A. Yes, Mr Keith.

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.

A. All correct.

Q. Are you familiar with that 2011 strategy for the World Health Organisation?

A. Yes, all correct.

Q. Are there going to be any 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

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

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

Q. Sir Jeremy, whilst you give evidence --

LADY HALLETT: Could we slow down?

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

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

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

Q. Is it your view that epidemics will become more frequent, more complex, perhaps, and harder to prevent and contain as a result of the well known issues of changing ecology, urbanisation, climate change and increased travel and movement of human beings?

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

Q. Slow down.

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

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

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

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

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

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

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

A. Correct.

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

A. Yes.
say economists and behavioural scientists or social scientists, and experts not from the world of health, and not from the world of science, but from the social sciences.

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

A. So I would agree with some of that, but not all of it.

Firstly, I think that SAGE is often seen as the names officially on the SAGE list, which I think counts to 30 or 40 people or so. Behind that there were hundreds of people involved. And particularly on some of the areas you mentioned there, behavioural science, for instance, I think the input into -- the behavioural scientists into SAGE from throughout my time on SAGE, I thought was of the very highest quality.

Where I think -- where I do agree with you is that there was no -- there were two things lacking, in my view. One is the SAGE health, public health, behavioural science perspectives on the pandemic were not mirrored with other equally transparent and debated issues that brought the whole of the society elements together, and I believe -- I've never been in government, but I believe that a better approach would have been to have a SAGE that focuses on its area of expertise, definitely including behavioural science, international perspective, ethics, many of the things you mention, but that would be mirrored, in my view, through the Cabinet Office, with a similar transparent expert group that would consider other aspects that are absolutely critical to an all-of-society response.

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

The second thing I would suggest, and I was part of this in a US group, is that there is outside the SAGE system, but linked to it in a constructive way, if you like, a red team. A red team that would have access to other -- the same information but would be able to constructively challenge the thinking from the outside and wouldn't be within the room at the same time.

I thought that worked extremely well when I was part of a similar enterprise in the United States, and I would like to see that set up. Independent SAGE I think tried to do that, but unfortunately, for reasons others can debate, sometimes it became more confrontational than perhaps constructive.

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

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

But to have an outside group, a red group, that just puts in questions -- have you thought about this? Have you thought about that? Have you considered that? -- who are not part of that formal group, I think -- my own experience of that is from the United States, and there I thought it was very helpful to be able to do that. It doesn't diminish the authority or the voice of SAGE but it would give you some of the external challenge.

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

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

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

LADY HALLETT: Can I just have a brief summary of what Sir Jeremy means by the mirror group? Which experts?

How would it work?

MR KEITH: Yes.

Sir Jeremy, a few moments ago, in response to a question from myself as to whether or not the constitution, the make-up of SAGE was sufficiently diverse, you suggested the possibility of a mirror group, not as part of SAGE itself, because it would become too unwieldy and too large to be convened at speed and in very difficult circumstances, but a separate committee comprising experts, specialists
from different professional walks of life. Could you expand on that? You referred to social scientists, economists and others. Is there anything more that you want to say about that in terms of the composition?

A. Well, I think the social scientists and behavioural scientists were absolutely fundamental to SAGE itself, so I certainly ... but I think a group outside of what I call a red team, that was able to throw in questions into SAGE: have you thought about this? Have you thought about that? Some of that happened informally, through things like, in the UK, the Royal Society, Academy of Medicine Sciences, et cetera, et cetera and obviously in the lay and scientific literature. But having been part, for some time, in the US of that red group, which brought together, yes, epidemiologists, biomedical people, social scientists, economists, people thinking outside the box, that was helpful, I think, in terms of the US approach to this. Which I have to say I believe was not as well constructed and organised as was SAGE, would be my view having seen both operating.

Q. So those specialists and scientists and professionals are, in terms of their own professional qualifications, mirror images of the constituent parts of SAGE, they're not from other walks of professional life, they are there to challenge, if you like, the members of SAGE on the growing risks of pathogenic outbreaks, particularly of the viral respiratory kind, and to the growing risks generally because of changes in our environment and our way of life. To what extent is it essential to meet those continuing and growing risks that we maintain as a country capability, that is to say the medical, scientific and social weapons at our disposal to meet a future pandemic?

A. So I started off by saying what you have before a pandemic or crisis hits makes such a huge difference. There are many things to question and challenge, and that's the role of the public inquiry in terms of the pandemic. But I think we can only celebrate the remarkable scientific -- and by "scientific" I mean the broad sciences -- contribution to the pandemic in the UK and around the world. That -- you can't turn that on in a crisis. You know, we didn't make a vaccine in 12 months. We made a vaccine because for years before all governments in the UK, of any colour, I would argue as well the Wellcome Trust, the charitable sector, philanthropy, have invested in basic science, in people, in teams and institutions, and if you look through the development of the Oxford-AstraZeneca vaccine, if you look at COG-UK, building off years of work at the Wellcome Genome centre, if you look at the RECOVERY Trial, if you look at when local authorities and others through public health got involved in their communities, through ownership and knowledge of those communities, those were absolutely world leading. Those are the results of decades of investment in fundamental science and its translation, a brilliant regulator. And HRA now, and when it was part of the EMA, is one of the world's if not the world's best regulator. They were critical. Understanding ethics.

So this infrastructure in the UK is something the UK should be incredibly proud of, must maintain, and has a critical role to play internationally.

Q. Is that a capability without which it is impossible to scale up the necessary medical and clinical responses in the event of a pandemic? Is that something which must be maintained because, without it, we would not have the building blocks to be able to mount a defence in the event of a pandemic?

A. Absolutely agree with that. As I say, the vaccine was not made in a year. If you don't maintain that capacity, and if that capacity isn't valued, isn't funded -- it's not providing value and utility all of the time. We should remember that the Oxford-AstraZeneca vaccine came off a team, Sarah Gilbert, Andy Pollard and many others had been their own turf?

A. No, no, I wouldn't -- no, sorry. Let me clarify. I think in that sort of red group you could easily have a broader sector of society, civic society, industry, people, yes, with expertise and understanding of public health, but also others who would bring a different perspective.

Q. Right.

Sir Jeremy, can I ask you now about your experience, please, of some of the more specialist scientific committees concerned with pathogenic outbreaks.

Have you had dealings over the years with HAIRS, the Human Animal Infections and Risk Surveillance committee, or ACDP, the Advisory Committee on Dangerous Pathogens, or on the now abolished NEPNEI? Are those committees, although you weren't in government, with which you've had any experience?

A. No, I was not part of any of those. The greater experience I had was actually outside the UK, as you mentioned, being the founding chair of the WHO R&D Blueprint, advisory and WHO committees and other governments, but I was never involved in any of those that you mention there.

Q. All right.

You've referred in the course of your evidence to the WHO R&D Blueprint, advisory and WHO committees and other...
working on those vaccines, they'd been working on
typhoid vaccines, they'd been working on meningitis
vaccines and were able to pivot. The RECOVERY Trial
built off years of investment, particularly from the
National Institutes of Health’ research and the clinical
trials capacity.

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

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

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

A. The testing capacity in the first three months of 2020
in the UK was woefully inadequate. It wasn't possible
to scale that up at the speed that was required and
testing got way behind the speed of the epidemic. In
epidemics and pandemics there is no point saying "We're
quicker than we used to be" if you’re slower than the
speed of the epidemic, and if you get behind that curve,
you'll really struggle to catch up. Remembering that
exponential growth, doubling time every two days means,
even 48 hours later, you've lost -- you've got behind
the curve, and the data you have today is in the
rear view mirror, it's what happened yesterday that
you're seeing, not what happened today.

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

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

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

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

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

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

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

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

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

The efficacy of face masks, putting aside how effective they actually were?

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

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

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

In public health there's rarely a magic bullet. Public health -- the analogy of the Swiss cheese model of having multiple interventions is crucial. If you're expecting face masks to give you 95 protection against something, you won't get it. But as part of a series of interventions which includes face masks, includes hand washing and includes clean air and spacing between individuals, and then when you have the countermeasures you're talking about, diagnostic tests, treatment and vaccines, together they create a Swiss cheese model of what our public health is. Each one contributes a percentage. None of them on their own contribute enough to change the dynamic of a pandemic, but together they can have a very profound impact.

When you talk about countermeasures, often we talk about countermeasures in terms of therapeutics and vaccines and diagnostic testing, but countermeasures need to be seen in the full Swiss cheese model, they need to include social distancing, they need to include masks, they need to include hand washing, they need to include in other epidemic potentials other interventions, for instance, in HIV, condoms, etcetera.

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

So what I would plead for is we don't see countermeasures just as something you inject into
suffering continues to this day, and there is not a day that passes that I don't think about that.

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

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

Thank you very much.

MR KEITH: Thank you, Ms Sturgeon.

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

Ms Sturgeon, you've provided, kindly, a witness statement, dated, I think, 19 April 2023. We needn't bring it up but it's a witness statement to which you have appended your signature and a statement of truth.

Is that correct?

A. That's correct.

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

A. That is correct.

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

A. Yes.

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

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

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

There may, therefore, be a limit as to what lessons could have been learnt from that milder pandemic, but...
the Scottish Government commissioned a paper, did it not, to review its own response to that pandemic?

A. We did, yes.

Q. Was that a report or a paper that you yourself commissioned?

A. Yes, I believe I would have commissioned that as Health Secretary at the time.

Q. May we have, please, that paper on the screen, Mr INQ000102936. It’s headed “Cabinet Sub-Committee on Scottish Government Resilience, Influenza (H1N1) Pandemic - Review of the Scottish Government Response”, and it was a “Paper by the Cabinet Secretary for Health and Wellbeing”. You were Deputy First Minister and Cabinet Secretary for Health, and therefore may we presume that was you?

A. I’d have to check the date of it to see whether I was still Health Secretary when that paper was produced, but I believe that would have been me, yes.

Q. I think the paper was produced in 2011. You were Cabinet Secretary for Health until 19 May 2011.

A. Yes.

Q. That would have been me in that case.

A. Yes, you were Cabinet Secretary for Health until 19 May 2011, and then you became Cabinet Secretary for Health, and Wellbeing and Cities Strategy thereafter?

A. That would have been me in that case.

Q. Yes, you were Cabinet Secretary for Health until 19 May 2011, and then you became Cabinet Secretary for Health, and Wellbeing and Cities Strategy thereafter?

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

Q. Indeed.

A. At page 11, relatedly, in the middle of the page there is this heading:

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

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

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

Q. “We will oversee the work of the Review Team through Scottish Government representation on the reference group. We will consider the implications for Scotland of the emerging findings, specifically those relating to ...”

A. Then the bottom bullet point:

"Future iterations of the Pandemic Flu Framework.”

Q. Was that reference to “Pandemic Flu Framework” a reference to the then pre-existing Scottish strategy for dealing with pandemic flu and also the prospective, the anticipated United Kingdom strategy for dealing with influenza pandemic, which we’ll come to in a moment?

A. So I suspect that that would have been effectively both of those things, it would have been a reference to whatever pandemic flu framework was in existence at the time, the pre-existing Scottish Government one and then...
what became the UK-wide pandemic flu preparedness plan in 2011.

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

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

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

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

Q. Please.

A. -- and perhaps give a little bit more explanation for my use of the term "tweak". Had a process to update that plan focused on updating an influenza preparedness plan, I can't be sure about this, but I do not believe it would have changed significantly, because it would still have been a plan dealing with the potential for a flu pandemic. Had it been a process signed to turn a flu plan into a plan that was looking at a different range of pandemics, that may have been a more substantive exercise.

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

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

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

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

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

A. No, that is absolutely the case. That is not to say that there was no thinking within governments around non-influenza diseases, you know, high-consequence infectious diseases. Exercise Iris, which was a Scottish Government exercise, looked at that specifically. What there wasn't, and I think this is the significant gap, is there was no set plan, which, as I say, is not the same as saying there was no thinking, into how we dealt with a pandemic that had features and characteristics of flu in terms of transmissibility, but
also the severity and the -- what we came to understand
in terms of the asymptomatic transmission of Covid-19.

So if you look at Exercise Iris, it was looking at
a MERS/SARS type incident, but not a pandemic, one that
was small and very contained.

Q. Yes.

A. So I would readily accept that there was a gap in terms
of the pandemic we ultimately were dealing with, but, as
I say, that does not mean the plan that was in place had
no utility at all.

Q. No, and I'm not suggesting it had no utility. The plan
on its face called for flexible --

A. Yeah.

Q. -- application, it called for flexibility, it proclaimed
the fact that viral respiratory pathogenic outbreaks are
by their nature inherently unpredictable, and therefore
that the plan should be applied to non-influenza
pandemics. But there was no development of that
thinking, was there, in the plan? There was no debate
about those inherently unpredictable
characteristics might consist of, the differences in
transmission rate, or viral load or severity or
incubation period.

That's correct, isn't it?

A. That is correct. That said, and I -- obviously I'm not
have been a much closer and clearer debate about the
necessary countermeasures, for example mass diagnostic
testing, mass contact tracing, social restrictions,
quarantining and so on, and that debate was wholly
absent, wasn't it, from that strategy and from all the
contemporaneous material?

A. Much of that, yes, was absent from that. So I do think
that is fair, and yes, I -- with retrospect and in
hindsight, I think we would all have benefitted from
much earlier discussion around some of these things.

I suppose the only point I'm making, maybe this comes
from too many years in government, not now obviously, is
I think there is a real danger in putting
an overemphasis on plans, there is a -- there is often
a tendency in government to say, "Well, we have a plan,
that sits on the shelf, and so we've done the
preparation", and it's what -- as I think you're putting
to me fairly, it's what lies underneath that, and had
there been a plan that looked at the range of pandemics
other than flu, then yes, it is possible that we would
have had greater discussion around some of the elements
that of course came very much to the fore when Covid
struck.

Q. The reason I put the question to you, Ms Sturgeon, the
way that I did was to respond to your suggestion that
a scientific clinical expert in any way, shape or form,
but it may have been difficult to capture the range of
possibilities that you -- you've just alluded to there
in a single plan.

I think the other point I would make about the
utility or otherwise of plans, had the flu plan been
reviewed and turned into something that was looking at
pandemics or the potential pandemics more widely,
whether that plan would have served its purpose would
have depended on the capabilities that lay underneath
that plan.

So I'm straying slightly perhaps into future modules
here, but for me the questions in my mind, literally
every day, are not so much did we lack a plan, but did
we lack the capabilities for dealing with a pandemic of
the nature of Covid-19. And obviously I'm talking there
about contact tracing, testing, infrastructure in
particular.

Q. Indeed. But you would accept, Ms Sturgeon, that the plan
focused more plainly, more clearly on the inherent
unpredictability of viral respiratory pathogens and
their characteristics, and identified that the next
pandemic might have different characteristics to
influenza, in terms of transmission rate, incubation
period, viral load, severity, it is likely there would
the strategic, acknowledged strategic flaws in the plan
may not have mattered because what matters more is
capability.

A. Absolutely.

Q. My point to you is: had there been a proper development
of the issues of the required countermeasures necessary
to meet properly identified risks of non-influenza
pandemics in that document, that capability is likely to
have been better developed by the time Covid struck?

A. I think that is fair, and I would accept that. I think
it would come down to how precise some of those other --

Q. Of course.

A. -- predictions or models had been, but I think that is
a fair comment to put to me.

Q. Your point about the danger in government of selecting
a plan in the reasonable expectation that it will do
what it says on the tin and it will meet the need of the
exigency or emergency which has arisen, would you agree
that that plan tended to focus upon managing the
catastrophic consequences of a pandemic influenza as
opposed to trying to prevent those catastrophic
consequences from developing in the first place?

A. I'm not sure I do entirely agree with that, and again
I'm perhaps straying from your question being anchored
in the flu preparedness plan and projecting a little bit

(11) Pages 41 - 44
to some of the commentary that's been made around the handling of Covid. I suppose -- you know, there is a question in my mind, in the context of a pandemic, what do we mean by prevention. I think there is a question about whether any single country at a population level could prevent, ie stop, a pandemic happening. Clearly there are measures at an individual level that people try to take to prevent themselves getting it. But in the context of a pandemic, it is -- and I can only speak for myself and the Scottish Government here -- it was never the case when Covid struck that we just accepted as a given that a reasonable worst-case scenario was going to unfold. It was our determination from the outset to do everything we could, and I think that is what prevention means in the pandemic context, to suppress it to the maximum.

The questions I think that are really important for us all to consider very, very frankly is: could or should we have done more to suppress to the maximum Covid? But speaking on behalf of the government I led at the time, it was never the case that we simply accepted there is a level of harm that is going to be done by this virus and we accept that. We were always -- in fact it became, later on, one of the points of difference between the Scottish and the UK Government, the extent to which we were still seeking to suppress as opposed to live with the virus. So I don't accept that there was ever, certainly in my mind, an acceptance of a level of harm that we were, you know, willing to have unfold.

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

A. So forgive me if you thought I wasn't answering your question, I was seeking to try to answer your question but I perhaps went on to Covid more than the flu plan. I think one of your questions, which is reasonable, is the flu plan was looking at flu, and so some of what would have been in that plan had it been looking more widely was not there.

What I was seeking to address was this notion, either in the flu plan or later in Covid, that there was simply an acceptance of a level of consequence. I think, forgive me, I can't remember the precise text in the 2011 flu plan, but I think there is commentary in it that reasonable worst-case scenario are not necessarily things you accept, they don't take account of the countermeasures that you take to try to reduce that. So either in that plan or in the eventual handling of Covid, I -- speaking from my own perspective, it was not simply a, "Here's a level of consequence that we accept that we can't do anything about". I do think -- and this goes to your point about mass testing and contact tracing -- the question, very legitimate, is: could or should we have done more to put ourselves in the ability of suppressing? It is also the case that I don't think for any responsible government it can ever, in a context like this, be either trying to suppress or dealing with the consequences. You have to do both. And that is a feature of the planning as well.

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

Q. But in relation, therefore, to the strategy, we appear to be agreed that the strategy, because it proclaimed its ability to be applicable to non-influenza pandemics -- whilst it proclaimed its ability to be flexible and applicable to non-influenza pandemics, simply did not provide the thinking or the tools necessary to be able to deal with them. I'm not asking you again about and I'm not seeking your answer in relation to how the Scottish Government did respond, and what its approach was once it was struck by the pandemic, but in terms of the strategising, the planning and the preparedness at an overarching level, that thinking and the development of the necessary tools was absent from the sole strategy document that was meant to be applicable?

A. I think that is fair, yes.

Q. Right.

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

Would that be a suitable point?

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

LADY HALLETT: Right, I shall return at 11.30.

(11.12 am)

(A short break)

(11.30 am)

MR KEITH: So, Ms Sturgeon, having been harnessed to the
Q. As you've rightly acknowledged, and as your then Director of Safer Communities, Gillian Russell, accepts in her witness statement, a very significant amount of emergency planning time was spent on planning for a no-deal EU exit, and therefore something had to give, and one of the things that had to give was some of the work that was meant to be done for emergency planning.

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

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

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

A. That's correct.

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A. That's correct.
Planning for the greatest risk which the country faced, the Tier 1 influenza pandemic risk, was ultimately a false economy, because although the consequences of a no-deal EU exit would have been extremely serious and had to be mitigated, the one area from which it really couldn’t be said that resources should sensibly be drawn would be the no less significant area of pandemic preparedness?

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

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

A. Indeed.

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

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

So, yes, I think it was deeply regrettable that resources had to be diverted from any other area of work, and in particular pandemic preparedness. I also, though, would repeat a point I made earlier on, that it was -- certainly from the Scottish Government perspective, it was not the case that all preparation around the potential for a pandemic stopped. I would imagine you will ask me later in the session about Exercise Silver Swan.

Q. Yes.

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

Q. Thank you, that’s very clear.

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

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

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

Overall, though, I think, in the context of intergovernmental relations, work around -- in swine flu and from swine flu, leading up to the beginning of Covid, I think relatively speaking they worked well.

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

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

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

LADY HALLETT: Ms Sturgeon, how do you get past -- I don’t know if you heard Jeremy Hunt come out with a brutally frank answer, which was that when he was Secretary of
Q. My Lady heard evidence from Oliver Dowden, the Deputy Prime Minister, about how both before but I think boosted by the national Resilience Framework and its publication by the United Kingdom Government in December 2022, there had been set up a UK resilience forum to discuss important issues relating to cross-United Kingdom resilience and civil contingency arrangements. The Scottish Government attended the first UK Resilience Forum, as did UK ministers, on 14 July 2021, but the Scottish Government was absent, it's listed as an absent participant, in May 2022 and 3 May 2022 and '23 do state in terms that the information for you, I cannot answer here why we weren't present, if indeed we weren't present, but that is something I would certainly encourage ministers now to take part in. Is it something which, as First Minister, you attended whilst you were in office?

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

I come back to a point I made earlier. I think systems and processes are really important, but they will only work if all of the parties participating in them participate in the right spirit and attitude, and that, in intergovernmental relations, is often where it breaks down, and I've been, as First Minister and for years before that as Deputy First Minister, involved in a range of different iterations, joint ministerial councils, these new arrangements, and they will work if politics got in the way of the relationship between ministers for health in the various administrations?

A. So I think that can happen and I think it has happened. I also think it's possible to overstate the extent to which that happens.

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

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

MR KEITH: You lent your considerable authority to a review of United Kingdom and national intergovernmental relations, did you not?

A. Yes.

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

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

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

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

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

What was the position with Scotland?
A. As I understand it -- so the first part of your
question, would I have had an awareness, I would have
had a general awareness of exercises and the
Scottish Government working to implement recommendations
that were relevant to us. I wouldn't have been closely
involved on a day-to-day basis with that in detail. My
understanding is that of the, I think,
22 recommendations out of Exercise Cygnus, the
Scottish Government assessed all of them for their
applicability or relevance to Scotland --
Q. Yes.
A. -- and I believe at the time Covid struck us there were
14 of those complete and eight outstanding. Some of
those would have been for the UK Government to take the
lead on. I believe one on social care was paused by
the UK Government due to Brexit, something we've already
discussed. There was another around pandemic guidance
that the UK Government was to take the lead on, but that
hadn't been progressed.

I think the other point I would make about this is,
and in relation to both those recommendations that I've
mentioned, there would have been analogous
recommendations in Silver Swan that Scotland was
pursuing. So, on --
Q. Yes.
A. -- social care there was a recommendation there about
social care contracts, business continuity, that we had
considered complete, and in terms of pandemic guidance,
with one exception -- which was updated guidance for
health and social care that had been out for
consultation at the end of 2019, but other than that --
the recommendations in Silver Swan for updating guidance
had been taken forward.
Q. In relation to Exercise Iris, that was a one-day
exercise, was that a tabletop exercise?
A. Yes, it was.
Q. That was a Scottish exercise?
A. Yes.

Q. In March of 2018. Was that the exercise that was
concerned with an assumed outbreak of MERS?
A. Yes.
Q. What, Ms Sturgeon, was the outcome of that exercise in
terms of the implementation of recommendations?
A. That was very much ongoing at the time Covid struck.
Obviously that exercise was the latest of the three that
we're referring to right now, I think took place in
2018. There were, I think -- of the 13 recommendations
in it, there were four that had been completed,
a number, two I think, that were ongoing, and then some
others were paused when Covid came along, for -- when we
look at some of them, for understandable reasons,
because the system was dealing with a real pandemic at
that time and it would not have made sense to go
forwards in a separate track with the recommendations
from Iris. But Iris, partly because of when it
happened, is the one where, at the outset of Covid,
there were most of the recommendations still
outstanding. Or more than in the other exercises.
Q. I think it's fair to say, Ms Sturgeon, that there were
no single workstreams which were of great importance
which were wholly uncompleted. So although there were,
I think, three areas where work had not been completed,
other aspects of those workstreams had been completed.

In relation to, I think, updating guidance in
relation to MERS CoV, which obviously is not of great
significance, perhaps, in terms of dealing with Covid,
certain work to do with readying NHS boards to deal with
the potential impact of contact tracing and community
sampling during an HCID outbreak, and also finishing off
the fit testing for particular types of PPE; were those
the broad areas that were still outstanding?
A. Yes, that is correct, and some of the PPE
recommendations around fit testing initially came from
Silver Swan, but there were similar recommendations out
of Exercise Iris as well.
Q. Coming back to Silver Swan, which I acknowledge was
before Iris, but the reason I'm coming to that last is
for the importance of one of the workstreams which came
out of Silver Swan, the -- I think of the
17 recommendations. 13 were considered by the
Scottish Government to be complete, but an important
area was pandemic guidance for the health and social
care sector. Was that ever completed, even though
Silver Swan was in 2015?
A. The specific guidance for health and social care had not
important that there is a proper fulsome exercise to

A. I wouldn’t want to speak for the Auditor General, in

A. That’s correct.

A. I do not believe that has yet been published, but,

A. No. -- again, I can only give an opinion here.

A. It issued an interim report that I responded to while

A. It was that Audit Scotland report that you refer to around PPE, PPE

A. Yes.

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MR ANWAR: Forgive me, that was the third one that I was referring to. Forgive me if that was the fourth and I've missed the third one.

MR KEITH: That's all right.

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

MR KEITH: My Lady has.

LADY HALLETT: I confirm permission is granted.

Mr Anwar.

Questions from MR ANWAR

Good afternoon, Ms Sturgeon. I have a handful of questions left to ask on behalf of the Scottish Covid Bereaved.

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

So I'm going to refer you to the joint expert report that was provided -- prepared for this Inquiry on health inequalities for Module 1 by Professor Sir Michael Marmot and Professor Clare Bambra.

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

I'm not going to take you through it, but to summarise, he concluded that: "... with some exceptions, the specialist structures concerned with the risk management and civil emergency planning did not properly consider societal, economic and health impacts in light of pre-existing inequalities. The UK Government and the devolved administrations and relevant public health bodies did not systematically or comprehensively assess pre-existing social and economic inequalities and the vulnerabilities of different groups during a pandemic in their planning or risk assessment processes."

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

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

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

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

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

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

Again, I am moving into the response phase here, but you will be aware, I'm sure, one of the things we did early on in the response phase was to set up an expert group concerned with the risk management and civil emergency planning to consider societal, economic and health impacts in light of pre-existing inequalities and the vulnerabilities of different groups during a pandemic in their planning or risk assessment processes."

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

I'm not going to take you through it, but to summarise, he concluded that: "... with some exceptions, the specialist structures concerned with the risk management and civil emergency planning did not properly consider societal, economic and health impacts in light of pre-existing inequalities. The UK Government and the devolved administrations and relevant public health bodies did not systematically or comprehensively assess pre-existing social and economic inequalities and the vulnerabilities of different groups during a pandemic in their planning or risk assessment processes."

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

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

Again, I don't think it is right to go from there to say there was no planning and no thought given to that.
Mr Anwar: That would be helpful. Those are the answers to my questions. Thank you, Ms Sturgeon.

Lady Hallett: Thank you very much, Mr Anwar.

It would be helpful if you could provide that information, Ms Sturgeon.

Can I just check, were you saying that it is your understanding that impact assessments routinely included consideration of protected characteristics?

A. I -- forgive me, my Lady, I wouldn't want to leave you with that -- I'm not sure that that would not be an overstatement, so, again, I think the information I'm offering to have provided through the offices of the Scottish Government would answer that question for you. Certainly that would be involved in impact assessments, but I wouldn't want to attach more relevance to the word "routinely" than I feel confident to give you right now.

Lady Hallett: Thank you very much.

Mr Keith: My Lady, rather than setting too great a hare running, it may help Mr Anwar if my Lady recalls for him that the evidence of Ms Lamb yesterday included a section dealing with the consideration by Scotland of health inequalities, and my Lady will recall that there was -- in the course of evidence she referred to the Auditor General for Scotland's report on health inequalities in 2012; *Equally Well*, 2013; the NHS Health Scotland's *Health Inequalities Policy Review*, 2013; and then five public health reports between 2013 and 2022, which therefore provide the basis, along with the public sector equality duty and the Equality Act 2010 for the consideration of health inequalities.

Lady Hallett: Thank you.

Thank you very much indeed, Ms Sturgeon, that's all for today.

The Witness: Thank you.

Lady Hallett: The next time we meet I suspect will be in Scotland. Thank you.

The Witness: Thank you.

(The witness withdrew)

Lady Hallett: Ms Blackwell.

Ms Blackwell: Thank you, my Lady, the next witness is John Swinney.

Mr John Swinney (affirmed)

Questions from Counsel to the Inquiry

Ms Blackwell: Mr Swinney, may I begin by thanking you for the assistance that you've so far given to the Inquiry.

You have provided a witness statement, which we can see at INQ000185352.

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

Can you confirm, Mr Swinney, that that was signed by you on 5 May of this year, and it's true to the best of your knowledge and belief?

A. That is the case, yes.

Ms Blackwell: Thank you very much.

May we have permission to publish?

Lady Hallett: Certainly.

Ms Blackwell: Thank you, my Lady.

We can take that down.

Mr Swinney, you held the position of Deputy First Minister over the nine-year period, that was very much part of your portfolio, wasn't it?

That's correct, yes.

A. That's correct, yes.

Q. What was the scope of ministerial resilience?

A. Before I answer the question, would it be possible, my Lady, for me perhaps just to express at the outset of my evidence my sympathy to everyone affected by Covid and for the suffering that has been experienced, and also my appreciation to members of the public and our public service personnel who have done so much, along with colleagues in the private and third sectors, to sustain recovery.

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

Now, that didn't mean that I did everything, because in one of the introductions to the Scottish Risk Assessment, for example, I make the point that...
resilience has got to be everybody's business, so all aspects of government have to think through what are the resilience risks that are faced in their area of responsibility, but it was my responsibility to make sure that all of that was in as strong a position as it could be for any eventuality that we had to face.

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

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

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

A. That's correct, yes.

Q. This committee met in preparation for emergency response and in order to keep abreast of matters related to promoting and improving civil protection and also preparing for special contingencies such as pandemic influenza. It was set up some considerable time ago, and indeed the last recorded meeting of it took place on 14 April 2010. Now, I want to go to those meeting notes, please. Which are at INQ000102935, thank you.

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

Q. Let's go, please, to page 7, and I'd like to look at paragraphs 11 and 12. Now, of course, if we remind ourselves that 2010 was just after we had suffered the swine flu outbreak, we can see at paragraph 11: 

Q. [Somebody present] introduced [a] paper ... which analysed the implications of the lessons identified from the recent emergencies for the Scottish Government's role in co-ordinating national emergency responses. He said that the requirement for SGoRR to be activated had greatly increased over the last 3 years, which included activation for the fuel shortages in 2008, the flu pandemic [that's the swine flu pandemic] and an increasing number of weather related incidents. Scottish Resilience would shortly undertake a significant review of SGoRR's capacity and its capability to support enhanced national decision making in the light of the lessons learned and this would include options for improvements in accommodation, IT, training, and staffing.* Could we scroll down, please.

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

Thank you. We don’t need to read in any further.

So this was a committee which, as of April 2010, not only was active and had been activated because of the national issues that had arisen, fuel shortages, pandemic swine flu, and also issues with climate change, but was also very much looking forward to providing a level of service in terms of what was being anticipated.

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

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

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

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

We essentially developed structures which had -- which involved the creation of a Scottish Resilience Partnership, which in a sense was living out the point that I made in one of my earlier answers, which was that resilience had to be everybody's business. So we needed to have a range of different organisations very much engaged in the preparation of active resilience functions, many of which are listed in those paragraphs 11 and 12 that have been read.

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

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

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

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

Q. All right, thank you.

A. Right and I next want to ask you about the Scottish Resilience Partnership, which you've just mentioned. The first issue is to make sure that I'm addressing it by its correct title, because when I suggested yesterday to Gillian Russell, who set up the committee, that it was called the Scottish Resilience Partnership, she corrected me and said it was called the Strategic Resilience Partnership. Which is it, please, Mr Swinney?

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

Q. Perhaps that's where the difficulty arose.

A. Yeah.

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

A. I don't think so, but I wouldn’t rule out the necessity to look at this question. I think it's important to look at who those Category 1 responders are. So around the table of the Scottish Resilience Partnership would be the leadership of Scotland's 32 local authorities,
the Chief Constable of Police Scotland, the Chief Fire
Officer of the Fire and Rescue Service, the
Chief executive of the Scottish Environment Protection
Agency, the Chief executive of the Scottish Ambulance
Service, and there will be others that I haven’t managed
to remember off the top of my head.
So they would be representing a very broad
cross-section of those who would have to deliver the
resilience response, and, crucially, would have to make
sure that appropriate preparations were being undertaken
at a more local level, whether that was across the three
regional resilience partnership areas in Scotland or the
32 local resilience partnerships representing each of
the local authority areas.
So that body had to consider what might future
threats be, and they had to make sure that we were
developing the processes and the infrastructure that
would enable us to handle any such circumstance should
an issue arise.
Q. How often were ministers involved in or in attendance at
these meetings?
A. Quite frequently. I certainly remember being personally
at a number of these resilience partnership meetings,
and that was to essentially -- that attendance was to
provide the direction of ministerial thinking.
Q. And NERVTAG?
A. And NERVTAG. And we would gather expert information and
advice to inform our own thinking within Scotland. So
I would cite that as an example of where we weren’t
trying to replicate what would be a very good and strong
source of scientific advice and professional advice to
government.
There would be co-operation around some aspects of
procurement in relation to PPE, I think I recall. So --
and then there would be other dialogue on a four nations
basis where there really was no particular value in us
undertaking a different and distinctive process.
Q. All right, well, we’re going to come on and look at some
of those. But whatever the political point that could
be made about the devolved administrations and their
connection and the strength of their connection to
the United Kingdom Government, the truth is that
pandemic planning was and ought to have been UK-wide as
an effort, shouldn’t it, with each nation performing
a role in a collective endeavour to prepare for
a pandemic?
A. I would say that, yes.

So we would be considering -- I can remember
contributing to those discussions around a range of
issues, some of which would be about pandemic flu, some
would be about winter weather, some would be about cyber
security, for example, which would be, you know,
a number of the very live and topical issues that we’d
be discussing.
Q. In your witness statement to the Inquiry, you say at
paragraph 9(sic):
"In the period running up to January 2020, the
preparations for a pandemic were taken forward in
Scotland as a combination of participation in the
four nations activity across the UK and specific
applications of this approach to the distinctive health
and social care arrangements that reflected the devolved
governance arrangements."
And that:
"13. The approach of the Scottish Government would
best be summed up as a pragmatic way of co-operating on
a four nations basis ..."
Q. Were you aware at the time when you were in office that
there were plans afoot to update it but those plans in
fact never came to fruition?
A. I wouldn’t say I was specifically aware of that
particular point, no.
Q. You are aware, though, that a Pandemic Flu Readiness
Board was set up --
A. Yes.
Q. -- following the Exercise Cygnus recommendations, and
one of the aspects of work for that board was to update
this strategy. That work was eventually paused because
of preparations for a no-deal EU exit.
Is it a source of regret for you, Mr Swinney, that
on your watch that preparedness strategy was not
updated?
A. Obviously I would, in all circumstances, prefer to be
able to achieve all of the commitments that were given
to update material and to prepare accordingly. I think
there’s very strong evidence of pandemic preparations in
the strategies that were taken forward and in the work that was undertaken particularly within the health team within the Scottish Government that led on pandemic preparation for that to be the case. But there's obviously aspects of work which have suffered as a consequence of what are the -- in my experience, the inevitable congestion of multiple priorities that can often exist. And as the Inquiry will have heard, the preparations for a no-deal Brexit were a very real threat which had to be addressed and, as a consequence, some aspects of the work that was necessary to be undertaken for other areas of activity were not able to be completed.

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

In addition to that, we have heard this morning from Nicola Sturgeon that so far as guidance for health and social care is concerned, there was a recommendation for that to be updated as far back as the Exercise Silver Swan report in 2016, and she has confirmed to the Inquiry this morning that when she left office in March of this year that had still not been implemented. So that is guidance and recommendations from several years ago.

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

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

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

Q. Seven years.

A. Yes, but --

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

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

Now, that would be more relevant on some of the challenges we would face in relation to winter weather, for example, which would be perhaps a more acute challenge for us than other parts of the United Kingdom.

But its purpose and its objective was to be complementary to the United Kingdom National Risk Assessment.

Q. All right.

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

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

"I feel very strongly that resilience is everyone's business. Our combined efforts to protect our society are the test of our resilience; the ongoing safety and
security of our communities is the measure of our success. Building a shared understanding of the risks we face in Scotland is vital if we are to do this successfully.”

Q. Does that accurately depict how you felt at the time that this was implemented?

A. Yes, it does.

Q. Thank you.

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

Q. I think that’s a reasonable point. I think the -- in the compilation of the Scottish Risk Assessment an effort was put in to try to ensure that we addressed the range of circumstances that we might face and, if my memory serves me right, I think in this risk assessment we identified and prioritised ten within that report. But obviously within that there are a multiplicity of different scenarios on each and every one of those themes.

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

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

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

A. I think the doctrinal approach in resilience, I think, is certainly focused on trying to mitigate the impact and to secure recovery as speedily as possible, but I don’t think that does justice to the wider perspective within government which -- certainly in the Scottish Government -- lays a very heavy emphasis on prevention.

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

Q. Well, I’d just like to look at a different document, please, in order to explore your answer to that question in a little more detail. Could we put up INQ000087205, please. This is a minute from the meeting of the Pandemic Diseases Capabilities Board in April of 2022, so it's after the pandemic but I'd like to just look at the analysis here of preparation in order to better inform us of how we really should be considering preparing for any future pandemic.

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

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

If we can go to page 5, please, and then look at recommendation 2.1, this recommendation is that: “All departments to use the outputs of recommendation 2 to produce a supplementary risk assessment to the NSRA that assesses the impacts of public behavioural changes on their sectors. The outputs of this work should be reviewed by ministers with a view to determining which behavioural changes…"
fail within an agreed ‘Response Ambition’ that will
provide clear planning assumptions to enhance
cross-government preparedness arrangements for future
NPI deployment.”
Then if we can go down to read through paragraphs 18
to 20, please:
“18. The unprecedented use of NPIs and significant
changes in public behaviour seen during the Covid-19
pandemic required the provision of far greater economic
support than pre-Covid planning assumptions suggested.
19. The planning assumptions in the 2011 UK
Influenza Pandemic Preparedness Strategy focused on the
economic impacts of sickness absence. As a result, the
strategy did not include many of the significant
economic impacts we have seen during this pandemic, such
as the dramatic drops in economic activity, significant
shifts and reductions in consumer spending and
disruption to global supply chains. The OBR’s Fiscal
Risks Report from July 2021 suggests the UK’s real GDP
declined by an unprecedented 9.8% in 2020 and as of
September 2021, the NAO estimated the lifetime cost of
government spending on Covid-19 will reach £370 billion.
Clearly then, in line with recommendation 2.1,
our economic risk assessment for pandemics must be
updated to include a broader range of impacts, including
the significant potential impacts of NPIs and
behavioural changes on different sectors of the
economy.”
So not only was much of the planning and
preparedness concerned with preparing for the reasonable
worst-case scenario, not preventing it from arising, but
it would appear that planning was never really designed
to deal with the fallout of any of the countermeasures
that might be taken to prevent or cope with the
reasonable worst-case scenario; do you agree?
I think it’s difficult to -- and this gets to the heart
of so much of the assessment work that has got to be
undertaken here -- to identify what might well be the
range of impacts that have to be wrestled with in any
particular scenario, and then of course the more
scenarios that we consider, the broader the range of
variables that there will be.
But I think what the material that has been read
I think fairly highlights is the very significant wider
impact of the pandemic and its effect on our society,
and, you know, as I -- and we may well come on to this
in other modules of the Inquiry’s work -- but after we
took the steps to, you know, the most immediate steps in
March 2020 in relation to lockdown, I led a lot of work
within government which was about trying to essentially
reconcile much of this information as to how we then
worked our way back out of that, and it became known as
the ”four harms framework”, where we looked at the
direct Covid harm, the indirect Covid harm, the economic
and the social harm that was being caused, and how we
evaluated what was the right amount of risk to wrestle
with, I suppose, in terms of trying to get out of
a situation of lockdown. So, in a sense, I offer that
information to try to illustrate that the dilemmas that
are involved very much in this material were dilemmas
that we were wrestling with, but I would concede that we
were wrestling with them after lockdown had commenced,
not before.
Q. Yes, but going forwards, what we’ve just read into the
record become part of pandemic planning, shouldn’t it?
A. I would say it needs to, yes.
Mr Swinney, I’m afraid I’m not going to finish your
evidence before the break, which we have to take in
a couple of minutes, but before we do break I’d just
like to ask you one more question, because you were
Cabinet Secretary for Finance and Sustainable Growth for
nine years.
A. Yeah.
Q. What are your views on the fact that, as a result of
what we’ve just discussed, there was no real financial
you know, many people’s livelihoods from, you know,
great jeopardy, but it is an illustration of the scale
of the financial challenge that comes with a disruptive
pandemic of this nature.

MS BLACKWELL: All right, thank you very much.
My Lady, is that a convenient moment?

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

(12.45 pm)
(The short adjournment)
(1.45 pm)

LADY HALLETT: Ms Blackwell,

MS BLACKWELL: Thank you, my Lady.

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

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

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

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

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

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

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

Q. Yes.

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

Q. In 2004, yes.

A. So those arrangements were --

Q. Were already in place?

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

Q. No, thank you very much.

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

A. Yes.

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

A. That’s correct, yes.

Q. All right.

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

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

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

A. I wouldn’t say that the working arrangements in
an emergency were particularly poor. I think there was

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

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

Q. All right.
A. Therefore there was, you know, a necessity to try to formulate some working basis upon which intergovernmental relationships could be improved.

Q. So, moving forwards in terms of preparing for future pandemics or future civil emergencies, any level of clarity as to how communications and matters of substance should be taken forwards between the four nations would be welcomed?
A. Yes.
Q. Thank you.

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

MS BLACKWELL: I’m sorry, I didn’t mean to say that, the heads of government.

LADY HALLETT: Thank you.

MS BLACKWELL: Thank you.

A. Yeah.
Q. You tell us in your witness statement that one of the hallmarks of the operating approach of Scottish Government during the period that this module is interested in was to engage widely with other public authorities, public bodies, business and third sector organisations to create a sense of common purpose in your endeavour, and you tell us that that was achieved through forums such as the Scottish Leaders Forum, which brings together senior public sector leaders from across Scotland, has regular dialogue with major business representative organisations, and interaction with a representative range of third sector organisations.

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

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

So what the governments of which I was a part tried to foster was a climate of collaboration, co-operation across different public and private sector boundaries, third sector boundaries, so Scottish Leaders Forum would bring together basically the key public sector and third sector, private sector leaders around the country to try to formulate common purpose, and a common direction of travel in solving problems that we were all interested in solving but might have slightly different perspectives about who could do what in the process.

Q. Right, in terms of emergency preparedness and pandemic planning, what level of engagement was there between the Scottish Government and the voluntary sector?
A. There would be dialogue through, you know, the routine conversations we would have with the third sector about, you know, how they could perform a role within the delivery of policy. So if I think back to periods where, you know, I had responsibility for third sector relationships, 2007 to probably about 2012, you know, we’d be regularly involved in the third sector in the formulation of strategy, what role they could perform, how they could be involved. When it got to the stage of dealing with the pandemic, the third sector organisations would be operating very closely with local resilience partnerships, because, you know, we would encourage -- we actually not just encouraged but we funded what were called third sector interfaces at local level in the 32 local authority areas in Scotland. So the third sector had an ability to influence the direction of policy and service delivery at local level.

Q. The Inquiry has received a statement from Heather Fisken representing an organisation called Inclusion Scotland. It’s an independent non-party political representative...
organisation of disabled people across Scotland, with a network of over 50 DPO members and partner organisations as well as individual members. I want to give you the opportunity, Mr Swinney, to respond to what she tells us in her statement:

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

What does it say, Mr Swinney, about the partnership approach that such a significant organisation, representing such an important and vulnerable constituency in society, were not subject to engagement?

A. I think I--I've read Heather Fisken's witness statement and obviously I'm troubled by its contents, because that's the last impression or feeling I would want a person like Heather Fisken and the organisation she represents to have.

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

I think--

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

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

Q. Thank you.

I want to return now to, again, something that was covered in evidence this morning, and following on from your comments that certainly at some point during the Covid outbreak relations between the Scottish Government and the United Kingdom Government were not perhaps as cordial as they should have been.

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

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

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

We can see: "Invited organisations unable to attend: Scottish Government ..."

Then, finally, INQ000198921, which is the third meeting, taking place on 2 February 2023, chaired by Oliver Dowden. If we can look at those in attendance and those absent, please.

"Invited organisations unable to attend", at the bottom of the page, we can see, fourth bullet down, Scottish Government. So it rather looks as if the minutes suggest that the Scottish Government were not present in meetings 2 and 3.

My question to you is this: do you think that their absence from these meetings was a reflection on the poor quality of relations between the nations?
Q. The one that's on the screen now?
A. Yes, please. If I could just see -- it's -- I just wanted to check, it says "Meeting held in" -- sorry, it's --
Q. If we can go to the next page, please.
A. Forgive me for --
Q. Not at all.
A. -- the process here, because it's material to the answer I'm going to give.
Q. Yes, of course.
A. It says:
"Meeting held in person and by video conference."
Okay. Thank you for. That.
So, no, I don't think it's about the nature of relations. In the short time I've had to explore this, and, as I say, I'm no longer a member of government so it takes me slightly longer to get answers to things, at least --
Q. No, no need to apologise.
A. On the first meeting, the Scottish Government was present. On the second meeting, the Scottish Government had planned to be present but, from what I have been advised, the videolink was not working and unfortunately there were people ready to be involved but could not participate because of technical issues.
On the third meeting, what I've been advised, and that's why I wanted to see this wording, was that it was an in-person meeting in London, and that minute contradicts what I've been told, and this was at a period where we were wrestling with winter weather challenges and our staff numbers were under pressure.
I'm also not certain that these were invitations extended to ministers to participate. So I would need to check whether that was a ministerial...
But around this time, or certainly around about this period, I discussed collaboration on this question with Michael Ellis, who was I think, at the time, Minister for the Cabinet Office --
Q. Yes, he was.
A. And basically we had an in principle conversation about the necessity for co-operation.
So to go back to the question you put to me, Ms Blackwell, did I think this was -- the absence of the Scottish Government was in any way an indication of poor relations, on that point, no, unreservedly not. I think it was perhaps logistics and issues that got in the way, but I will make sure there is a definitive answer given to the Inquiry to explain that point.
Q. Thank you very much.
A. Encouraging them to do so.
Q. Yes. It's INQ000102917, please.
A. Right. Now, this is a pictorial representation of the framework, isn't it? Can you explain to us how it works, please, Mr Swinney.
A. Essentially what -- at the core of it in the centre are an explanation of the purpose of Scottish public policy and the values that should underpin that, in the circular area in the centre. Then around about it are a series of national outcomes that we work with others in Scotland, whether they're in the local authority partners, third sector organisations, the private sector, to agree, to try to achieve those outcomes. So they are aspirational about the type of country we're trying to create.
Q. The reason that I wanted to highlight it during the course of your evidence was that the Inquiry has heard from Sir Mark Walport, who spoke of the need, regardless of what approach government takes to future funding of national resilience, we perhaps should consider having a national resilience assessment across all areas of society in order to ensure that the best level of resilience is achieved.
Do you think that that principle could work together with the National Performance Framework that we see is currently in force in Scotland?
A. I think that would be beneficial, and I think there is a constant challenge that we've got to be aware of on resilience issues about how the world is changing.
If I can perhaps give an illustration of that, we had a very severe and acute storm in the northeast of Scotland, Storm Arwen, and there was a very extensive amount of damage particularly to power cables, and what, of course, we discovered very, very quickly is that without power supplies, people's dependence on mobile technology, broadband, for which vast amounts of life now hinge, stops. And it's all very well saying, you know, "We'll get the power back on tomorrow", but if the power can't go on for seven days, which in Storm Arwen was the case, that is an acute challenge to people.
So the resilience effort is -- you know, the Inquiry will understand I'm not much of an electrical engineer, you need the proper people who know what they're doing to do that. So the necessity for whole approaches to resilience threats, whatever they happen to be, which Sir Mark is suggesting, is a very welcome suggestion.

MS BLACKWELL: Thank you very much.

My Lady, that concludes my questions for Mr Swinney.

You have provisionally granted permission for Scottish Covid Bereaved to ask two discrete questions. May they do that now, please.

LADY HALLETT: Ms Mitchell.

Questions from MS MITCHELL KC

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

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

I'm not going to ask the Inquiry to physically go to Scotland didn't have the budget or staffing levels to provide health protection for Scotland pre-pandemic?

A. My view is that Public Health Scotland provided the Scottish Government, our local authority partners -- and I make reference to this in my own witness statement -- with a huge amount of immensely reliable information and trusted information to enable us to form our decisions.

So part of the benefit of the reform which was undertaken to establish Public Health Scotland was it was a body jointly owned, if I could use that terminology, between the government and local authorities. So there was -- often local authorities might dispute the evidence base that government has taken its decisions based on. On this example there was none of that because we jointly owned the body of Public Health Scotland and there was wide confidence in the quality of the material and the information that came from Public Health Scotland.

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

Where I would accept is that there were financial pressures -- there were financial pressures throughout every aspect of the public sector in Scotland and we've had a prolonged period of austerity which has required...
stage did I feel that we did not have the necessary information or interventions available to us, from well, particularly Dr McMenamin and his colleagues at that time. So from my perspective I felt they were able to make that contribution, but I do acknowledge that the burden of austerity and the requirement for efficiency savings has been acute for many organisations.

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

LADY HALLETT: Thank you very much, Ms Mitchell.

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

THE WITNESS: Thank you, my Lady.

(I The witness withdrew)

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

MS CATHERINE FRANCES (affirmed)

Questions from COUNSEL TO THE INQUIRY

MS BLACKWELL: Please sit down.

A. Thank you.

Q. Is your name Catherine Frances?

A. It is.

Q. Ms Frances, thank you for coming to give evidence today and thank you for the assistance that you’ve given so far. You’ve provided a witness statement which we’ll look at on the screen in a moment. Before we confirm that this is your witness statement, I notice that you’re quite softly spoken. That’s not a criticism, but please keep your voice up and speak into the microphone so that the stenographer can hear you for the transcript. If you need a break during the course of your evidence, just ask and we will do that.

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

A. I can.

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

A. I have.

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

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

A. That’s correct.

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

A. That’s correct.

Q. Thank you.

A. Thank you.

Now, a warning, my Lady, we are about to enter a realm of shifting acronyms and names, so I’m going to try and deal with it all at once so that we can then move on.

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

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

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

Have I got that right?

A. You have got that right.

Q. Good, right.

You are responsible in your role for what we know as RED, which is the Resilience and Emergencies Division, although it is now known as the Resilience and Recovery Directorate; is that right?

A. That is correct.

Q. I’m going to refer to it as “RED” during the course of your evidence. Just pausing there, why has that particular name changed?

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

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

Q. All right, thank you.

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

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

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

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

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

Q. Right.

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

Q. In terms of resilience, which is of particular interest

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

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

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

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

Q. Right.

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

Q. It is, thank you very much.

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

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

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

Q. Please do.

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

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

Q. RED?

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

Q. Yes, please.

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

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

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

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

A. Correct.

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

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

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

Q. Right.

A. They have separated lines of responsibilities that are
set out very clearly in all legislation. For example,
districts would do refuse and that sort of service and
at the county level you might find adult social care and
children's services.
Q. So differing types of local authorities --
A. It is a patchwork across the country, well understood by practitioners, but it is not regular. Then, in addition to that, in some parts of the country there are combined authorities or mayoral combined authorities, they bring together the authorities in the area and have certain accountabilities that are set out in a series largely of devolution deals and then legislation that follows those.
If it would help the Inquiry, they tend to be less directly responsible for the public services that are affected immediately in a pandemic-type response.
Q. Right, but what's the interrelation between the local resilience forums and local authorities? Is there a direct correlation between the area that a local resilience forum covers and a local authority, or do some local resilience forums cross boundaries?
A. Thank you for asking that question.
So in the legislation the 38 local resilience forums are set out as being along the same footprint as police authorities.
Q. Right.
A. So that is what defines them.
You can imagine that a local resilience forum will sometimes be responding to a situation where the police

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

Q. I thought there were 42 authorities? Sorry to interrupt.
A. 38.
LADY HALLETT: I thought there were 40 ...
A. I would bow to your greater knowledge on the police.
LADY HALLETT: I thought it was over 40 police forces.
Forgive me for interrupting.
A. It may have changed, I don't know. I'm afraid I can't help you on that one.
You asked about the connection with local authorities?

MS BLACKWELL: Yes.
A. Because they are Category 1 responders, they are required to engage with the local resilience forum of which they are a part.
Q. Under the Civil Contingencies Act?
A. Exactly.
Q. Yes.
A. In practice, what that can mean is that you'll have a local resilience forum that has several councils in it, that is perfectly standardised, and you may find that councils don't all individually attend, they can nominate each other to attend on each other's behalf.

Q. I thought it was over 40 police forces.
A. Sometimes be responding to a situation where the police...
the same person, the resilience adviser is the same
person as the government liaison officer?

A. Often and usually -- we may come on to this later -- at
points where the whole country's systems are activated,
as in a pandemic response, we had to work on shift bases
and with a bit more variety, but normally we would try
for as much continuity as is possible.

Q. All right.

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

A. I think for people who work in the system, they
understand absolutely exactly how the systems work.
Q. In terms of oversight and assurance, you've explained
why RED does not hold a responsibility of assuring that
the local plans are in place, et cetera. Do you think
it would help if RED did have that level of assurance
and accountability to provide at that level comfort that
the local plans are dealing with the national risks
appropriately?

A. I think it potentially could be quite confusing done in
that way, because what we are trying to achieve in RED
is a situation where RED supports the local people who
are accountable for planning and helps them in
risk, such as pandemic planning, extended as far as
facilitating the communication in those sort of
joined-up ways between local and national.

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

Q. All right, thank you.

At the heart of the system is the principle of
subsidarity; is that right?

A. Correct.

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

A. Well, the principle of subsidiarity is that decisions
should be taken at the lowest possible level, and
co-ordination should happen at the lowest necessary
level. In general, RED's approach is therefore to make
sure that information is cascaded down, if I can use
that terminology, to local resilience fora. So, to give
you an example, RED will have facilitated events
following -- workshops and things, following the issue
of the National Security Risk Assessment to make sure
that every LRF in the country understood that and could
dock that into their plans.

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

So I think in summary, it is an approach based on
subsidarity.

Q. Yes.

A. It is just a whole-system approach when planning for
a pandemic, because some elements of it involve national
decision-making and some, quite rightly, either LRF
level or more local decision-making because --
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 dealing with their communities.
5. Q. Well, let's have a look at a couple of documents, please. The first is a report from the C-19 National Foresight Group, entitled "Covid-19 Pandemic Third Interim Operational Review".
6. Thank you.
7. Now, this is dated October of 2020 so it's outside of our Module 1 time period but I want to look at page 22, please, because it sets out some concerns that were felt by -- from delegates.
8. If which can highlight the second paragraph there, please, this was a group that had gathered evidence from all but one local resilience forum and it said:
9. "Delegates report that they did not feel understood or trusted by Central Government and Ministers. Delegates have reported that Ministers and some government departments still do not understand what LRFs and SCGs are, what these structures can and cannot do, and what the difference is between an LRF and an SCG."
10. Is that a strategic commissioning group, an SCG?
11. A. Co-ordination group.
12. To avoid a huge number of letters creeping in, in central government I think possibly sometimes people referred to LRFs when they meant SCGs, but I don't think that would have meant that central government departments didn't understand what an LRF was, or indeed an SCG.
13. I think this question about feelings of trust between central government and ministers is one that one really has to ask local partners about. We often heard from local partners that they wanted to have advanced notice of decisions that were being taken, and sometimes they asked about the sharing of information in a timely way. I think some of that is coming out here.
14. From a RED perspective, and indeed a wider departmental perspective, we shared material when it was authorised to be shared, when decisions had been taken and so on and so forth.
15. Q. All right.
16. We can take that down, please, and let's replace it with INQ000177803, which is the witness statement of Mark Lloyd from the Local Government Association. He is going to be coming to give evidence to the Inquiry at a later date.
17. Could we go to page 51 and have a look at paragraph 199, please. Thank you.
18. "This hampers the ability to integrate the national and local approach, as the expectations from the national decision-makers are misplaced and misaligned with the civil contingencies' frameworks, or guidance materials are incorrectly framed, or include incorrect details."
19. Is that something that you recognise, Ms Frances?
20. A. So I was aware of this work being done at the time, and indeed RED attended some of the sessions to hear first-hand, because it was important to learn from practitioners and what they were feeling at the time.
21. I think, not to deflect the query you're making, but this is October 2020 --
22. Q. Yes.
23. A. -- and I think quite a lot of what we're hearing from delegates here is their reflection on evolution during the pandemic and how they felt certain things were going. The distinction between an LRF and an SCG is, of course, important in operational work --
24. Q. What is the difference?
25. A. The distinction is literally that an LRF is the group that brings together all of the Category 1 responders.
26. Q. Yes.
27. A. But when you go into response you need a strategic group that is just running the response and that is designated by the LRF, that is the SCG.
I think I’d say two things here.  
I mean, the first is that before the pandemic local planners had the same epidemiological sort of assumptions that were there in all of the documentation as national planners were using from the 2011 and 2013 documentation, and were working using the same planning frameworks as central government planners, and I think we also shared with them updated Covid material when it was available.

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

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

Q. Could you not have told us this earlier?
A. Yes.
Q. But in terms of preparedness and the National Risk Assessment and the ability of that to be carried forwards and cascading down to a local level, do you think there is a disconnect between what happens at a national and a local level or are you confident that there is sufficient quality of information flowing from the top to the bottom?
A. Well, I think if we set out the National Risk Assessments we hold a series of events to explain the changes and then LRFs are required, and I think do, understand what's in the national risk assessments, that that's acceptable. I think they then need to work out at a local level, and this can be challenging actually, how the local community risk assessment works, because you may have a part of the country which has a different balance of risk assessment to another, for entirely legitimate reasons. Maybe it's subject to more flooding than another part of the country or something. We see those sorts of variations. But, yes, I think local planners had those framework pieces.

Q. What are regional resilience teams?
A. So are you referring to the arrangements which were in place before RED started in our department?
Q. Yes.
A. Yes. So before 2011 --
Q. Yes.
A. -- government was structured in a different way and there were a series of government offices across England. In that context, there were a series of...
Q. But spread out across the country?
A. Yes, exactly. Located in those government offices which no longer exist and didn't after 2011.
Q. Yes. If it were to be suggested that consideration perhaps should be given to the reinstatement of regional resilience teams to add an additional level of assistance, and perhaps combined with a level of assurance between central and local government, do you think that that's an idea that's worth considering?
A. There are very different views around the country on the regional situation, and I think that we think that the regional position is more complex than -- in resilience terms, than existed prior to 2011.

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

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

needed to be made on the regional basis we were facilitating that.
Q. Right, so from what you have said, RED takes the issue that's been raised, considers the area in which it's being raised, and prepares and presents a suitable solution, and it's got flexibility within the organisation in order to be able to do that?
A. That is a very good way of putting it, thank you.
Q. Thank you very much.
I want to move on to resources now, please.
The Inquiry will hear that, in terms of local government funding, there were real terms reductions over the period of time that this Inquiry is involved in, up to, in some cases, 57%. That evidence is going to be coming from Mr Lloyd. And that however large the reduction was, there was a significant amount of concern at a local government level as to whether or not there was sufficient resource in order to be able to carry out proper preparation for any civil emergency happening.
Did you witness the impact of reduction in funding or changes in funding in your day-to-day relationship with local government?
A. Can I correct one thing for the record, first?
Q. Yes, please.
A. I think you said that there was a 57% reduction in local
in local government resources in the 2010s, as part of
the wider government approach to fiscal policy. What
I've witnessed varies a lot between different councils,
and it's hard to draw simple conclusions about the
budget reductions and preparedness for a pandemic,
actually. Firstly, I think, because councils make their
own decisions about what they're going to prioritise
within the statutory framework, and so they will
naturally have looked at where they had statutory
responsibilities, like to plan for emergencies --
Q. Yes?
A. -- and for big public services, which were critical, and
will have formed a view about what was necessary.
Because they take different locally-based decisions as
well, they also take quite different strategies, and
it's hard to generalise. And they're quite good and
have been very effective organisations at working in
a creative way to get out efficiencies over this era.
So I would say I've seen councils' capacity being
affected, that is the case. I've also seen them working
in a very efficient way through different reductions.
At an overall level, when you look at the choices
they've made on services like adult social care and
children's services, they've tended to try to uphold the
expenditure in those areas and make reductions
RED and the local government, both local authorities and
local resilience forums.
Would it assist in the planning that they have to do
for civil emergencies for there to be one single
repository of material that they need to consider?
The Inquiry has received information that there isn't
at present a single repository for relevant guidance and
information on emergency preparedness, and that that --
consideration of creating that is something that should
ten.
A. So the Cabinet Office hold a system called
ResilienceDirect which can be accessed by LRFs, and some
of the guidance is also available on public websites.
We have heard exactly the same feedback from local
planners, and you will have seen in some of our
documentation attached to my witness statement that
that's reflected in some of their feedback.
Q. The Inquiry has also heard that, in the main part,
guidance that reflects upon all civil emergencies, but
in particular pandemic planning, did not cover the issue
of non-pharmaceutical interventions. Do you think that,
going forwards, that is something, the involvement of
that in planning documents and guidance given to those
in charge of local government about non-pharmaceutical
interventions, would be a welcome addition?

A. So local planners for the pandemic were using the same
planning guidance documents and the same assumptions as
national, and thus -- as you will have heard from other
witnesses and you will have seen from the published
material -- there were elements in there, and what
happened in the pandemic, that weren't included in
there.
Q. Yes.
A. In terms of what should be in a planning document for
pandemic, whether flu or otherwise, I would absolutely
defy to the Department of Health and Social Care,
because they are the lead government department in
defining what should be included in that. So I hope
that answers your question.
There were gaps in terms of the comparability of
what we were planning for and what ultimately happened.
They had the same information as central government
departments, and I would absolutely defer to DH.
Q. When one considers that particularly taking into account
the model or the principle of subsidiarity, that it is
those people on the ground acting locally, following
plans and guidance locally, that are in the greatest
need of practical guidance, then it is imperative, is it not,
that the guidance that they follow includes the
practical application of things like non-pharmaceutical

interventions?

A. It’s absolutely necessary that the plans that everyone is following are as close as can be reasonably expected to be what is likely to happen, and that everybody has a shared understanding of that, and that in exercising and in reflecting on exercises and in workshop things we are talking about the same thing, whether at a national or a local level.

Q. I’d finally like to ask you about the vulnerable and what level of involvement planning and guidance has had in terms of identifying those who are the most vulnerable in society and how they need to be accounted for in terms of planning and also in terms of any response to a civil emergency.

You say in your witness statement that: "RED engages with voluntary, community and social enterprise (VCSE) partners in preparedness, response and recovery planning. This is primarily through LRF engagement where VCSE partners are core partners within individual LRFs."

Can you explain to us, please, how that works?

A. Yes, certainly. So the department in national government in terms of overall relationship with the voluntary and community sector.

Q. Yes.

there’s some engagement by us at the national level, but our primary engagement with the VCS is to ask LRFs to do that, and then we absolutely acknowledge that local authorities and even smaller partners are working collaboratively with the VCS.

Q. All right.

You mention the British Red Cross, so I would like to display part of the witness statement that we have from Mr Adamson, who is the chief executive there.

It’s at INQ000182613, and if we can go to page 10, please, and look at paragraph 43. Thank you.

"The [British Red Cross] has long believed that increased engagement between the CCS and the voluntary sector would be beneficial for the UK’s emergency preparedness. It is in that context that, in 2019, the [British Red Cross] and other voluntary organisations sought to engage with the CCS. Our focus was on seeking to develop a strategy with the government for the voluntary sector to react to a range of emergencies based on the lessons learned from responding to the multiple emergency events of 2017. The intention was for the voluntary sector to offer something more than the gold, silver and bronze model which usually dominates emergency responses, in particular to focus on the human aspects of recovery that are sometimes forgotten. The experience was somewhat dispiriting and there appeared to be a lack of curiosity on the part of the CCS regarding what the voluntary sector could provide."

Further down, please:

"44. I had also previously approached the RED in 2018 and received a more positive response, including a proposed approach to the CCS for a three-way meeting. However, this meeting did not materialise."

Could more be done, Ms Frances, to engage with the voluntary sector and to ensure that, so far as both planning and response is concerned, those most vulnerable in society, and who require the services and assistance from the voluntary sector, are engaged with, both at a national and also at a level at which RED was, and is, existing?

A. So a lot of what you’ve just read out is in relation to CCS, not RED. I don’t know about the particular meeting that Michael Adamson is alluding to in paragraph 44.

Q. But forgive me, you were talking, in your previous answer, about engagement at a national level with CCS, between CCS and the --

A. No, I was talking about engagement at national level primarily between RED and the British Red Cross, but I also noted that the British Red Cross often attended
Q. Yes.
A. -- are joint LRF chairs, joint with CCS there.

I mean, I think that there is always more to be done working with the voluntary and community sector. It has an incredibly distinct and important role. It is exactly, as Michael Adamson notes, not the same as the role that is provided through gold, silver, bronze structures, so I accept his feedback that local resilience partners, whether that be in LRFs or other fora, can continue to build their connections with the VCS.

I also noted in his witness statement that he talked about progress that had been made about interrelations with the VCS over the course of the pandemic, which seemed to me to be positive and were led by the lead government department for the VCS.

In terms of RED's engagement with the VCS, as I've said the national engagement in the LRFs chairs forum has been the principal one, and we have looked across the sector at how people are engaging with the VCS to see if we can learn any lessons or take any cues from that. We haven't yet moved forward with the work.

Q. Because if RED is expecting to be able to rely upon the British Red Cross and other organisations within the VCS, in the event of a response to a civil emergency, that is likely to make more of an impact if the VCS has also been engaged in the preparation, isn't it?
A. RED is asking local responders but RED is acting as a communicator between central and local government and structures. RED is asking that local responders who are responsible in legislation are content that they have plans, and the Cabinet Office guidance, which is very sensible, expects LRFs to have good connections with the VCS. I completely agree that good connections with the VCS is a vital part of the mixture, part of the recipe of good response and good planning. I'm not sure I can go very much beyond that.

Q. All right.
A. Our recent publications on this express a desire to integrate preparedness and response more closely with communities, which of course is in part about the VCS, though not entirely.

MS BLACKWELL: Thank you very much.
A. Would you excuse my back, please?
(Pause)
My Lady, there are no questions for which permission has been granted, and so that concludes Ms Frances's evidence.

LADY HALLETT: I think we have all had enough acronyms for one day.

THE WITNESS: I'm sorry about that.

LADY HALLETT: It's not your fault, I'm afraid it's systemic.

THE WITNESS: Yes.

LADY HALLETT: If only it was enough acronyms for a lifetime, but I fear it's not.

Thank you very much indeed for your help,

Ms Frances.

THE WITNESS: Thank you.

(The witness withdrew)

LADY HALLETT: Right, as far as next week is concerned, obviously we're not sitting tomorrow, it's a Friday, we don't normally sit on a Friday. We had hoped to sit Monday morning but for various reasons it hasn't proved possible, so I will next sit again at 2 o'clock, Monday afternoon.

MS BLACKWELL: Thank you, my Lady.

LADY HALLETT: Thank you.

(3.07 pm)

(The hearing adjourned 2 pm on Monday, 3 July 2023)
(55) joining... - lockdown
think [21] 4/13
thinking [20] 4/13

thirdly [1] 9/12

thought [9] 40/2
thoughtful [1] 52/22
thoughtless [1] 22/50 22/51
thoughts [1] 36/3
thoughtfulness [1] 36/3

thrice [1] 144/1

through [9] 49/5
throughly [1] 49/5

throughout [6] 2/10
through [1] 21/24

three [10] 156/18
three years [1]

three months [2] 85/11 156/8

three 

three 

thirty [1] 9/15

thistles [1] 26/13

thirty-first [1] 34/20

thirty-first [1] 34/20

thirty-third [1] 34/20

thirteenth [1] 34/20

thirdly [1] 34/20

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