47/15 47/19 48/4 49/2 50/17 56/4 56/7 56/17 58/6 58/9 59/25 61/22 63/20 70/12 70/15 70/20 78/22 82/18 83/5 85/12 85/20 93/17 94/17 94/18 95/11 98/9 100/1 105/14 105/24 107/12 109/7 109/22 110/5 111/3 111/5 111/6 111/20 111/20 114/13 119/1 120/21 121/2 129/5 129/16 133/10 133/11 134/14 136/25 137/19 138/4 138/5 139/5 140/21 141/2 142/8 144/1 144/14 145/24 146/22 147/17 147/21 152/10 152/20 153/8 157/10 157/22 order [12] 3/8 25/20 26/8 52/3 72/19 79/7 82/23 95/15 95/21 116/6 147/7 147/18 ordinating [1] 80/2
	no-deal [1] 51/3 no-deal Brexit [3] 51/2 91/20 105/16 nominate [2] 130/25 141/14 nomination [1] 141/25 non [14] 6/18 12/25 28/20 40/14 40/18 41/17 44/7 48/1 48/3 96/5 108/25 151/21 151/24 152/25 non-biomedical [1] 12/25 non-influenza [6] 40/14 40/18 41/17 44/7 48/1 48/3 non-party [1] 108/25 non-pharmaceutical [5] 28/20 96/5 151/21 151/24 152/25 none [3] 26/3 28/4 119/15 normally [2] 133/6 159/14 North [3] 75/14 75/16 75/17 North Tayside [1] 75/16 northeast [2] 116/15 145/24 not [176] noted [3] 140/14 156/25 157/13 notes [2] 79/13 157/7 nothing [2] 40/11 93/14 notice [3] 29/25 122/2 139/11 Noting [1] 96/11 notion [2] 40/10 47/1 November [1] 75/10 now [52] 5/15 9/6 18/9 18/15 20/7 24/17 24/22 35/19 37/14 39/7 43/12 49/23 54/18 58/3 60/2 60/14 60/22 63/8 67/1 67/5 68/6 71/24 73/17 76/23 78/11 78/21 79/1 79/13 79/21	o'clock [1] 159/16 objective [1] 92/13 obligation [1] 109/10 obliged [1] 117/14 OBR's [1] 97/18 obviously [21] 5/21 17/13 31/4 37/16 41/25 42/16 43/12 51/4 52/14 63/7 64/5 77/18 82/10 88/6 88/22 89/5 94/2 105/12 105/15 109/21 159/13 occasion [5] 6/1 15/8 31/16 31/19 81/15 occasions [4] 51/4 59/19 100/22 154/14 occur [1] 7/16 October [2] 137/11 138/12 October 2020 [1] 138/12 off [10] 19/9 19/24 20/24 21/4 24/9 57/18 64/9 65/3 85/6 136/6 offer [5] 29/11 30/23 71/16 99/8 155/22 offered [1] 110/14 offering [2] 30/10 73/12 office [20] 14/4 14/11 16/3 58/11 78/23 84/14 88/7 90/5 102/22 112/5 114/16 115/7 123/11 126/2 126/25 145/1 145/2	operate [2] 105/10 125/5 operated [1] 123/9 operates [2] 67/23 107/9 operating [5] 17/20 86/19 105/2 106/18 108/16 operation [6] 86/22 87/11 101/22 105/1 107/19 114/19 operational [2] 137/9 138/18 operationalise [1] 38/13 operations [1] 60/9 opinion [2] 67/16 142/16 opportunity [7] 28/18 30/23 31/15 60/4 77/13 80/16 109/4 opposed [5] 2/4 9/9 9/11 44/21 46/3 option [1] 80/21 options [1] 80/12 or [109] 1/6 2/8 2/14 7/3 11/7 11/7 13/1 13/11 13/11 14/10 15/4 15/4 15/5 15/8 15/10 16/1 16/19 18/14 18/15 19/10 21/12 23/25 23/25 24/17 26/3 26/12 29/1 33/4 34/18 37/6 37/24 37/24 41/22 41/22 41/22 42/1 42/6 42/8 44/13 44/18 45/19 47/2 47/9 47/15 47/19 48/4 49/2 50/17 56/4 56/7 56/17 58/6 58/9 59/25 61/22 63/20 70/12 70/15 70/20 78/22 82/18 83/5 85/12 85/20 93/17 94/17 94/18 95/11 98/9 100/1 105/14 105/24 107/12 109/7 109/22 110/5 111/3 111/5 111/6 111/20 111/20 114/13 119/1 120/21 121/2 129/5 129/16 133/10 133/11 134/14 136/25 137/19 138/4 138/5 139/5 140/21 141/2 142/8 144/1 144/14 145/24 146/22 147/17 147/21 152/10 152/20 153/8 157/10 157/22 order [12] 3/8 25/20 26/8 52/3 72/19 79/7 82/23 95/15 95/21 116/6 147/7 147/18 ordinating [1] 80/2	

O	60/9 71/10 71/22 76/12 77/19 87/6 92/24 92/24 92/25 93/1 93/1 97/24 98/20 99/2 102/22 114/9 119/4 119/7 124/8 125/7 126/6 126/13 126/17 137/12 144/19 146/17 146/24 151/15 154/13 154/16 155/2 155/17 158/15	oversees [1] 124/25 oversight [5] 124/21 124/24 125/2 125/13 133/15 oversights [1] 79/2 oversimplifying [1] 52/6 overstate [1] 57/5 overstatement [1] 73/11 overview [1] 60/8 own [18] 15/23 17/22 18/1 26/13 28/4 29/4 33/2 40/14 47/10 59/23 60/9 87/6 118/19 119/5 126/17 131/23 135/6 149/7 owned [2] 119/10 119/15 ownership [2] 20/3 124/22 Oxford [5] 1/18 1/19 1/20 19/23 20/24 Oxford-AstraZeneca [2] 19/23 20/24	paragraph 146 [1] 118/3 paragraph 149 [1] 70/3 paragraph 16 [1] 95/25 paragraph 199 [1] 139/25 paragraph 287 [1] 148/18 paragraph 43 [1] 155/11 paragraph 44 [1] 156/19 paragraph 9 [1] 86/9 paragraphs [7] 34/23 34/24 79/20 81/18 82/5 97/5 141/1 paragraphs 11 [2] 79/20 82/5 paragraphs 18 [1] 97/5 paragraphs in [1] 34/24 Parliament [2] 75/15 100/20 part [51] 4/21 6/1 14/14 14/21 15/3 15/5 15/18 15/23 16/22 17/14 18/18 20/7 22/19 23/15 27/22 36/4 40/2 52/15 60/15 61/1 61/9 61/13 65/13 65/16 66/7 72/12 76/5 87/2 94/10 96/6 99/15 107/17 107/18 119/8 120/10 124/8 130/17 136/15 141/19 141/22 144/11 144/14 149/1 151/18 154/3 154/25 155/8 156/2 158/11 158/11 158/17 participant [1] 59/12 participate [3] 58/20 114/3 114/11 participated [1] 134/10 participating [1] 58/19 participation [1] 86/12 particular [21] 12/16 42/18 51/18 53/21 60/20 64/10 71/9 79/1 81/20 83/12 87/14 88/11 98/15 124/6 125/12 125/25 127/6 134/23 151/20 155/24 156/18 particularly [12] 3/7 13/12 19/1 21/4 31/23 57/14 89/2 104/25 116/17 121/3 148/10 152/19	parties [1] 58/19 partly [1] 63/17 partner [2] 109/2 142/8 partners [18] 77/19 115/21 119/4 131/24 134/18 134/23 137/2 139/9 139/10 140/8 140/17 143/10 143/11 153/17 153/19 153/19 155/4 157/10 partnership [12] 60/7 81/24 82/7 82/9 83/25 84/4 84/6 84/9 84/24 85/12 85/23 109/16 partnerships [4] 38/21 38/22 85/13 108/17 parts [10] 3/15 17/23 39/11 51/23 92/12 105/13 128/15 129/4 145/20 146/4 party [3] 57/1 101/25 108/25 pass [3] 49/7 49/9 54/11 passage [1] 103/1 passed [1] 72/25 passes [1] 31/2 past [1] 56/23 patchwork [1] 129/2 pathogenic [5] 6/8 18/11 19/1 23/13 41/15 pathogens [2] 18/14 42/21 Patrick [1] 15/15 Patrick Vallance [1] 15/15 Pause [1] 158/21 paused [4] 49/14 62/2 63/12 88/17 pausing [1] 124/5 Paymaster [1] 111/13 Paymaster General [1] 111/13 Peacock [1] 24/9 Penny [1] 111/13 Penny Mordaunt [1] 111/13 people [33] 3/25 4/9 4/24 8/19 12/7 13/11 13/12 16/8 17/16 17/16 18/5 19/21 21/13 24/5 24/15 29/24 30/25 45/8 109/1 109/12 109/14 114/2 116/25 117/3 127/4 127/25 133/13 133/24 139/2 142/14 152/21 154/21 157/21 people's [2] 101/1 116/19
ordination [2] 135/19 137/25 organisation [13] 2/1 2/5 2/8 2/14 108/24 109/1 109/17 109/23 110/11 110/15 110/16 124/8 147/7 organisational [2] 65/7 71/7 organisations [27] 2/12 68/23 80/24 82/2 87/3 91/5 106/22 107/2 107/3 107/15 107/17 108/16 109/3 110/7 111/24 112/10 112/17 115/7 115/21 120/15 121/7 149/17 150/5 154/5 154/12 155/16 157/25 organised [3] 17/19 125/11 154/24 orientation [1] 72/9 original [1] 146/1 orthodoxy [4] 15/3 15/3 15/4 15/4 oseltamivir [1] 5/12 other [66] 11/12 12/1 12/2 12/5 13/21 14/5 14/12 14/18 17/24 18/21 22/18 23/16 25/5 27/13 28/13 28/13 42/5 43/20 44/11 49/20 50/20 50/25 51/20 52/9 53/20 54/16 54/22 62/7 62/18 63/20 63/25 65/5 65/11 66/8 67/22 82/11 82/12 82/16 84/19 87/13 89/12 91/2 91/19 91/21 91/22 92/12 98/22 106/20 118/15 118/23 120/6 120/10 120/19 126/8 127/4 128/15 130/1 130/25 131/11 146/4 146/8 150/25 152/3 155/16 157/10 157/25 other's [1] 130/25 others [14] 5/14 7/6 14/24 17/3 18/6 20/2 20/25 24/12 63/12 68/8 72/10 79/17 85/5 115/20 otherwise [4] 7/1 42/6 140/12 152/10 ought [1] 87/21 our [49] 5/23 19/3 19/3 19/7 21/11 23/1 28/3 30/14 31/5 31/10 32/16 38/21 45/14 51/15 52/15 54/15	ourselves [3] 38/25 47/16 79/21 out [42] 3/3 4/5 24/20 36/7 38/6 39/1 54/5 54/21 56/24 61/20 62/17 64/14 64/19 65/1 67/8 71/13 71/21 72/13 77/12 81/24 84/21 99/2 99/7 107/7 110/13 126/4 126/10 126/19 128/22 129/7 129/20 130/2 135/7 137/13 139/13 144/4 144/8 145/6 147/18 149/18 154/3 156/17 outbreak [8] 6/8 6/10 6/22 23/13 63/2 64/9 79/22 110/25 outbreaks [3] 18/11 19/1 41/15 outcome [2] 25/13 63/4 outcomes [2] 115/19 115/23 outlined [2] 8/4 8/7 outputs [2] 96/20 96/24 outset [5] 32/20 45/14 55/13 63/18 76/9 outside [9] 14/15 14/19 15/20 17/7 17/17 18/19 22/24 131/11 137/11 outstanding [5] 61/25 63/20 64/11 65/12 67/1 over [21] 4/2 18/12 30/25 47/22 51/9 55/19 76/4 80/4 81/13 109/2 118/15 123/10 124/13 124/17 130/8 131/7 134/11 134/12 147/12 149/18 157/15 overall [5] 55/23 57/22 58/15 149/22 153/23 overarching [4] 48/10 125/24 126/11 127/1 overemphasis [1] 43/14 oversee [1] 36/10	P pace [1] 143/17 page [16] 34/3 34/3 36/2 36/2 70/2 74/24 79/19 92/19 95/24 96/18 112/8 112/18 113/8 137/13 139/24 155/10 page 0064 [1] 70/2 page 10 [1] 155/10 page 11 [1] 36/2 page 15 [1] 74/24 page 22 [1] 137/13 page 3 [1] 92/19 page 4 [1] 95/24 page 5 [2] 34/3 96/18 page 51 [1] 139/24 page 7 [1] 79/19 pale [1] 54/9 pandemic [176] pandemics [15] 7/10 8/25 22/3 35/21 37/7 39/21 41/18 42/8 42/8 43/19 44/8 48/2 48/3 97/24 105/24 paper [9] 33/1 33/4 33/8 33/12 33/17 33/19 34/25 38/12 79/24 paragraph [13] 66/20 70/3 79/23 86/9 95/25 118/3 118/13 137/15 139/25 140/13 148/18 155/11 156/19 paragraph 11 [1] 79/23 paragraph 145 [1] 118/13		

P	13/20 57/12 108/2	51/25 52/8 52/10 53/1	105/11 110/24 114/23	82/14 130/21 140/12
perceived [1] 4/1	Perthshire [1] 75/17	54/14 54/15 54/20	115/1 131/14 131/19	practitioners [2]
percentage [1] 28/4	Perthshire North [1]	70/8 70/15 70/18	142/23 146/18	129/3 138/10
perception [1] 141/3	75/17	70/25 71/10 71/19	points [4] 14/10	pragmatic [2] 86/19
perfect [1] 11/3	pharmaceutical [5]	71/22 72/14 87/21	45/25 133/4 142/19	86/21
perfectly [1] 130/23	28/20 96/5 151/21	94/22 97/2 97/10	police [6] 80/22 85/1	pre [13] 26/22 26/25
perform [4] 108/8	151/24 152/25	97/11 98/4 98/7 99/15	129/20 129/25 130/7	27/4 27/5 35/9 36/18
108/13 120/15 141/10	phase [6] 71/23	100/1 108/4 109/10	130/8	36/25 70/9 70/13
Performance [3]	72/16 72/18 72/20	109/15 110/17 117/23	policy [18] 6/16	96/17 97/10 102/22
80/19 115/4 116/9	131/15 131/25	124/9 124/22 127/3	24/21 26/1 74/2 79/2	119/2
performed [1] 145/5	PhD [1] 1/19	127/10 127/13 127/22	95/8 95/10 107/6	pre-Covid [5] 26/22
performing [1] 87/22	philanthropy [1]	128/14 131/18 132/15	108/9 108/22 109/12	26/25 27/4 27/5 97/10
performs [3] 126/16	19/21	133/25 134/20 135/1	110/4 110/5 110/8	pre-dates [1] 102/22
126/17 145/4	physically [1] 117/25	136/22 140/20 140/23	115/16 125/21 127/2	pre-existing [5]
perhaps [34] 4/12	picked [1] 102/5	143/6 146/23 150/4	149/2	36/18 36/25 70/9
5/10 7/24 15/1 21/20	pictorial [1] 115/12	151/3 151/20 151/23	political [8] 16/4	70/13 96/17
24/25 25/13 39/10	picture [1] 34/8	152/2 152/9 152/16	53/15 57/12 57/15	pre-pandemic [2]
39/13 42/12 44/24	piece [1] 65/5	153/10 153/13 153/18	57/21 75/13 87/17	35/9 119/2
46/21 55/1 56/4 57/21	pieces [1] 144/16	154/19 156/12 158/12	108/25	precise [3] 44/11
60/6 64/6 66/13 76/9	pillars [1] 23/12	plans [19] 35/5 38/2	politics [1] 57/2	47/4 102/20
84/10 84/12 84/18	pivot [3] 21/3 24/6	42/6 43/14 71/15 72/6	Pollard [1] 20/25	precisely [1] 154/9
90/18 90/22 91/23	24/15	88/8 88/8 127/6 131/7	poor [6] 104/25	predictions [1] 44/13
92/11 105/4 111/1	place [19] 7/13 41/9	133/17 133/20 134/8	105/11 105/11 105/18	prefer [1] 88/22
114/24 116/4 116/14	44/22 46/13 56/5 63/8	134/24 135/7 136/2	112/24 114/22	preparation [11]
133/9 145/10 145/12	76/21 79/11 100/1	152/22 153/2 158/8	population [2] 45/6	43/17 53/24 79/6 82/3
period [15] 7/2 38/7	103/5 103/6 103/21	play [5] 20/12 21/8	78/17	86/23 89/4 90/12
41/23 42/25 76/4	110/2 112/4 112/13	31/14 56/21 57/13	portfolio [4] 76/5	95/21 143/12 147/19
86/10 90/23 105/3	117/23 127/13 133/17	played [1] 61/1	77/7 78/2 123/13	158/3
106/19 114/8 114/14	144/19	player [1] 125/17	ports [1] 146/14	preparations [9]
119/25 132/16 137/12	placed [1] 118/8	plead [1] 28/24	position [8] 11/7 15/2	49/13 52/4 83/14
147/13	plain [1] 12/16	pleas [1] 110/17	61/12 75/9 77/5	85/10 86/11 88/18
periodically [1] 83/13	plainly [2] 15/2 42/20	please [58] 1/6 1/12	118/19 118/21 145/17	88/25 89/9 146/12
periods [4] 26/6 51/9	plan [54] 35/12 35/15	1/15 2/21 6/24 10/14	positive [2] 156/7	prepare [5] 7/19
94/19 108/9	35/23 37/1 37/14	18/10 26/15 30/4 30/7	157/16	49/24 87/23 88/24
peripherally [2] 3/14	37/19 38/3 38/8 38/9	30/12 33/8 39/12	possibilities [1] 42/3	94/13
3/18	38/13 38/14 38/23	74/24 76/2 79/13	possibility [4] 4/17	prepared [3] 65/23
permanent [2] 11/22	39/2 39/15 39/16	79/16 79/19 80/14	16/21 51/10 146/12	69/24 120/21
68/5	39/18 39/20 39/20	84/6 92/17 95/15	possible [12] 21/25	preparedness [45]
permanently [1] 68/7	39/23 39/24 40/3	95/17 95/24 96/18	30/17 31/10 43/20	3/21 26/21 37/1 39/16
permission [7] 26/11	40/13 40/22 41/9	97/6 101/9 111/11	57/5 76/8 94/12 95/2	44/25 48/10 49/5
30/16 69/10 69/13	41/11 41/17 41/19	111/14 112/6 112/8	133/7 135/18 136/4	50/24 53/8 53/21
75/5 117/9 158/22	42/4 42/6 42/9 42/11	112/16 113/5 113/8	159/16	54/20 55/3 55/7 66/2
persistent [1] 140/14	42/14 42/20 43/15	115/11 115/14 117/11	possibly [1] 139/2	66/19 67/20 68/5 68/9
person [15] 82/19	43/19 44/1 44/16	121/19 122/4 122/8	post [2] 58/3 122/17	68/14 68/18 71/14
82/20 103/10 109/23	44/19 44/25 46/21	122/15 123/6 126/5	Post-Covid [1] 58/3	71/22 88/4 88/20 97/3
113/15 114/6 132/11	46/23 46/24 47/2 47/5	126/20 128/1 128/6	postdates [1] 135/8	97/12 98/5 108/3
132/12 132/17 132/25	47/9 49/17 50/20	137/7 137/13 137/16	postgraduate [1]	109/9 109/15 131/1
133/1 133/2 133/10	69/21 90/16 94/17	139/19 139/25 140/13	1/17	131/15 134/2 134/9
133/11 141/25	94/23 132/7 132/7	147/10 147/24 153/21	potential [8] 25/5	134/12 134/15 136/9
personal [5] 2/3 2/7	149/10	155/11 156/5 158/20	39/19 42/8 50/21 51/3	140/9 143/22 149/5
56/3 56/3 92/21	planned [3] 9/5 80/19	plethora [2] 2/18	53/25 64/8 98/1	151/8 153/17 154/1
personalities [1]	113/25	52/22	potentially [1] 133/22	155/15 158/16
57/17	planners [12] 131/16	plugged [1] 25/12	potentials [1] 28/13	prepares [1] 147/5
personally [5] 5/12	131/22 137/4 143/3	pm [4] 101/10 101/12	poverty [2] 95/11	preparing [6] 77/20
14/10 22/13 59/22	143/5 143/7 143/15	159/20 159/21	107/12	79/9 95/22 98/5
85/22	143/17 144/16 145/21	point [36] 9/2 15/10	power [4] 116/17	105/23 154/9
personnel [1] 76/13	151/15 152/1	22/3 35/2 36/15 37/22	116/19 116/22 116/23	prescient [1] 78/14
perspective [12]	planning [81] 7/22	38/10 38/11 42/5	PPE [5] 64/10 64/12	presence [1] 111/3
9/24 14/2 18/7 47/11	34/4 34/7 34/11 34/13	43/11 44/5 44/15	66/9 66/9 87/12	present [20] 59/18
53/24 55/19 92/1 95/3	34/16 34/21 35/9	47/13 48/19 53/22	practicable [1]	59/21 59/22 59/23
100/25 121/4 139/14	35/17 37/24 40/4	54/6 56/5 58/17 60/20	101/25	59/24 60/13 60/13
139/15	40/11 47/21 48/9 50/5	62/7 76/17 76/25	practical [4] 104/20	61/2 79/15 79/17
perspectives [3]	50/5 50/8 50/18 50/25	81/14 81/24 87/17	105/6 152/23 152/25	79/24 83/20 111/7
	51/11 51/17 51/21	88/11 91/19 93/21	practice [4] 22/22	111/21 112/7 112/21

<p>P</p> <p>present... [4] 113/24 113/25 150/20 151/7</p> <p>presents [1] 147/5</p> <p>pressure [2] 114/9 150/19</p> <p>pressures [2] 119/23 119/23</p> <p>presumably [3] 52/20 56/2 141/25</p> <p>presume [1] 33/15</p> <p>pretty [4] 77/11 105/1 105/11 105/18</p> <p>prevent [7] 7/24 9/10 26/9 44/21 45/6 45/8 98/9</p> <p>prevented [2] 46/16 100/16</p> <p>preventing [3] 46/12 94/24 98/6</p> <p>prevention [6] 23/22 45/4 45/15 65/10 95/6 95/9</p> <p>previous [6] 2/8 23/23 25/4 118/25 123/5 156/20</p> <p>previously [4] 5/10 27/13 124/16 156/6</p> <p>primarily [3] 65/20 153/18 156/24</p> <p>primary [2] 22/22 155/2</p> <p>Prime [2] 59/3 123/12</p> <p>Prime Minister [2] 59/3 123/12</p> <p>principal [1] 157/20</p> <p>principle [10] 114/18 116/8 135/11 135/16 135/17 140/2 140/6 140/15 150/13 152/20</p> <p>principles [1] 150/13</p> <p>prior [4] 88/5 109/6 122/21 145/18</p> <p>priorities [3] 50/20 89/7 91/17</p> <p>prioritise [2] 26/7 149/7</p> <p>prioritised [1] 94/1</p> <p>priority [1] 66/22</p> <p>private [5] 31/6 76/14 107/20 107/23 115/22</p> <p>proactive [1] 83/8</p> <p>proactively [1] 132/21</p> <p>probably [4] 52/5 94/6 108/11 127/4</p> <p>problem [3] 5/5 35/22 107/12</p> <p>problems [4] 107/8 107/12 107/25 132/23</p> <p>proceed [1] 29/16</p> <p>process [11] 9/4</p>	<p>34/11 39/15 39/20 87/15 94/16 105/8 108/2 113/11 134/7 141/23</p> <p>processes [4] 56/14 58/18 70/15 85/17</p> <p>proclaimed [3] 41/14 47/25 48/2</p> <p>procurement [1] 87/12</p> <p>produce [1] 96/21</p> <p>produced [3] 33/17 33/19 104/5</p> <p>production [1] 83/9</p> <p>products [1] 21/13</p> <p>products/countermeasures [1] 21/13</p> <p>professional [5] 2/10 17/1 17/22 17/24 87/9</p> <p>professionals [3] 12/25 17/21 91/6</p> <p>Professor [4] 11/1 37/21 69/25 70/1</p> <p>Professor Clare Bamba [1] 70/1</p> <p>Professor Sir [3] 11/1 37/21 69/25</p> <p>profound [1] 28/6</p> <p>programme [1] 52/15</p> <p>progress [2] 22/25 157/14</p> <p>progressed [1] 62/6</p> <p>progressing [1] 89/23</p> <p>projecting [1] 44/25</p> <p>prolonged [1] 119/25</p> <p>promoting [1] 79/8</p> <p>promotion [1] 68/9</p> <p>propel [1] 103/23</p> <p>proper [6] 44/5 54/24 55/2 67/25 117/3 147/19</p> <p>properly [4] 44/7 67/18 70/8 77/21</p> <p>proposed [1] 156/8</p> <p>proposing [1] 68/17</p> <p>proposition [2] 78/5 78/19</p> <p>prospect [1] 49/15</p> <p>prospective [2] 28/19 36/19</p> <p>protect [2] 26/8 92/24</p> <p>protected [3] 72/7 72/23 73/8</p> <p>protecting [1] 117/22</p> <p>protection [7] 27/21 79/8 85/3 117/20 118/5 118/17 119/2</p> <p>proud [1] 20/11</p> <p>proved [1] 159/15</p> <p>provide [15] 1/12 21/11 21/22 24/5 48/4 73/4 74/4 77/13 80/16</p>	<p>82/9 85/25 97/2 119/2 133/19 156/4</p> <p>provided [11] 31/25 69/24 71/17 72/1 73/12 74/22 90/22 100/8 119/3 121/25 157/8</p> <p>provides [2] 58/3 131/5</p> <p>providing [7] 11/23 12/5 20/22 24/13 30/11 77/16 81/7</p> <p>provision [2] 23/21 97/9</p> <p>provisional [1] 69/10</p> <p>provisionally [1] 117/9</p> <p>public [58] 13/19 16/9 18/5 19/12 20/2 22/14 22/15 22/20 24/9 27/17 27/18 27/19 28/3 29/2 29/10 30/20 31/6 31/7 31/13 60/24 69/3 70/11 71/6 74/3 74/4 76/12 76/13 96/23 97/8 106/20 106/21 106/25 107/20 107/22 115/16 117/22 118/14 118/16 118/25 119/3 119/9 119/15 119/18 119/24 120/4 120/6 120/6 120/10 120/13 120/18 120/20 120/23 120/24 122/22 129/11 141/21 149/12 151/13</p> <p>publication [1] 59/5</p> <p>publications [1] 158/15</p> <p>publicly [1] 100/22</p> <p>publish [3] 66/23 68/24 75/5</p> <p>published [8] 34/13 65/8 67/1 67/3 67/15 67/17 101/21 152/4</p> <p>purpose [9] 40/12 42/9 92/2 92/4 92/13 106/22 107/24 115/16 124/12</p> <p>purposes [2] 31/22 34/21</p> <p>pursuing [1] 62/11</p> <p>push [1] 40/10</p> <p>put [18] 3/8 7/13 8/14 43/24 44/14 47/15 47/22 51/7 53/10 78/20 92/17 93/23 95/17 100/1 110/2 114/20 119/19 145/23</p> <p>puts [1] 15/21</p> <p>putting [5] 6/8 27/1 43/13 43/17 147/8</p>	<p>Q</p> <p>qualifications [2] 1/15 17/22</p> <p>qualities [1] 103/18</p> <p>quality [4] 13/16 112/25 119/17 144/2</p> <p>quarantined [1] 8/22</p> <p>quarantining [3] 12/23 24/22 43/4</p> <p>query [1] 138/11</p> <p>question [40] 16/19 19/11 26/13 26/24 39/23 43/24 44/24 45/3 45/5 46/7 46/8 46/20 46/20 47/14 61/14 69/11 70/16 71/12 71/17 72/5 73/13 76/8 76/16 77/22 84/22 90/17 95/15 99/20 100/5 112/23 114/14 114/20 117/16 129/18 131/17 139/7 142/24 148/22 150/3 152/14</p> <p>questioning [3] 60/20 111/15 111/18</p> <p>questions [31] 1/11 2/22 15/21 16/13 17/8 30/6 38/15 42/13 45/18 46/22 53/17 69/15 69/17 73/2 74/19 83/4 95/11 95/13 117/8 117/10 117/13 117/14 121/9 121/18 158/22 160/3 160/6 160/7 160/10 160/11 160/14</p> <p>quicker [1] 22/4</p> <p>quickly [4] 8/23 34/8 66/15 116/18</p> <p>quite [16] 4/8 5/24 23/8 78/8 85/22 110/13 122/3 133/22 136/24 138/14 149/15 149/16 150/2 150/5 150/5 154/20</p> <p>quote [1] 148/5</p> <p>quoting [1] 71/2</p> <hr/> <p>R</p> <p>race [1] 72/9</p> <p>raise [1] 5/4</p> <p>raised [3] 66/8 147/4 147/5</p> <p>ran [1] 142/4</p> <p>range [20] 39/21 42/2 43/19 49/19 58/24 78/9 82/2 82/11 86/2 93/24 97/25 98/14 98/16 107/3 107/14 107/16 127/24 128/7 128/10 155/19</p> <p>rarely [1] 27/18</p>	<p>rate [2] 41/22 42/24</p> <p>rather [10] 10/9 22/19 34/9 38/8 38/18 46/12 55/22 73/19 94/23 112/20</p> <p>re [2] 51/22 51/24</p> <p>re-diverted [2] 51/22 51/24</p> <p>reach [1] 97/22</p> <p>reached [1] 26/24</p> <p>reaching [1] 3/3</p> <p>react [1] 155/19</p> <p>read [10] 81/2 81/18 82/5 97/5 98/18 99/14 109/20 140/13 142/19 156/17</p> <p>readily [2] 41/7 69/19</p> <p>Readiness [4] 49/4 88/12 89/21 136/12</p> <p>reading [2] 34/23 35/10</p> <p>ready [1] 114/2</p> <p>readying [1] 64/7</p> <p>real [8] 43/13 63/14 67/7 89/9 97/19 99/25 147/12 148/4</p> <p>reality [6] 5/6 35/13 35/15 35/25 38/4 39/1</p> <p>really [12] 22/6 45/18 53/5 58/18 67/24 87/14 95/22 98/7 131/3 136/9 139/9 148/25</p> <p>realm [1] 123/1</p> <p>rear [1] 22/10</p> <p>rear view [1] 22/10</p> <p>reason [9] 43/24 49/9 51/18 64/17 77/22 102/20 105/8 115/25 132/19</p> <p>reasonable [13] 35/6 44/16 45/13 46/22 47/6 78/5 93/21 94/21 96/2 98/5 98/10 105/6 140/20</p> <p>reasonably [2] 55/9 153/3</p> <p>reasons [6] 14/24 63/13 83/16 124/7 144/13 159/15</p> <p>recall [3] 61/4 73/23 87/12</p> <p>recalls [1] 73/20</p> <p>received [5] 2/18 2/24 108/23 151/6 156/7</p> <p>recent [2] 80/1 158/15</p> <p>recipe [1] 158/12</p> <p>recognise [3] 124/9 135/5 138/6</p> <p>recognised [2] 34/5 49/10</p> <p>recommend [1]</p>
---	--	--	---	--

R	reduced [2] 118/4 148/3	regulator [2] 20/6 20/8	53/22 71/1	85/13 85/23 92/23
recommend... [1] 148/16	reduction [7] 147/15 147/20 147/25 148/4	reinstatement [1] 145/10	repeated [2] 140/18 142/17	92/25 94/25 95/13
recommendation [7] 62/13 65/3 90/1 96/19 96/19 96/21 97/23	148/20 148/23 148/25	related [2] 79/7 80/7	repeating [1] 72/11	103/10 107/16 108/17
recommendation 2.1 [2] 96/19 97/23	reductions [5] 97/17 147/12 149/5 149/21 149/25	relatedly [1] 36/2	replace [2] 123/11 139/19	111/3 116/4 116/5
recommendations [24] 54/20 61/5 61/8 61/16 61/20 62/8 62/10 62/19 63/5 63/9 63/16 63/19 64/13 64/14 64/20 68/8 68/13 68/17 68/25 88/15 89/17 90/6 90/10 91/14	refer [4] 66/9 69/23 70/2 124/4	relates [1] 38/11	replaced [1] 57/10	116/7 116/13 117/1
recommended [1] 55/11	reference [11] 34/19 36/6 36/8 36/11 36/17 36/18 36/23 68/3 119/5 148/13 150/7	relating [4] 36/13 59/7 68/18 150/25	replicate [2] 35/24 87/8	117/5 122/17 123/25
reconcile [1] 99/1	references [2] 4/16 34/16	relation [26] 10/19 35/1 38/2 47/24 48/7 55/6 58/7 62/8 62/21 64/4 64/5 76/16 78/16 87/12 90/12 92/10 98/24 100/3 101/19 104/15 107/16 123/4 125/8 136/8 141/22 156/17	report [20] 33/4 34/3 65/21 66/9 66/14 66/21 67/6 67/10 68/11 68/15 68/25 69/23 71/2 73/25 90/3 94/1 97/19 104/5 137/7 137/18	124/1 124/8 125/25
reconvened [1] 82/22	referred [9] 9/8 17/2 18/25 23/11 54/21 73/24 104/6 123/8 139/3	relations [15] 54/18 55/24 56/3 58/1 58/21 101/16 104/4 104/11 104/14 104/18 105/17 110/25 112/25 113/18 114/23	reported [3] 65/21 137/20 145/2	126/2 126/13 127/12
record [7] 30/14 81/18 96/8 99/15 118/1 119/20 147/23	referring [5] 3/10 63/8 64/1 69/4 144/18	relationship [8] 55/13 57/2 57/11 58/16 132/1 147/21 150/25 153/24	reports [1] 74/3	129/14 129/16 129/17
recorded [4] 5/23 15/17 79/11 83/13	refers [1] 34/3	relationships [8] 55/6 55/17 56/7 56/11 57/23 105/10 105/22 108/11	repository [2] 151/5 151/7	129/19 129/24 130/16
recounted [1] 110/1	reflect [4] 34/8 34/15 35/2 124/13	relatively [9] 4/19 32/18 56/1 60/5 127/16 134/4 145/22 150/15 150/15	represent [1] 96/3	130/22 132/13 132/14
recover [1] 124/10	reflected [3] 67/6 86/15 151/17	released [1] 15/15	representation [2] 36/11 115/12	133/1 134/22 135/22
recovery [9] 20/1 21/3 28/17 75/23 76/15 95/2 124/1 153/18 155/25	reflecting [2] 34/9 153/6	releasing [1] 118/10	representative [4] 2/4 107/2 107/3 108/25	136/4 136/13 136/15
RECOVERY Trial [3] 20/1 21/3 28/17	reflection [2] 112/24 138/15	relevance [3] 35/7 61/22 73/16	representatives [2] 87/2 111/23	137/17 140/11 141/24
rectified [1] 110/19	reflections [1] 107/8	relevant [5] 61/17 70/11 77/18 92/9 151/7	representing [5] 2/7 85/7 85/13 108/24 109/18	142/5 144/17 145/1
red [59] 14/17 14/17 15/2 15/20 17/8 17/15 18/3 123/25 124/4 126/14 126/15 126/16 126/16 126/17 127/15 127/20 131/3 131/3 131/7 131/11 131/13 132/6 132/11 133/16 133/18 133/23 133/24 134/7 134/10 134/17 134/21 135/23 138/8 139/14 142/4 144/19 145/4 146/2 146/9 146/18 147/3 151/1 153/16 154/10 154/13 155/7 155/12 155/16 156/6 156/15 156/18 156/24 156/24 156/25 157/24 157/25 158/4 158/4 158/6	reflects [2] 67/9 151/19	releasant [1] 118/10	representing [5] 2/7 85/7 85/13 108/24 109/18	145/11 145/17 145/21
red group [1] 17/15	reform [1] 119/8	reliant [1] 119/6	represents [4] 96/9 109/24 110/11 148/17	151/2 157/10
RED's [8] 131/15 131/25 134/25 135/14 135/20 136/3 136/9 157/18	refresh [1] 37/22	reliable [1] 119/6	require [4] 94/14 103/7 107/16 156/13	ResilienceDirect [1] 151/12
redacted [1] 79/18	refreshed [1] 49/2	religion [1] 72/9	required [18] 21/21 22/1 24/19 37/16 39/2 44/6 49/2 49/16 56/19 77/15 97/9 100/11 118/18 119/25 120/7 120/8 130/16 144/6	resilient [1] 150/5
reduce [1] 47/8	refuse [2] 128/13 128/23	rely [1] 157/24	rescue [1] 85/2	resolve [1] 60/1
	regard [3] 7/22 150/9 150/12	remain [1] 4/25	research [7] 1/21 10/13 21/5 22/16 22/23 23/4 69/3	resolved [1] 132/4
	regarding [2] 109/7 156/3	remains [7] 5/14 5/14 11/6 25/6 25/16 25/24 58/14	reserve [2] 100/6 100/17	resource [8] 49/19 51/20 52/2 52/10 52/24 94/15 147/18 150/18
	regardless [1] 116/2	remarkable [1] 19/14	resilience [92] 7/13 23/1 25/18 33/10 38/20 38/21 59/4 59/6 59/8 59/10 59/14 60/3 60/7 65/7 76/3 76/7 76/17 76/19 76/22 77/1 77/3 77/10 77/14 78/2 78/9 78/13 78/24 79/3 80/8 81/23 82/1 82/3 82/7 82/9 82/12 83/24 84/4 84/6 84/9 84/24 85/9 85/12	resource-intensive [1] 94/15
	regime [1] 125/6	remarks [1] 11/11	respond [8] 9/17 12/14 25/20 43/25 48/7 65/24 109/4 124/12	resources [21] 49/12 50/10 50/15 50/18 50/19 50/23 51/1 51/15 51/16 51/22 51/24 53/6 53/20 80/25 100/12 120/16 147/10 148/9 148/11 148/17 149/1
	region [1] 146/15	remember [6] 20/23 30/12 47/4 85/6 85/22 86/1	responded [2] 66/15 68/15	ResilienceDirect [1] 151/12
	regional [13] 7/3 38/21 85/12 144/17 145/1 145/10 145/16 145/17 145/21 146/1 146/19 146/19 147/1	Remembering [1] 22/6	responders [2] 34/5 34/10	resilient [1] 150/5
	Regions [2] 123/13 123/15	remind [1] 79/21	responders [11] 34/14 84/17 84/20 84/23 102/18 127/8 130/15 132/8 138/21 158/4 158/6	resolve [1] 60/1
	register [2] 52/19 52/21	reminding [1] 34/2	responding [3] 127/10 129/25 155/20	resolved [1] 132/4
	registers [5] 4/2 4/4 4/14 131/21 131/23	remit [3] 60/5 84/10 84/18	response [44] 14/6 16/18 23/13 28/21	resource [8] 49/19 51/20 52/2 52/10 52/24 94/15 147/18 150/18
	regret [4] 52/16 54/14 88/19 110/18	renamed [1] 126/14		resource-intensive [1] 94/15
	regrettable [1] 53/19	repeat [3] 23/19		resources [21] 49/12 50/10 50/15 50/18 50/19 50/23 51/1 51/15 51/16 51/22 51/24 53/6 53/20 80/25 100/12 120/16 147/10 148/9 148/11 148/17 149/1
	regular [4] 107/1 129/3 154/14 154/15			resourcing [3] 11/7 124/14 150/3
	regularly [2] 82/22 108/12			respect [3] 53/17 105/2 119/19

R	83/23 87/16 91/12 92/16 92/21 93/25 99/6 101/5 102/1 102/7 104/1 104/19 105/19 108/3 115/12 123/21 123/22 123/23 124/2 124/19 125/22 126/3 127/19 128/20 129/13 129/22 131/17 132/10 133/8 135/10 135/12 139/18 142/12 142/20 146/21 147/3 148/22 150/24 154/5 155/6 158/14 159/12 right-hand [1] 92/21 rightly [3] 5/6 50/2 136/24 rights [1] 71/14 rises [1] 78/17 risk [58] 3/8 4/2 4/3 4/4 4/14 18/13 25/7 25/16 25/25 35/14 52/18 52/18 52/19 52/20 52/21 52/21 53/1 53/2 70/7 70/15 76/24 83/10 84/8 92/2 92/5 92/14 92/17 93/11 93/12 93/13 93/18 93/22 93/25 94/5 96/1 96/4 96/11 96/21 97/24 99/6 127/6 131/1 131/21 131/23 134/8 135/1 135/25 141/4 141/6 141/10 141/11 141/20 142/20 143/22 144/4 144/7 144/10 144/12 risks [24] 5/1 5/15 6/18 9/4 9/7 19/1 19/2 19/5 34/20 34/21 44/7 52/22 77/3 83/9 83/11 93/2 93/17 93/20 94/8 94/23 97/19 131/24 133/20 140/19 robust [2] 28/19 125/4 role [24] 19/12 20/12 21/8 27/16 31/14 76/20 77/8 79/1 80/2 87/23 108/8 108/13 123/24 125/7 126/6 126/19 127/15 131/1 131/13 131/15 132/6 134/25 157/6 157/8 roles [1] 75/19 room [1] 14/20 rotational [1] 12/8 routes [2] 141/14 142/22 routine [1] 108/6 routinely [4] 72/13 73/7 73/16 109/10 Royal [1] 17/11 Royal Society [1]	17/11 rule [1] 84/21 run [4] 124/15 134/17 146/23 146/25 running [3] 73/20 86/10 138/24 rural [1] 146/6 Russell [3] 50/3 84/3 89/20 Ryan [1] 7/8	S sacrifices [1] 31/8 sadly [1] 23/25 safer [2] 5/9 50/3 safety [3] 92/25 124/23 126/10 SAGE [27] 10/17 10/24 12/17 13/6 13/9 13/10 13/15 13/15 13/19 13/25 14/7 14/9 14/15 14/23 15/5 15/16 15/17 16/1 16/7 16/20 16/22 17/6 17/9 17/20 17/23 17/25 87/3 said [19] 7/8 23/24 32/6 41/25 50/23 53/6 56/14 80/3 80/15 84/5 106/6 120/3 134/14 134/15 137/17 142/21 147/3 147/25 157/19 same [19] 14/18 14/20 16/7 40/23 66/21 129/20 133/1 133/1 134/6 142/7 143/3 143/6 143/15 151/14 152/1 152/2 152/17 153/7 157/7 sampling [1] 64/9 San [1] 1/18 San Francisco [1] 1/18 Sarah [1] 20/25 Sarah Gilbert [1] 20/25 SARS [5] 7/4 27/10 27/13 38/18 41/4 SARS-1 [2] 7/4 27/13 satisfactorily [1] 94/11 saved [1] 100/25 savings [4] 118/10 118/24 120/7 121/7 saw [3] 91/6 142/8 142/13 say [51] 5/6 5/22 8/11 9/15 10/18 13/1 17/4 17/18 19/6 20/19 25/6 30/13 30/17 31/19 34/25 40/1 40/16 40/23 41/9 43/15 49/23 60/17 60/20 61/7 63/21 66/6 66/13	70/25 72/23 82/25 83/2 86/8 86/21 87/25 88/10 92/4 99/16 102/4 104/24 106/8 109/16 113/19 134/5 135/4 140/25 143/1 143/16 143/18 148/2 149/19 153/15 saying [10] 19/9 22/3 40/23 66/6 73/6 116/21 134/7 136/14 142/7 143/11 says [3] 44/17 113/6 113/14 scale [6] 20/14 21/19 21/23 22/1 100/22 101/2 scenario [10] 34/9 34/10 35/6 45/13 47/6 94/22 96/3 98/6 98/10 98/15 scenarios [10] 9/8 25/12 78/16 93/16 94/3 94/9 94/12 96/4 98/16 140/21 SCG [5] 137/23 137/24 138/17 138/25 139/6 SCGs [2] 137/22 139/3 schools [1] 16/5 science [11] 11/2 12/7 13/3 13/13 13/20 14/1 15/13 19/21 20/6 23/14 23/15 sciences [4] 13/4 17/12 19/15 69/2 Sciences' [1] 3/16 scientific [20] 10/12 10/15 10/23 11/9 11/13 11/15 12/3 12/9 12/18 17/13 18/10 19/7 19/14 19/14 21/14 26/25 27/3 42/1 68/21 87/9 scientist [2] 1/25 12/4 scientists [13] 12/10 13/1 13/2 13/15 15/5 15/9 17/2 17/5 17/6 17/16 17/21 27/15 68/7 scope [1] 76/7 Scotland [62] 30/21 32/7 32/21 36/12 38/20 49/1 54/19 54/22 60/25 60/25 61/12 61/22 62/10 65/21 65/22 66/9 66/14 67/6 67/21 68/9 68/20 68/22 71/6 73/22 74/12 76/21 79/3 80/21 85/1 85/12 86/12 86/22 87/2 87/6	92/8 93/3 105/14 107/1 108/20 108/24 109/1 115/8 115/20 116/10 116/16 117/21 118/5 118/14 118/17 118/20 119/1 119/2 119/3 119/9 119/16 119/18 119/24 120/4 120/13 120/18 120/24 120/24 Scotland's [4] 55/15 73/25 74/2 84/25 Scottish [111] 33/1 33/10 33/11 36/11 36/18 36/25 37/11 38/16 40/20 45/11 46/1 48/7 49/24 51/2 51/6 51/23 52/7 52/20 53/23 57/8 59/9 59/11 59/22 60/7 60/11 60/19 61/2 61/16 61/21 62/24 64/21 65/23 66/15 66/22 67/5 69/11 69/17 70/18 71/3 71/13 71/20 71/25 72/13 73/13 75/10 75/15 75/20 76/24 77/19 78/4 78/24 80/1 80/8 81/23 82/6 82/9 83/10 83/24 84/4 84/9 84/24 85/3 85/4 86/18 89/3 89/16 92/2 92/17 93/22 95/5 95/8 100/4 100/11 100/16 100/20 101/21 101/23 102/12 102/15 103/9 106/14 106/15 106/19 106/24 107/4 107/21 108/5 109/7 109/11 109/25 110/5 110/8 110/20 110/25 111/4 111/7 111/25 112/11 112/19 112/21 113/23 113/24 114/22 115/16 117/9 117/22 118/9 118/24 119/4 120/3 120/11 Scottish Government [66] 33/1 33/10 33/11 36/25 37/11 45/11 48/7 51/6 51/23 52/7 53/23 59/9 59/11 59/22 60/11 60/19 61/2 61/16 61/21 64/21 65/23 66/15 66/22 67/5 70/18 71/3 71/13 71/20 71/25 72/13 73/13 75/10 75/20 78/4 78/24 86/18 89/3 89/16 95/5 95/8 100/4 100/11 100/16 103/9 106/14 106/19 108/5 109/25 110/5 110/8 110/20
----------	---	---	---	---	---

S	see [25] 8/6 8/8 14/23 22/13 28/24 29/1 33/16 34/24 74/22 79/15 79/17 79/23 92/19 111/23 112/9 112/18 113/1 113/2 113/5 114/5 115/5 116/9 130/1 144/14 157/22	session [2] 54/1 104/7 sessions [1] 138/8 set [21] 10/1 14/23 40/22 59/6 72/18 78/22 79/10 84/3 84/13 88/13 124/14 126/4 126/9 126/18 128/22 129/7 129/20 130/1 135/7 144/4 146/16	81/5 shortly [1] 80/8 should [41] 12/7 12/12 15/6 16/6 20/11 20/23 25/7 26/5 34/22 41/17 45/20 47/15 53/6 60/17 61/7 66/13 66/22 68/20 84/18 85/18 88/4 93/16 93/19 93/20 95/22 96/24 106/1 109/8 110/19 111/2 115/17 116/4 135/18 135/19 145/10 146/18 151/9 152/9 152/13 154/4 154/4 shouldn't [4] 57/15 57/20 87/22 99/15 sic [1] 86/9 sickness [1] 97/13 sign [1] 136/6 sign-off [1] 136/6 signature [1] 32/3 signed [4] 39/20 65/3 74/25 122/12 signed off [1] 65/3 significance [1] 64/6 significant [20] 40/6 40/7 40/22 49/18 50/4 53/7 56/6 78/14 80/9 90/11 96/10 97/7 97/14 97/16 98/1 98/19 109/17 146/8 147/16 148/25 significantly [2] 39/4 39/18 silver [16] 38/16 54/2 60/22 62/10 62/19 64/14 64/16 64/19 64/24 65/3 65/16 89/18 90/3 91/3 155/23 157/8 Silver Swan [10] 38/16 60/22 62/10 62/19 64/14 64/16 64/19 64/24 65/16 91/3 similar [7] 14/4 14/22 37/22 40/9 60/6 64/14 145/4 Similarly [1] 125/18 simple [2] 127/16 149/4 simply [7] 45/22 47/3 47/11 48/4 59/13 154/7 154/16 since [4] 105/3 122/18 124/23 145/5 sincerely [1] 4/7 Singapore [1] 27/12 single [7] 10/9 25/12 42/4 45/5 63/22 151/4 151/7 Sir [27] 1/5 1/6 1/9	1/14 2/21 5/19 6/2 6/24 9/2 11/1 12/16 16/15 16/18 18/9 23/3 26/10 26/15 29/6 29/7 29/18 37/21 69/25 77/24 78/20 116/2 117/6 160/2 Sir Jeremy [16] 1/6 1/14 2/21 5/19 6/2 9/2 12/16 16/15 16/18 18/9 23/3 26/10 26/15 29/6 29/7 29/18 Sir Jeremy Farrar [1] 1/5 Sir Mark [1] 117/6 Sir Mark Walport [1] 116/2 Sir Oliver Letwin [2] 77/24 78/20 sit [4] 121/19 159/14 159/14 159/16 sits [7] 43/16 68/6 126/12 131/3 131/4 132/9 132/11 sitting [2] 38/21 159/13 situation [6] 38/24 99/8 127/7 129/25 133/24 145/16 skills [3] 12/9 51/18 75/22 slightly [6] 42/12 52/5 108/1 113/3 113/20 124/17 slip [1] 106/6 slow [6] 5/20 5/21 6/24 8/12 89/23 91/20 slower [2] 6/25 22/4 sluggishness [2] 89/15 90/9 small [1] 41/5 smaller [1] 155/4 smiling [1] 92/20 so [219] soapbox [1] 53/13 social [35] 8/20 12/22 13/1 13/3 17/2 17/5 17/16 19/7 23/14 24/23 28/11 43/3 62/2 62/13 62/14 62/17 64/22 64/25 65/14 66/4 66/24 67/14 70/13 70/21 86/15 90/1 99/5 125/15 125/16 125/17 128/11 128/24 149/23 152/11 153/16 social care [8] 62/2 62/13 62/14 86/15 125/16 125/17 128/11 152/11 societal [4] 12/22 26/2 26/6 70/8 society [21] 7/21
----------	--	---	--	--

S				
<p>society... [20] 9/18 9/24 10/1 10/7 10/9 10/11 13/22 14/6 17/11 18/4 18/4 78/11 92/24 96/15 98/20 109/19 115/9 116/6 153/12 156/13</p> <p>sociologically [1] 8/24</p> <p>softly [1] 122/3</p> <p>sole [2] 37/6 48/12</p> <p>solely [2] 78/2 124/16</p> <p>solution [1] 147/6</p> <p>solve [1] 132/23</p> <p>solved [1] 107/13</p> <p>solving [2] 107/25 108/1</p> <p>some [84] 2/21 5/2 8/7 11/11 13/8 13/12 14/9 15/17 16/2 17/10 17/14 18/10 23/16 25/3 32/21 35/21 35/23 37/18 38/15 40/3 40/5 40/9 43/10 43/21 44/11 45/1 46/23 50/7 52/11 57/23 58/6 59/18 59/24 61/9 61/10 61/10 61/25 63/11 63/13 64/12 67/18 68/1 70/6 71/1 78/11 78/15 79/10 79/17 83/22 86/3 86/3 86/4 86/25 87/11 87/16 89/11 89/20 89/22 92/9 95/12 102/23 105/21 110/24 111/7 128/8 128/17 128/18 129/4 129/17 135/9 136/23 136/24 137/13 137/20 138/8 139/13 145/19 147/14 148/3 151/12 151/15 151/17 154/11 155/1</p> <p>somebody [3] 29/17 50/22 79/24</p> <p>somebody's [1] 29/1</p> <p>somehow [1] 24/3</p> <p>something [22] 6/22 8/9 20/10 20/15 27/22 28/25 35/3 42/7 50/6 51/5 58/10 59/19 60/14 62/3 101/17 110/22 138/6 143/20 144/14 151/9 151/22 155/22</p> <p>sometimes [7] 14/25 55/19 129/25 139/2 139/11 143/17 155/25</p> <p>somewhat [1] 156/1</p> <p>somewhere [1] 52/3</p>	<p>soon [2] 102/24 103/22</p> <p>sorry [11] 18/2 23/8 48/16 53/12 101/7 102/4 106/8 113/6 130/3 140/5 159/2</p> <p>sort [15] 4/10 9/23 18/3 21/21 58/6 72/15 82/22 94/19 107/11 128/23 132/1 134/21 135/2 143/3 150/18</p> <p>sort of [11] 18/3 21/21 58/6 72/15 82/22 94/19 128/23 132/1 135/2 143/3 150/18</p> <p>sorts [4] 7/19 25/11 128/12 144/15</p> <p>sought [1] 155/17</p> <p>source [3] 87/9 88/19 91/8</p> <p>southwest [1] 145/25</p> <p>spacing [1] 27/24</p> <p>spare [2] 7/14 25/19</p> <p>speak [3] 45/10 66/5 122/4</p> <p>speaking [4] 45/21 47/10 56/1 127/7</p> <p>special [1] 79/9</p> <p>specialisms [1] 51/17</p> <p>specialist [2] 18/10 70/6</p> <p>specialists [2] 16/25 17/21</p> <p>specific [4] 25/23 64/25 86/13 92/7</p> <p>specifically [7] 36/13 40/21 70/2 88/10 100/15 100/16 118/7</p> <p>spectrum [1] 93/17</p> <p>speed [5] 12/21 16/24 22/1 22/2 22/5</p> <p>speedily [2] 91/14 95/2</p> <p>spend [1] 105/15</p> <p>spending [2] 97/17 97/22</p> <p>spent [3] 27/9 50/5 78/7</p> <p>spirit [3] 58/20 59/1 102/16</p> <p>split [1] 128/17</p> <p>spoke [1] 116/2</p> <p>spoken [1] 122/3</p> <p>spontaneous [1] 96/12</p> <p>spots [1] 106/5</p> <p>spread [2] 96/15 145/6</p> <p>square [1] 4/23</p> <p>staff [2] 52/12 114/9</p> <p>staffing [6] 80/13 118/4 118/11 118/16</p>	<p>119/1 120/21</p> <p>stage [4] 56/9 65/15 108/14 121/1</p> <p>stages [1] 60/6</p> <p>stand [1] 10/17</p> <p>stand-up [1] 10/17</p> <p>standardised [1] 130/23</p> <p>standards [2] 32/17 65/7</p> <p>standing [5] 27/3 58/6 67/19 68/4 68/4</p> <p>stands [2] 51/18 94/15</p> <p>start [4] 3/3 23/20 24/2 57/9</p> <p>started [3] 6/21 19/9 144/19</p> <p>starting [1] 71/3</p> <p>state [6] 56/8 57/1 60/18 104/10 104/17 106/7</p> <p>statement [29] 32/1 32/2 32/3 35/10 50/4 74/22 86/8 104/12 106/17 108/23 109/5 109/21 118/1 118/2 118/3 119/5 121/25 122/2 122/9 135/8 139/20 148/6 148/12 148/19 150/7 151/16 153/15 155/8 157/13</p> <p>statements [1] 100/8</p> <p>States [2] 14/22 15/24</p> <p>statutory [2] 149/8 149/9</p> <p>steel [1] 6/25</p> <p>stenographer [4] 5/24 30/14 48/18 122/5</p> <p>step [1] 56/21</p> <p>steps [3] 98/23 98/23 134/12</p> <p>stewardship [2] 125/1 126/11</p> <p>still [15] 3/6 33/17 39/18 46/2 58/13 63/19 64/1 64/11 65/14 68/16 90/5 120/20 137/21 145/22 150/21</p> <p>stipulates [1] 154/4</p> <p>stock [1] 83/14</p> <p>stockpiling [1] 5/11</p> <p>stood [1] 10/18</p> <p>stop [1] 45/6</p> <p>stopped [2] 39/4 53/25</p> <p>stops [1] 116/21</p> <p>storm [3] 116/15 116/16 116/24</p> <p>Storm Arwen [1] 116/24</p>	<p>straight [1] 150/3</p> <p>straightaway [1] 29/17</p> <p>strands [1] 54/5</p> <p>strategic [12] 44/1 44/1 46/18 60/8 68/2 77/14 79/2 82/10 84/5 84/10 137/24 138/23</p> <p>Strategically [1] 39/7</p> <p>strategies [2] 89/1 149/15</p> <p>strategising [1] 48/9</p> <p>strategy [34] 2/22 2/23 2/25 3/10 3/13 3/19 3/21 34/1 35/17 36/18 36/20 37/6 37/6 37/8 37/12 39/2 43/5 46/8 46/10 47/24 47/25 48/12 49/1 49/2 49/6 65/25 77/17 88/4 88/17 88/20 97/12 97/14 108/13 155/18</p> <p>stray [1] 57/18</p> <p>straying [2] 42/12 44/24</p> <p>streamlined [1] 80/25</p> <p>strength [4] 35/8 87/19 119/20 120/13</p> <p>strengthen [1] 68/21</p> <p>strengthened [2] 12/6 90/20</p> <p>strengthening [1] 91/9</p> <p>stress [1] 77/15</p> <p>stretched [2] 9/20 25/19</p> <p>strikes [1] 24/4</p> <p>strong [9] 22/16 28/19 55/14 77/5 78/19 87/8 88/25 118/21 136/7</p> <p>stronger [1] 11/3</p> <p>strongly [4] 10/6 92/23 120/16 148/16</p> <p>struck [8] 31/24 43/23 44/9 45/12 48/8 61/24 63/6 91/11</p> <p>structural [1] 146/8</p> <p>structure [6] 9/22 11/22 56/20 58/3 58/9 154/25</p> <p>structured [2] 11/17 144/23</p> <p>structures [10] 10/24 12/18 24/3 70/6 81/22 136/11 136/12 137/22 157/9 158/6</p> <p>struggle [1] 22/6</p> <p>Sturgeon [35] 29/20 30/5 30/9 30/10 31/18 31/25 34/16 37/3 39/1 42/19 43/24 46/7 47/22 48/17 48/25</p>	<p>53/12 56/23 63/4 63/21 66/17 67/10 69/8 69/16 70/16 72/5 73/2 73/5 74/8 79/16 89/25 101/17 105/17 111/15 117/16 160/5</p> <p>Sturgeon's [1] 111/6</p> <p>Sub [2] 33/9 78/24</p> <p>Sub-Committee [2] 33/9 78/24</p> <p>subject [3] 77/10 109/19 144/13</p> <p>subsequent [2] 66/2 96/13</p> <p>subsidiarity [9] 135/12 135/17 136/10 136/20 140/2 140/7 140/15 150/20 152/20</p> <p>substance [3] 104/16 104/21 106/1</p> <p>substantially [1] 37/20</p> <p>substantive [2] 39/22 68/25</p> <p>success [1] 93/2</p> <p>successfully [1] 93/4</p> <p>successive [1] 91/3</p> <p>such [17] 9/21 15/7 19/10 21/17 24/22 79/9 80/23 85/18 87/3 90/16 95/11 97/15 106/24 109/17 109/18 126/25 135/1</p> <p>suffered [4] 30/24 49/21 79/22 89/5</p> <p>suffering [2] 31/1 76/11</p> <p>sufficient [7] 10/13 12/24 21/18 77/9 118/16 144/2 147/18</p> <p>sufficiently [5] 13/7 16/20 26/23 70/20 109/14</p> <p>suggest [6] 14/14 59/25 89/14 103/22 104/19 112/20</p> <p>suggested [4] 16/21 84/2 97/10 145/9</p> <p>suggesting [4] 41/11 117/6 140/12 141/22</p> <p>suggestion [2] 43/25 117/6</p> <p>suggests [2] 97/19 145/3</p> <p>suitable [3] 48/19 48/20 147/5</p> <p>summaries [2] 15/14 16/8</p> <p>summarise [1] 70/5</p> <p>summary [5] 16/14 38/5 39/24 71/16 136/19</p> <p>summed [1] 86/19</p> <p>supervision [1]</p>

S	101/15 109/4 109/16 115/14 117/8 117/18 121/11 160/9 Swiss [4] 27/19 28/2 28/10 29/2 sworn [2] 1/6 30/4 sympathies [1] 30/23 sympathy [1] 76/10 system [18] 11/2 11/16 12/3 12/11 14/16 25/8 25/17 25/19 34/19 56/2 63/14 127/15 133/13 135/11 136/9 136/18 136/22 151/11 systematically [2] 70/12 70/20 systemic [4] 8/15 55/12 71/8 159/4 systemised [1] 56/12 systems [7] 10/1 10/4 10/5 24/4 58/18 133/4 133/14	124/15 144/17 145/1 145/2 145/11 technical [1] 114/3 technicians [1] 23/5 technology [1] 116/20 tell [6] 6/14 15/6 106/17 106/23 107/4 128/6 telling [1] 8/9 tells [1] 109/5 template [1] 38/24 ten [1] 94/1 tend [2] 129/10 145/25 tended [3] 44/19 46/10 149/24 tendency [1] 43/15 term [2] 39/14 68/25 terminology [3] 103/10 119/11 135/22 terms [64] 6/9 9/19 11/7 15/7 17/4 17/18 17/22 19/12 23/1 23/4 24/20 25/1 25/8 28/8 39/23 40/8 40/25 41/2 41/7 42/24 48/9 54/19 55/9 56/16 57/22 60/18 62/15 63/5 64/6 67/24 69/20 70/19 70/20 72/7 72/15 72/22 81/8 86/23 99/7 104/21 104/22 105/23 108/3 120/20 120/21 124/25 125/25 127/2 133/15 134/20 143/12 143/22 145/18 147/11 147/12 148/4 152/9 152/15 153/11 153/13 153/13 153/23 154/9 157/18 tertiary [2] 96/9 96/14 test [2] 38/13 92/25 testing [13] 21/19 21/20 21/24 22/2 23/9 28/9 34/11 42/17 43/3 46/17 47/14 64/10 64/13 tests [1] 28/1 text [1] 47/4 than [41] 3/25 4/12 5/7 5/9 6/25 10/9 14/25 22/4 22/4 22/19 25/23 32/19 34/9 38/6 38/8 38/18 38/22 39/25 43/20 46/12 46/21 52/9 55/22 62/18 63/20 65/4 73/16 73/19 92/12 94/23 97/10 102/3 102/6 120/9 132/25 137/1 144/14 145/17 145/18 146/8 155/22	thank [78] 1/14 2/20 26/10 29/6 29/7 29/9 29/14 30/10 30/19 31/17 31/18 34/2 48/20 54/17 60/16 69/8 71/11 72/2 73/2 73/3 73/18 74/7 74/8 74/10 74/12 74/13 74/16 74/24 75/4 75/7 76/1 79/14 81/2 83/23 92/18 92/19 93/8 95/25 101/5 101/7 101/14 103/13 106/4 106/10 106/11 110/21 112/1 112/7 112/8 113/16 115/2 117/7 121/8 121/10 121/11 121/11 121/13 121/20 121/23 121/24 122/11 122/15 122/24 124/19 127/23 129/18 135/10 137/10 139/25 140/24 147/8 147/9 155/11 158/19 159/8 159/10 159/18 159/19 thank you [55] 1/14 29/9 29/14 30/10 30/19 31/18 34/2 48/20 54/17 60/16 71/11 72/2 74/7 74/10 74/12 74/13 74/16 74/24 75/7 76/1 79/14 81/2 83/23 92/18 92/19 93/8 95/25 101/14 106/4 106/10 106/11 110/21 112/1 112/7 112/8 113/16 121/8 121/11 121/13 121/20 121/23 121/24 122/11 122/15 122/24 124/19 129/18 135/10 137/10 140/24 147/8 155/11 159/10 159/18 159/19 thankfully [2] 32/19 38/6 thanking [1] 74/20 thanks [2] 3/2 31/3 that [1053] that's [42] 19/12 32/5 41/24 45/1 49/8 53/11 54/17 59/19 60/1 65/19 69/7 74/8 76/6 79/5 80/6 83/9 84/12 93/21 95/10 100/18 103/25 109/22 110/4 110/5 110/18 113/4 114/5 117/21 122/3 122/19 122/23 127/22 131/20 134/6 143/20 144/8 145/14 145/14 147/4 148/5 148/7 151/17 their [34] 3/8 12/9	17/22 18/1 20/2 26/16 28/4 29/4 41/16 42/22 58/12 58/13 61/21 70/15 70/18 77/3 87/18 87/19 91/6 96/23 112/23 131/23 135/6 136/2 137/2 137/5 138/15 148/2 149/6 150/3 150/4 151/17 154/22 157/11 them [31] 8/7 21/9 21/10 24/5 28/4 29/3 31/8 48/5 51/1 56/16 58/20 61/21 63/13 66/13 94/13 94/24 99/12 115/10 127/21 127/21 129/23 131/18 131/19 131/19 133/25 134/14 142/6 143/8 146/2 146/3 149/20 themes [1] 94/4 themselves [10] 15/6 22/19 45/8 131/17 134/1 135/5 141/14 150/12 150/17 154/25 then [52] 4/2 9/24 12/9 21/15 24/6 27/10 27/25 28/23 33/25 36/15 36/18 36/25 43/20 50/2 56/12 56/20 57/10 63/11 71/22 74/3 75/15 75/16 81/19 82/19 83/20 87/13 94/13 96/18 97/5 97/23 98/15 99/1 112/12 115/18 119/21 123/2 123/18 123/20 126/12 126/22 127/10 129/3 129/8 131/22 131/22 136/14 144/6 144/8 152/23 154/15 154/25 155/3 therapeutics [2] 28/8 28/17 there [227] there's [11] 9/23 25/11 27/18 88/25 89/4 91/15 110/6 127/4 146/6 150/9 155/1 thereafter [4] 34/1 37/3 82/20 100/24 thereby [1] 140/22 therefore [17] 5/7 6/6 6/12 6/17 31/15 32/24 33/14 41/16 47/24 50/6 60/25 65/2 70/22 74/4 105/20 135/20 140/15 these [34] 4/11 4/19 7/19 8/4 8/6 8/16 21/7 22/18 23/25 24/12 32/17 34/16 34/23
----------	--	--	--	---

T	think [211]	16/6 16/9 17/21 18/15	Tier [2] 52/18 53/2	touched [2] 38/3
these... [21] 34/24	thinking [20] 4/13	18/18 18/22 19/5 20/3	tiers [1] 128/16	101/17
38/19 43/10 56/18	8/13 9/12 14/19 17/17	20/4 20/4 21/1 22/23	time [63] 5/11 10/4	towards [1] 100/6
57/23 58/25 59/19	24/20 25/1 25/6 25/7	23/3 23/12 26/1 26/5	11/23 11/24 12/12	tracing [5] 42/17
65/11 82/23 83/1 83/3	27/5 40/17 40/23	28/22 29/21 30/24	12/13 13/15 14/20	43/3 46/17 47/14 64/8
83/22 85/21 85/23	41/19 46/15 48/4	31/3 31/5 31/14 34/21	17/14 20/23 22/7	track [1] 63/16
96/14 100/7 103/21	48/11 55/16 85/25	36/13 36/23 41/20	23/17 24/14 30/21	trade [1] 8/11
111/4 112/24 114/10	87/6 124/10	44/11 44/21 55/16	33/7 36/25 44/9 45/22	trained [1] 1/16
137/22	third [21] 68/20 69/4	56/7 57/12 58/12	49/12 49/18 50/5 52/2	training [2] 1/17
they [109] 4/12 8/8	69/6 72/5 76/14	61/25 62/1 62/8 63/25	52/17 52/25 54/9	80/13
12/8 17/24 20/8 21/7	106/21 107/3 107/21	64/10 66/6 66/12	55/15 57/17 57/17	transcend [1] 56/12
21/10 24/1 24/5 24/6	107/22 108/7 108/10	71/25 72/6 73/1 79/13	57/21 61/8 61/24 63/6	transcript [1] 122/6
24/14 25/1 27/2 28/2	108/12 108/15 108/19	82/4 84/23 85/8 86/2	63/15 65/17 65/18	transfer [1] 132/4
28/6 28/10 28/11	108/21 110/3 110/7	87/17 88/8 89/17	74/11 77/9 78/2 78/23	translation [2] 20/6
28/12 28/12 29/4 29/5	112/12 114/4 115/21	89/22 91/5 91/13	79/10 83/10 84/13	21/12
34/15 34/15 34/18	137/8	93/20 94/3 94/8 94/22	88/7 91/10 93/5	transmissibility [1]
47/7 50/15 51/7 54/10	thirdly [1] 9/12	103/4 107/5 112/7	102/17 102/23 104/12	40/25
54/11 55/9 55/10	this [144] 1/4 1/14	112/15 112/15 115/22	105/16 113/18 114/13	transmission [4]
55/21 56/1 56/15	4/6 4/8 5/4 8/14 10/7	127/12 127/20 128/11	114/15 115/6 117/23	41/2 41/22 42/24
56/15 58/15 58/18	14/15 15/7 15/10	129/9 135/2 141/1	117/24 121/4 124/14	94/18
58/25 72/6 77/20 85/7	15/21 16/4 17/9 17/18	144/15 144/16 145/7	137/12 138/7 138/10	transparency [1]
85/16 94/13 103/6	20/10 23/11 23/20	145/25 149/25 150/12	147/13 150/20 154/22	14/12
103/7 108/8 108/13	24/16 26/18 26/21	151/23 152/21 153/11	timely [2] 139/12	transparent [3] 13/21
108/14 111/2 115/23	30/11 30/20 31/1	156/12	140/23	14/4 16/7
117/5 117/10 120/8	31/13 31/21 35/16	though [9] 40/2	timeous [1] 90/22	Transport [1] 123/14
121/4 126/9 127/1	36/3 37/17 38/3 39/17	53/22 55/23 64/23	times [2] 128/3	travel [3] 8/2 8/11
127/11 127/21 128/6	40/21 43/11 45/24	65/4 88/12 89/14	146/22	107/25
128/21 129/5 129/10	46/18 47/1 47/13	125/16 158/18	timescale [1] 102/21	Treasury [1] 122/22
130/15 130/15 130/17	47/19 49/22 50/24	thought [16] 4/9 5/10	timetables [1] 91/23	treated [1] 142/11
130/24 131/16 131/20	52/6 52/16 55/12	13/16 14/21 15/21	tin [1] 44/17	treatment [2] 23/22
131/21 132/1 132/14	56/10 56/17 62/7 67/6	15/22 15/25 17/9	title [2] 84/2 133/11	28/1
132/19 132/20 132/20	67/12 69/24 70/17	17/10 26/23 46/19	today [7] 2/3 22/9	Trial [3] 20/1 21/3
133/13 134/2 134/15	71/1 75/1 75/11 77/7	70/25 120/24 130/3	22/11 31/16 40/5 74/9	28/17
134/19 137/18 138/10	79/1 79/6 80/11 81/3	130/6 130/8	121/23	trials [4] 3/16 21/6
138/16 139/3 139/10	81/10 81/15 81/15	THRC [1] 82/18	today's [1] 21/16	28/17 28/18
139/12 141/13 142/5	82/21 83/16 84/13	threads [1] 23/3	together [25] 9/25	tried [3] 14/23 38/8
144/8 145/1 145/3	84/22 86/14 88/3	threat [2] 5/18 89/10	12/4 12/4 12/10 13/23	107/18
146/3 146/15 146/15	88/17 89/24 90/4 90/5	threats [4] 82/18	17/15 22/20 22/24	Tropical [1] 1/21
146/16 149/8 149/9	92/22 93/3 93/6 93/25	83/8 85/16 117/5	22/25 23/3 28/2 28/5	troubled [2] 109/21
149/14 149/15 150/6	94/5 94/11 95/17 96/9	three [10] 21/24	29/5 34/20 60/4 92/20	110/9
150/13 151/3 151/5	96/19 96/24 97/15	23/12 24/1 59/14 63/7	104/23 106/25 107/22	true [8] 4/6 4/7 6/19
152/12 152/17 152/24	98/11 98/21 99/1	63/24 67/5 68/16	115/8 116/8 127/12	6/20 35/3 55/13 75/1
153/12 154/7 154/8	99/10 100/8 100/18	85/11 156/8	129/6 134/19 138/21	122/12
154/22 158/7	100/22 101/4 101/8	three months [2]	told [4] 35/12 104/11	trust [5] 1/24 2/9
they'd [2] 21/1 21/2	101/16 101/18 104/6	21/24 67/5	114/7 143/18	19/20 139/7 140/15
they're [11] 8/5 17/23	104/8 105/16 106/19	three years [1] 24/1	tomorrow [2] 116/22	Trust's [1] 24/10
24/13 83/6 115/20	109/13 110/23 111/12	through [31] 12/10	159/13	trusted [3] 119/7
117/3 132/14 132/23	112/4 112/23 113/18	14/4 14/11 17/11	tomorrow's [1] 21/16	137/19 140/8
134/24 149/7 149/16	114/5 114/7 114/13	19/22 20/2 20/3 25/11	tone [1] 57/22	truth [2] 32/3 87/20
they've [3] 149/23	114/13 114/14 114/21	26/13 27/10 36/10	tongue [1] 106/6	try [15] 39/10 45/8
149/24 150/4	115/5 115/6 115/12	38/19 70/4 71/25	too [10] 5/24 16/23	46/20 47/8 83/11
thing [8] 9/15 14/14	117/19 118/6 118/19	72/20 73/12 77/2 82/6	16/23 24/22 43/12	93/23 99/9 105/20
16/5 23/16 94/19	119/5 119/14 121/16	91/3 97/5 103/11	55/10 56/3 73/19	107/11 107/23 115/22
135/4 147/23 153/7	122/2 122/8 122/21	106/24 108/6 110/2	84/18 127/3	123/2 133/6 149/24
things [27] 4/19 5/11	124/7 125/11 126/1	132/22 134/22 136/17	took [7] 38/1 63/8	154/11
13/18 14/2 17/11	126/4 126/21 126/23	141/13 149/21 153/18	65/6 79/11 91/6 98/23	trying [10] 9/24 44/21
19/11 25/6 32/17	131/9 133/3 137/11	157/8	112/4	46/11 47/19 87/8 95/1
36/23 43/10 47/7 50/7	137/16 138/1 138/7	throughout [6] 2/10	tools [2] 48/4 48/11	98/25 99/7 115/24
56/19 72/17 91/20	138/12 139/7 140/2	10/22 13/15 96/15	top [3] 4/3 85/6 144/3	133/23
113/20 125/10 128/14	142/19 143/18 144/9	110/3 119/23	topic [2] 57/19	Tuesday [2] 21/10
132/24 132/24 134/5	147/13 149/18 150/18	throw [1] 17/8	101/15	23/22
135/24 138/16 143/1	153/18 156/9 158/15	thrown [1] 25/18	topical [1] 86/6	turf [1] 18/1
143/16 152/25 153/7	those [86] 3/4 3/6 4/4	Thursday [1] 1/1	totally [3] 2/6 10/6	turn [3] 19/16 39/20
	7/13 10/4 10/5 11/10	thus [1] 152/3	143/20	132/20

V	we're [17] 7/7 7/9 22/3 23/18 24/22 26/7 26/7 29/8 48/16 63/8 66/18 66/19 87/16 115/24 138/14 154/18 159/13	19/4 19/9 21/21 22/10 22/11 22/14 25/9 26/7 26/7 26/8 26/21 26/24 27/4 28/3 28/24 30/13 32/24 34/15 34/25 35/2 35/7 35/12 35/13 35/24 37/1 38/5 40/1 40/7 40/21 41/1 41/20 43/17 43/18 44/2 44/17 45/4 45/15 46/23 47/1 48/8 50/9 50/16 51/7 54/8 55/5 61/12 63/4 66/6 71/12 72/5 76/7 77/2 81/8 81/17 83/9 85/15 87/8 89/6 90/9 91/15 92/1 93/20 96/13 98/13 98/18 99/6 99/14 99/24 99/25 100/21 107/18 108/2 108/4 108/13 108/19 109/4 109/16 113/25 114/4 114/7 115/15 116/3 116/17 117/3 118/9 120/12 123/24 128/6 129/23 130/21 131/6 133/23 134/15 135/14 136/13 137/21 137/22 137/23 138/10 138/14 138/19 139/5 140/25 141/4 143/25 144/17 145/3 147/3 148/2 149/2 149/7 149/13 150/8 152/5 152/9 152/13 152/16 152/16 153/4 153/10 154/17 154/22 156/3 156/17	87/14 99/3 108/10 114/8 119/22 127/8 128/15 129/25 132/3 132/20 132/24 133/4 133/24 142/21 145/20 146/5 148/7 149/9 153/19	widespread [1] 6/8 will [63] 7/23 8/25 9/16 10/3 10/8 21/15 24/3 25/14 28/22 29/18 31/21 31/22 31/23 35/22 35/24 36/10 36/12 44/16 44/17 51/5 54/1 55/19 56/14 57/19 57/20 58/19 58/25 71/20 72/14 72/17 72/24 73/23 74/11 82/16 85/5 88/3 89/8 93/10 94/13 96/14 97/1 97/22 98/17 104/8 107/13 107/14 107/15 107/16 114/25 117/2 117/21 122/7 127/20 127/21 129/24 135/23 147/11 149/8 149/13 151/15 152/3 152/4 159/16
voluntary... [12] 108/5 153/16 153/24 154/2 155/13 155/16 155/19 155/22 156/3 156/11 156/14 157/5	we've [11] 32/16 43/16 49/25 62/3 65/25 99/14 99/25 116/12 119/24 131/2 146/23	59/24 83/4 85/11 94/13 95/10 110/4 111/6 111/20 114/12 115/20 142/24 147/17 152/10 153/7 157/10	whereby [1] 141/23 wherever [1] 101/25 whether [24] 16/19 33/16 42/9 45/5 46/8 50/17 56/4 58/9 59/18 59/24 83/4 85/11 94/13 95/10 110/4 111/6 111/20 114/12 115/20 142/24 147/17 152/10 153/7 157/10	
volunteering [1] 154/5	weaknesses [1] 35/8	which [163]	while [3] 58/13 67/13 68/15	
vulnerabilities [2] 70/14 109/8	weapons [1] 19/7	whilst [8] 5/19 11/2 25/14 28/16 30/11 48/2 58/11 61/4	whim [1] 56/4	
vulnerable [4] 109/18 153/9 153/12 156/13	wearing [1] 26/22	whitty [2] 11/1 37/21	who [45] 1/5 3/4 3/8 4/21 4/25 7/8 15/5 15/23 18/6 18/21 18/21 24/15 29/21 30/24 31/4 31/7 76/13 77/24 84/3 84/23 85/8 90/14 104/8 104/9 108/2 111/24 114/15 116/2 117/3 124/15 132/11 133/13 133/24 137/2 141/14 141/25 142/9 142/13 145/2 146/14 153/11 154/24 155/9 156/13 158/6	
W	weather [6] 80/7 83/5 86/4 92/10 94/7 114/8	who R [1] 18/21	whole [13] 7/21 10/9 10/11 13/22 25/19 34/25 53/18 78/9 107/14 117/4 133/4 136/9 136/22	
walks [2] 17/1 17/24	websites [1] 151/13	whole-system [1] 136/9	wholly [6] 39/6 43/4 46/17 60/19 61/9 63/23	
Walport [1] 116/2	Wednesday [1] 29/23	whose [1] 79/17	whom [15] 4/14 49/9 59/15 60/11 60/12 65/20 81/15 83/16 100/6 102/20 105/8 114/5 124/5 130/1 133/16	
want [24] 5/21 10/5 17/4 31/3 66/5 73/9 73/15 78/21 78/23 79/13 83/24 88/1 91/18 93/9 101/15 106/12 109/3 109/23 110/22 115/3 119/19 137/12 146/3 147/10	week [4] 23/23 37/22 121/16 159/12	why [15] 4/14 49/9 59/15 60/11 60/12 65/20 81/15 83/16 100/6 102/20 105/8 114/5 124/5 130/1 133/16	wide [5] 36/4 37/1 87/21 92/5 119/16	
warning [1] 122/25	weekly [1] 83/21	widely [4] 42/8 46/25 106/20 142/24	wider [8] 31/20 57/20 93/20 95/3 98/19 127/15 139/14 149/2	
warnings [1] 7/18	weight [1] 34/14	where [31] 7/8 13/17 13/17 16/4 51/9 56/6 58/21 63/18 63/24 83/14 84/12 87/7	widely [4] 42/8 46/25 106/20 142/24	
was [384]	welcome [3] 100/25 117/6 151/25	what's [3] 125/5 129/13 144/7	widely [4] 42/8 46/25 106/20 142/24	
washing [2] 27/24 28/12	welcomed [1] 106/2	whatever [7] 16/6 25/18 36/24 38/12 87/17 117/5 146/10	widely [4] 42/8 46/25 106/20 142/24	
wasn't [20] 15/16 21/25 40/21 43/5 46/19 50/21 51/23 59/22 60/20 60/24 65/17 65/17 76/5 77/15 84/16 88/5 90/21 103/19 120/20 135/7	well [53] 3/3 6/2 6/20 7/7 7/20 7/25 10/12 12/14 14/21 16/10 17/5 17/19 19/20 27/7 39/3 43/15 47/21 55/9 56/1 59/21 64/15 68/1 68/23 71/5 74/1 78/18 83/12 83/22 84/8 87/16 90/19 94/9 95/13 95/14 98/13 98/21 100/6 105/13 109/3 110/18 116/21 120/23 121/3 124/11 129/2 134/19 135/17 137/6 144/4 146/3 149/15 150/12 150/17	whatsoever [1] 134/25	widely [4] 42/8 46/25 106/20 142/24	
watch [2] 5/15 88/20	well known [1] 7/25	when [49] 7/11 10/5 12/14 14/21 20/1 20/7 24/3 24/6 24/15 25/20 27/25 28/7 33/17 35/25 38/4 38/7 40/12 43/22 45/11 55/21 56/25 63/12 63/12 63/17 66/15 71/4 84/2 88/7 90/4 91/11 104/20 105/1 105/3 108/14 123/16 127/13 132/14 134/25 136/22 138/23 139/3 139/15 139/16 142/3 143/8 149/22 150/14 152/19 154/18	widely [4] 42/8 46/25 106/20 142/24	
watching [1] 27/10	Wellbeing [2] 33/13 34/1	where [31] 7/8 13/17 13/17 16/4 51/9 56/6 58/21 63/18 63/24 83/14 84/12 87/7	widely [4] 42/8 46/25 106/20 142/24	
way [46] 5/17 8/16 14/16 15/10 16/7 19/4 22/2 23/18 23/20 30/17 35/5 40/3 42/1 43/25 55/12 57/2 57/16 86/19 92/6 94/21 99/2 104/22 105/3 114/22 114/24 124/10 125/11 126/6 126/25 133/23 134/1 135/15 139/13 142/11 142/22 144/23 145/23 146/1 146/9 146/10 146/17 147/8 149/18 149/21 154/6 156/8	Wellcome [5] 1/24 2/9 19/20 19/25 24/10	where [31] 7/8 13/17 13/17 16/4 51/9 56/6 58/21 63/18 63/24 83/14 84/12 87/7	widely [4] 42/8 46/25 106/20 142/24	
ways [4] 11/20 15/17 135/3 141/16	Wellcome Trust [3] 1/24 2/9 19/20	where [31] 7/8 13/17 13/17 16/4 51/9 56/6 58/21 63/18 63/24 83/14 84/12 87/7	widely [4] 42/8 46/25 106/20 142/24	
we [285]	Wellcome Trust's [1] 24/10	where [31] 7/8 13/17 13/17 16/4 51/9 56/6 58/21 63/18 63/24 83/14 84/12 87/7	widely [4] 42/8 46/25 106/20 142/24	
we'd [2] 86/6 108/12	Welsh [1] 26/11	where [31] 7/8 13/17 13/17 16/4 51/9 56/6 58/21 63/18 63/24 83/14 84/12 87/7	widely [4] 42/8 46/25 106/20 142/24	
we'll [5] 36/21 38/15 40/5 116/22 121/25	went [3] 46/21 71/22 72/20	where [31] 7/8 13/17 13/17 16/4 51/9 56/6 58/21 63/18 63/24 83/14 84/12 87/7	widely [4] 42/8 46/25 106/20 142/24	

<p>W</p> <p>woefully... [1] 21/25</p> <p>wolf [1] 4/11</p> <p>won't [4] 6/2 27/22 49/22 71/1</p> <p>wonder [2] 113/1 113/2</p> <p>word [3] 26/2 73/16 102/9</p> <p>wording [1] 114/5</p> <p>words [2] 30/17 118/19</p> <p>work [73] 10/5 16/16 19/24 22/24 24/19 29/4 29/5 36/10 38/13 38/19 38/19 49/16 49/23 50/8 51/14 52/7 52/15 53/21 54/4 54/5 55/24 56/14 58/19 58/25 63/24 64/7 66/3 71/3 71/5 71/10 72/13 81/13 81/17 81/19 82/6 82/14 82/15 88/16 88/17 89/1 89/5 89/11 91/2 91/15 94/11 96/24 98/12 98/22 98/24 104/22 104/23 115/19 116/8 127/21 128/2 133/5 133/13 133/14 134/19 134/22 135/9 138/7 138/18 140/11 144/8 145/25 146/3 146/19 148/23 154/4 154/5 154/16 157/23</p> <p>worked [7] 3/24 14/21 55/7 55/9 56/1 99/2 146/13</p> <p>workers [2] 3/7 27/16</p> <p>workforce [1] 31/5</p> <p>working [31] 3/11 5/23 6/21 10/4 11/20 21/1 21/1 21/2 22/23 24/20 30/14 55/6 55/13 56/7 56/11 56/17 57/11 58/16 61/16 104/24 105/21 107/11 114/1 115/8 127/21 143/6 149/17 149/20 150/21 155/4 157/5</p> <p>works [7] 115/14 124/8 144/10 146/2 146/9 146/10 153/21</p> <p>workshopping [1] 153/6</p> <p>workshops [4] 134/17 135/24 146/23 146/24</p> <p>workstreams [7] 49/3 49/10 49/14 49/21 63/22 63/25 64/18</p>	<p>world [21] 2/1 2/4 2/7 2/13 3/8 4/15 5/9 5/16 7/17 8/9 11/12 12/11 13/2 13/3 19/16 20/4 21/12 23/24 31/20 78/17 116/13</p> <p>world's [2] 20/8 20/8</p> <p>worrying [1] 51/13</p> <p>worst [9] 34/10 35/6 45/13 47/6 94/21 96/3 98/6 98/10 140/21</p> <p>worst-case [7] 35/6 45/13 47/6 94/21 98/6 98/10 140/21</p> <p>worth [1] 145/14</p> <p>worthy [1] 78/6</p> <p>would [228]</p> <p>wouldn't [12] 14/8 14/20 18/2 39/3 61/17 66/5 66/10 73/9 73/15 84/21 88/10 104/24</p> <p>wrestle [2] 91/17 99/6</p> <p>wrestled [1] 98/14</p> <p>wrestling [3] 99/11 99/12 114/8</p> <p>written [1] 104/12</p> <hr/> <p>Y</p> <p>Yeah [11] 3/2 3/23 4/21 6/19 8/3 9/15 23/14 41/13 84/15 99/23 106/16</p> <p>year [9] 7/2 20/20 67/12 68/12 75/1 75/11 76/4 90/5 100/14</p> <p>yearly [1] 154/13</p> <p>years [26] 4/2 6/21 7/18 18/12 19/18 19/24 21/4 24/1 24/9 27/9 43/12 55/19 58/23 65/18 67/12 78/7 80/4 81/14 83/4 90/7 90/24 91/1 99/22 124/18 134/11 134/13</p> <p>Yellowhammer [3] 49/17 51/12 54/10</p> <p>yes [101] 1/3 2/2 2/6 7/21 10/25 11/5 16/17 17/15 18/5 23/7 25/3 30/2 32/15 32/19 33/3 33/6 33/18 33/22 33/24 35/18 36/9 39/10 39/24 41/6 43/7 43/8 43/20 48/14 49/15 53/19 54/3 56/10 58/2 61/23 62/12 62/23 62/25 63/3 64/2 64/3 64/12 65/16 68/10 70/19 75/3 75/12 75/18 75/25 76/6 79/5 81/13 87/25 88/6 88/14</p>	<p>90/25 93/7 94/17 99/14 99/16 102/2 102/6 102/6 102/20 102/25 103/3 103/20 103/25 106/3 111/22 113/5 113/13 114/17 115/11 120/7 126/4 126/20 128/7 130/14 130/20 131/12 132/15 136/21 137/3 138/13 138/22 143/19 144/15 144/20 144/21 144/22 145/7 145/9 147/24 148/15 149/11 150/2 152/8 153/22 153/25 157/2 159/5</p> <p>yesterday [4] 22/10 73/21 84/2 89/19</p> <p>yet [6] 7/10 24/2 58/10 67/3 154/18 157/23</p> <p>you [404]</p> <p>you know [24] 40/18 45/2 46/6 54/12 78/17 83/3 83/21 86/5 95/7 98/21 98/23 101/1 101/1 105/6 105/20 107/12 108/6 108/8 108/10 108/11 108/17 110/6 110/19 116/22</p> <p>you'll [5] 6/3 22/6 67/4 130/21 136/11</p> <p>you're [13] 3/10 6/24 22/4 22/11 27/20 28/1 43/17 53/17 59/17 71/2 122/3 125/23 138/11</p> <p>you've [20] 8/3 9/7 18/16 18/25 22/8 22/8 23/10 31/25 32/6 42/3 46/14 50/2 68/3 74/21 83/25 121/24 121/25 131/3 133/15 156/17</p> <p>young [1] 4/24</p> <p>your [85] 1/12 1/15 2/3 2/10 5/23 7/23 9/17 9/18 10/22 11/11 13/5 18/9 18/25 24/19 29/8 30/7 30/10 30/12 30/15 30/16 32/3 32/7 39/23 43/25 44/15 44/24 46/19 46/20 46/22 47/13 48/6 50/2 50/16 57/24 61/13 69/19 73/6 75/2 75/13 76/2 76/5 77/8 78/23 82/15 84/13 86/8 88/20 92/1 92/19 92/21 95/15 99/17 99/24 100/5 106/17 106/23 110/24 115/6 116/1 117/18 118/19 118/19 121/12 121/21 122/2 122/4 122/7</p>	<p>122/9 122/13 123/4 123/9 123/24 124/5 125/23 126/1 128/1 130/7 147/21 148/23 150/7 152/14 153/15 156/20 159/3 159/8</p> <p>yourself [3] 6/25 33/4 79/15</p> <hr/> <p>Z</p> <p>Zika [2] 7/5 10/19</p>
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