

Witness Name: Nicola Sturgeon

Statement No.: 2

Exhibits: NS2

Dated: 19 April 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF NICOLA STURGEON

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

Personal Details

1. My name is Nicola Sturgeon. I was appointed First Minister of Scotland by Her Late Majesty Queen Elizabeth on 20 November 2014, on the nomination of the Scottish Parliament. I have been a Privy Counsellor since that date. I ceased to be First Minister on 28 March 2023. I was previously Deputy First Minister and Cabinet Secretary for Health in the Scottish Government from 17 May 2007 to 19 May 2011, Deputy First Minister and Cabinet Secretary for Health, Wellbeing and Cities Strategy from 19 May 2011 to 5 September 2012 and then Deputy First Minister and Cabinet Secretary for Infrastructure, Capital Investment and Cities from 5 September 2012 to 19 November 2014.
2. This witness statement relates to the matters addressed by the Inquiry's Module 1, which is examining the UK's preparedness, resilience and planning for a pandemic, between the following dates: 11 June 2009 to 21 January 2020.
3. I have prepared this statement myself, with the support of factual information supplied by Scottish Government Covid Inquiries Response Directorate, referenced in this statement. I have also had sight of the Scottish Government draft corporate statements for module 1.

Views on pandemic preparedness in Scotland

4. In my view, the systems, processes and structures for pandemic preparedness in Scotland operated effectively, as can be demonstrated by the partnership working, at national, local and regional levels, which underpinned our approach before, during and after the pandemic. That said, it is important that lessons are learned.
5. As the Minister with responsibility for Health during the Swine Flu pandemic, I experienced first-hand the challenges of responding to a health pandemic. In April 2010, as chair of the Scottish Government Resilience cabinet sub-committee, I commissioned and introduced a paper for the group to consider setting out the Scottish Government's response to the Influenza A(H1N1) (Swine Flu) pandemic and the lessons learned from it (NS2/0001 – INQ0002936).
6. The lessons learned by Scottish Government from this pandemic were taken forward and built into our pre-pandemic planning over the subsequent years. This work would have been led by successive Cabinet Secretaries after I ceased being the Minister with responsibility for Health in 2011.
7. The Scottish Government approach to pandemic planning, preparedness and resilience was informed by scientific and expert advice, prior experience, and international guidance and best practice. Our co-operation and active participation in the four nations approach was also key to the efficacy of our approach. I have commented more fully on the strengths and weaknesses of the four nations approach in responding to the pandemic in my draft personal statement for module 2 (provided 20 March 2023).
8. Specific examples of our approach and measures which were important in supporting our response to the pandemic include;
 - The development of a pandemic strategy and system-wide guidance – including the UK Influenza Pandemic Preparedness Strategy 2011 [NS2/0002 – INQ000102974] and the revised UK Pandemic Influenza

Communications Strategy 2012 [NS2/0003 – INQ000102973] (whilst this was focussed on the English context, it was used extensively across the devolved administrations).

- Guidance was prepared for all levels (national, regional and local) in conjunction with a wide range of relevant stakeholders, to support responders.
- Maintenance of significant countermeasure stockpiles (including PPE, anti-virals, antibiotics and access to pandemic specific influenza vaccines) based on the reasonable worst-case planning scenario
- Continuous improvement - reviewing preparedness and making improvements to relevant plans and guidance following exercises.
- The establishment of four nation and Scotland-specific Pandemic Preparedness Boards.
- Cross UK-working to share learning and pool resources – as evidenced by common guidance and preparedness measures.

9. For areas where Scotland has devolved responsibility, including health, social care, justice and education, work was undertaken to develop the necessary structures and underpinning operational guidance required to respond to a pandemic.

10. A detailed description of how the public health and resilience structures and functions operated prior to the start of Covid-19 pandemic has been provided in the module 1 draft corporate statements submitted by the DG Health and Social Care (Expert Health Entities) (17 February 2023), DG Economy (06 and 17 February 2023), DG Health and Social Care (06 February 2023) and DG Strategy and External Affairs (06 February 2023).

11. Key actions taken during my tenure include, for example, the introduction of the Scottish Risk Assessment (2018) (SRA) [NS2/0004 – INQ000102940] - which identified pandemic influenza and emerging infectious disease as a risk. The SRA was introduced to supplement the UK National Risk Assessment, by providing specific context for Scotland where Scotland could be affected directly from the rest of the UK. The SRA includes information to assist Scottish

responders in planning for these potential risks and is a key document in pandemic preparedness.

12. The preparation of the set of national guidance documents, 'Preparing Scotland', demonstrates the evidence-based approach taken to pandemic preparedness. 'Preparing Scotland: Scottish Guidance on Resilience' (2016) [NS2/0005 – INQ000102938] identifies structures, and assists in planning, responding and recovering from emergencies. It is not intended to be an operations manual. Rather, it is guidance to responders to assist them to assess, plan, respond and recover. It establishes good practice based on professional expertise, legislation, and lessons learned from planning for, and dealing with, major emergencies at all levels. In general terms, the approach taken focusses on the management of consequences, regardless of cause, which enables organisations to effectively consider and prepare for a wide range of possible emergencies.

13. The production of Risk and Preparedness Assessment (RPA) guidance [NS2/0006 – INQ000102947] for Regional Resilience Partnerships (RRPs) demonstrates my government's commitment to supporting the resilience community and continuous improvement. Prior to introduction of this guidance, approaches to risk assessment varied across Scotland – the RPA provides consistency in approach. This is key to help Scotland's resilience community to improve response to future emergencies. RRP's identify key hazards such as influenza type diseases, severe weather, flooding and industrial site accidents. The Scottish Resilience Partnership has a key role in driving forward and supporting improvements in preparedness and to address gaps identified in the RPAs.

The impact of pandemic planning exercises in Scotland

14. The pandemic exercises undertaken were key to ensuring our public bodies and stakeholders had the necessary operational guidance and structures in place to respond to a pandemic and to explore how these systems might work in practice.

15. Pandemic flu exercises are a statutory requirement under the Civil Contingencies Act 2004 (and its associated 2005 Scottish Regulations) and are critical to test cross-government and local responses to a serious pandemic. Exercises Iris, Cygnus, and Silver Swan played an important role in Scotland's pandemic planning, preparedness and resilience and led to a range of improvements being implemented.
16. It is important to note, however, that there are distinct differences between a coronavirus pandemic and pandemic influenza and, therefore, not all of the recommendations from these exercises were applicable in the context of Covid-19. Covid-19 was an unprecedented global pandemic.
17. Exercise Iris was a single day table-top exercise conducted in Scotland on 12 March 2018. It assessed NHS Scotland's response to a suspected outbreak of Middle Eastern Respiratory Syndrome (MERS-CoV), a High Consequence Infectious Disease (HCID). The exercise was not designed to test pandemic flu readiness, but to assess and strengthen Scotland's readiness to respond to a MERS-CoV outbreak. The learning and discussion were relevant and useful in considering readiness for other outbreaks.
18. The report on Exercise Iris [NS2/0007 – INQ000103013] identified 13 action points and the Scottish Public Health Network established a sub-group on their implementation which reported in November 2019. As a result of this, actions taken include:
 - The Respiratory Protective Equipment Survey, which has been carried out since 2015, was expanded to capture data on training in the use of HCID enhanced PPE in Scotland. This includes the number and type of staff trained, and the methods and frequency of training.
 - A unified PPE Ensemble for managing cases of HCIDs has been agreed and training resources for donning and doffing have been established, along with posters on the recommended use of PPE.
 - A letter was issued to Health Boards in July 2019 [NS2/0008 - INQ000102870], which included a reminder of their obligations to ensure

that sufficient numbers of staff are Filtering Facepiece 3 (FFP3) fit tested and trained in the use of enhanced PPE.

- Health Protection Scotland have also published infection prevention and control guidance for an outbreak of MERS-CoV and Avian Flu, including appropriate levels of PPE.

19. Further work on the recommendations was paused due to the impacts of the Covid-19 pandemic. Of the recommendations from Exercise Iris which were outstanding at the point of the Covid pandemic, the key areas covered included:

- Updating guidance on MERS-CoV – and incorporating various operational points in relation to care pathways and management of infected staff.
- NHS Boards building in the potential impact of contact tracing and community sampling during an outbreak.
- Continuing existing work to promote standard PPE requirements and the specific requirements of HCID.

20. Exercise Cygnus was a three-day UK Government exercise held in 2016 to test response to a flu pandemic. The Exercise Cygnus report [NS2/0009 – INQ000103011] made 22 recommendations and while these were not specifically directed at the Scottish Government, we did consider them for our own interests. 14 of the recommendations were considered complete for SG interests, these included:

- Recognising the role of the multi-agency response, including the third sector in planning and guidance (this is in current and updated draft guidance).
- Means to expand and optimise health sector capacity during a pandemic (this is included in draft and updated guidance).
- Providing guidance on the specific pandemic issues of managing additional deaths and public communications.

21. The remaining eight recommendations covered:

- Updating pandemic guidance, including the UK (Four Nation) Pandemic Flu Strategy and operational guidance for Health & Social Care.

- Operational aspects of co-ordinating a response, including further detail on the information and data required.
- The development of material to assist the expansion or optimisation of social care capacity during a pandemic.

22. Exercise Silver Swan was a series of events held in 2015 which assessed the preparedness and response of Scotland's local and national arrangements to a pandemic influenza outbreak over a prolonged period. A review event was held in December 2016. Silver Swan reported 17 recommendations [NS2/0010 – INQ000103012] of which 13 had been implemented before the beginning of the Covid pandemic.

23. Substantive progress had been made on the outstanding recommendations.

These include:

- **Finalising the updated pandemic guidance for Health and Social care** – A first draft was produced in 2018 and shared with a very small number of stakeholders. Subsequent feedback led to a significant redraft of the document, which was issued for consultation in 2019, and was close to publication at the outbreak of Covid. Officials took the decision not to publish the guidance at that point, as this may have led to confusion in directing the Covid response. My officials consider that it contained no updates which would have fundamentally impacted the response to Covid 19.
- **Continuing the process of integrating Health and Social Care Partnerships into pandemic planning locally** - Prior to Covid, integration had been more successful in some areas and efforts continued to ensure all Health and Social Care Partnerships are fully involved in pandemic planning locally, and this has been accelerated through the Covid experience. Integration Joint Boards have been included as Category 1 responders within the Civil Contingencies Act 2004 since March 2021, which will further strengthen the role of the partnerships in dealing with a range of major incidents.
- **Raising awareness of national PPE stockpiles and distribution** - The existing pandemic guidance for health and social care services makes it

clear that there is a national stockpile of PPE which is available to stakeholders. A small number of participants in Exercise Silver Swan noted that they were not aware of the stockpile. For Covid, SG responded quickly to build and strengthen the distribution systems to health and social care and will continue to work with health and social care stakeholders to ensure awareness of stockpile arrangements.

- **Getting more staff at NHS Boards fit-tested on PPE** - In July 2019 SG wrote to health boards reminding them of their obligations to ensure that sufficient numbers of staff are FFP3 fit tested. However, the volume of fit-testing required can expand hugely during a pandemic, as it did for Covid, and the NHS responded quickly to that challenge. This was supported through SG funding of additional fit-testing machines and additional trainers to support Boards.

24. In summary, these exercises had the substantive impact on Scotland's preparedness which they were designed to achieve. The lessons learnt are reflected in documents relevant to a pandemic response, including social care and PPE interests, which were updated during that period, including:

- Local and regional pandemic response plans which have been kept under review and updated at various points since 2015.
- The NHS Scotland Standards for Organisational Resilience were published in 2016 and reviewed in 2018 [NS2/0011 – INQ000148758].
- The Scottish Risk Assessment [NS2/0004 - INQ000102940] was published in 2018, including pandemic flu as a top risk.
- Guidance on dealing with mass fatalities in Scotland was revised in 2017 [NS2/0012 – INQ000102945], which included sections on good practice guidance for setting up and managing body storage facilities and death certification during a pandemic.
- National pandemic response and guidance documentation for health and social care was updated and issued for consultation in 2019 [NS2/0013 – INQ000148759].
- Health Protection Scotland updated its online National Infection Prevent and Control manual sections re: MERS-CoV and Avian Flu, including details regarding appropriate levels of PPE.

- Pandemic Influenza Communications Planning Guidance was issued to responders in 2019 [NS2/0014 - INQ000102949].

Integration with UK systems and structures for pandemic preparedness

25. I would consider that the Scottish approach was generally well integrated with the UK-wide systems and the common approach to pandemic planning across the UK, which pre-dates the 2009 swine flu pandemic. Much of the work undertaken to support pandemic preparedness and resilience was undertaken on a four nations approach. During my tenure, I have made it clear that my government would work collaboratively with the other devolved administrations, participating constructively in the four nations approach and in UK-wide pre-pandemic exercises.

26. I am aware that officials from the Scottish Government provided input into various strands of emergency planning and preparedness, including in relation to reserved matters being handled by the UK Government and also benefitted from access to UK intelligence (such as evidence provided by the Scientific Advisory Group for Emergencies (SAGE) and the New and Emerging Respiratory Threats Advisory Group (NERVTAG). During 2018, SG engaged with the UK Government and other Devolved Administrations on production of a 'UK Pan Flu Communications Plan' focussed specifically on health advice. This was considered by the four CMOs, but four nations Ministerial agreement was not sought prior to the outbreak of Covid-19.

27. Another example of cross-UK integration is the UK and Scottish Government Pandemic Flu Readiness Boards. The Cross Government Pandemic Flu Readiness Programme was commissioned by the National Security Council in 2017 to work collaboratively with devolved administrations across the UK to support pandemic planning and preparedness.

The Scottish Government Pandemic Flu Preparedness Board

28. Also in 2017, the Scottish Government Pandemic Flu Preparedness Board was established – chaired jointly by Directors from both Health and Social Care and the Justice Directorates (which held responsibility for cross-directorate resilience matters). This included work with key stakeholders (such as NHS) and business continuity, as well as work with other devolved administrations.
29. In 2018-19 the Board undertook an in-depth review of key areas of Scottish and UK legislation. Work already undertaken on a draft UK Pandemic Flu Bill was beneficial in quickly developing into the Coronavirus Act 2020, which delivered powers critical to Scottish Government’s response and management of Covid-19.
30. The Board also led on updating the updating and issued the “Pandemic Flu Guidance for Health & Social Care in Scotland” [NS2/0013 – INQ000148759] for consultation to key partners in 2019. However, the final version was delayed due to the Covid-19 pandemic.

Decisions which impacted the level of pandemic preparedness in Scotland

31. There have been a number of reflection exercises undertaken since March 2020 which have identified useful lessons to be considered for future preparation for whole system civil emergencies, including pandemics.
32. One of the key learning points from the pandemic has been the demonstration of the effective collaboration between public services, which has informed our approach to recovery from Covid-19 – which includes looking at redesigning and rebuilding public services, including reform of the education system and the establishment of a National Care Service.
33. Prior to the Covid-19 pandemic we were already seeking to implement the findings of the Christie Commission (2011) [NS2/0015 – INQ000131076] and our subsequent Public Service Reform agenda, which led to major reform programmes and local service design across Scotland. As we move forward to recover from Covid-19, we are now seeking to implement these principles with a

renewed focus and embed some of the “new ways of working” developed during the pandemic which have provided benefits for our communities.

Impact of EU Exit

34. Scotland’s economy experienced a significant shock due to the concurrent impacts of Covid-19 and EU Exit, as outlined in our “Covid Recovery Strategy: for a fairer future” (October 2021) [NS2/0016 – INQ000148760]. The impact of EU Exit, a decision which was not made by the Scottish Government, on funding levels and structures and subsequent impacts on health and social care systems and pandemic preparedness cannot be ignored.
35. Ahead of the UK’s exit from the EU, extensive preparation was undertaken to mitigate the possible consequences of disruption. The EU Withdrawal Team, within the Health Workforce Directorate, worked to plan and mitigate potential impacts across a wide range of areas, including workforce planning, medicines, medical device regulation and supply.
36. I sought assurances from my ministerial team that appropriate plans were in place for the delivery of healthcare services in Scotland and Scottish Ministers had responsibility for ensuring Scottish-level plans and mitigation measures were in place. The Scottish Government Resilience Room (SGoRR) activated its Brexit operation on 7 December 2020 and regular meetings were held to co-ordinate preparations for the potential impacts arising from Brexit, with support from nine policy hubs (including hubs focused on Communities and Public Services and Health and Social Care). Detailed information regarding the general operation and purpose of SGoRR is included in the module 1 draft corporate statement provided by DG Strategy and External Affairs (06 February 2023). Despite the circumstances, Scotland took appropriate steps during the pre-EU exit period, to ensure pandemic preparedness and planning could be implemented effectively.
37. The focus in the period prior to 21 January 2020 was very much on ‘No Deal’ planning, rather than the potential interaction with concurrent threats, such as a pandemic or other significant event. Nevertheless, the preparations made for a

potential 'No Deal' (including the increased stockholding of medicines and medical devices) and the relationships fostered during that period, were positive developments that helped the pandemic response.

Impact of Economic and Funding Decisions

38. As has been set out in the module 1 draft corporate statement provided by DG Exchequer (06 February 2023), the total Scottish Budget is derived from the block grant from the UK Government, as determined by the Barnett Formula which is used by HM Treasury to adjust the funding allocated to devolved administrations to reflect changes in UK Government public spending. Since 2010-11, the Scottish Government has committed to pass on any resource funding arising from spending decisions on health in England in full to the Health and Social Care Portfolio.
39. Health is the single largest area of Scottish Government resource spend, accounting for around 40% of the total resource budget. Health capital accounts for around 9% of total capital budget. Successive Scottish Government budgets between June 2009 and January 2020 continued to include funding for pandemic preparedness, NHS Board Resilience and seasonal winter flu programmes. This funding was provided in addition to the baseline funding made available to NHS Boards.
40. In addition, Scottish Government provides a Civil Protection grant under the Grant Aided Expenditure as a support to Local Authority Civil Resilience work. This provides each authority with a minimum amount to put towards the employment of an Emergency Planning Officer, with the balance of the allocation based on population (to undertake the necessary local resilience work, as outlined above).

Audit Scotland recommendations on pandemic preparedness

41. The Audit Scotland report, NHS in Scotland 2020 [NS2/0017 – INQ000148761], produced in February 2021, includes several recommendations regarding the

Scottish Government's approach to pandemic preparedness (at pages 20-21). This passage formed part of a regular annual Audit Scotland review of the NHS, which is a standard part of their Audit schedule. The Scottish Government welcomed this report and accepted the recommendations made in full.

42. I have set out above the actions taken in response to these exercises, the list of outstanding actions and my view of how these exercises influenced our pandemic preparedness. We remain committed to working with the other UK nations to review planning scenarios, required countermeasures and other capabilities needed to respond to a future pandemic and to continuous updates of our pandemic strategy and guidance, as recommended by Audit Scotland.

43. The Audit Scotland report criticises the fact that pandemic influenza was not included as a standalone risk in the Scottish Government's corporate or health and social care risk registers. The Scottish approach to resilience work is to prepare for the consequences of emergencies and not the cause. Whilst pandemic influenza was not included as a standalone risk, it was reflected within Scottish Government risk considerations in relation to major events and incidents prior to January 2020.

Standing Committee on Pandemic Preparedness (SCoPP)

44. In August 2021, I commissioned the Standing Committee on Pandemic Preparedness (SCoPP) to ensure we are prepared as possible for the future risks of pandemics. The Committee's scope covers pandemic preparedness in relation to public health and connected issues – but not the economic or wider aspects of preparedness not connected to public health. The four key recommendations included in the SCoPP's interim report (30 August 2022) [NS2/0018 – INQ000103004] include:

- **Collaboration:** to develop proposals for the creation of a Centre of Pandemic Preparedness in Scotland.
- **Data:** to build on Scotland's existing data and analytics strengths to support proposals that advance the development of these as core infrastructure for future pandemics.

- **Advice:** to develop linkages to Scottish, UK, and international scientific advisory structures, networks, and agencies and strengthen information flows from these in order to inform Scottish preparedness and response in the face of future pandemic threats.
- **Innovation:** to support continued innovation in life sciences and public health research for the development of diagnostics, vaccines, and therapeutics to provide the capability to respond to novel threats when required.

45. I welcomed and accepted the recommendations in the interim report and work is continuing with the final report of the SCoPP due to be published by early 2024 at the latest.

46. I have considered the Module 1 List of Issues, dated 4 April 2023, and shared with me on the 17 April 2023 . I confirm that I have no further comments to make in relation to those issues, within the context of the questions asked of me as First Minister of Scotland from 20 November 2014 to 29 March 2023 in the Rule 9 Request issued to me on 10 February 2023.

Statement of Truth

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

Personal Data

Signed: _____

Dated: ____19 April 2023_____