

Witness Name: Joe Griffin

Statement No.: 6

Exhibits: JG6

Dated: 06 November 2023

**UK COVID-19 INQUIRY
MODULE 2A**

WITNESS STATEMENT OF THE DIRECTOR GENERAL STRATEGY AND EXTERNAL AFFAIRS

In relation to the issues raised by the Rule 9 notice dated 2 February 2023 served on the Scottish Government, in connection with Module 2A, the Director-General Joe Griffin will say as follows: -

Introduction

This statement is one of a suite provided for Module 2A of the UK Covid Inquiry and these should be considered collectively. This statement has been proactively submitted to the Inquiry in order to address feedback received on 24 May 2023 and should be considered an addendum to the statement provided for Module 2A by DG Strategy and External Affairs on 23 June 2023. This statement was provided in draft by Ken Thomson but is being finalised by Joe Griffin who is now the Director General for Strategy and External Affairs.

Development of the “four harms” approach

1. Further to the information provided about the four harms approach within the Module 2A DG Strategy and External Affairs statement, provided on 23 June 2023, the Inquiry has requested further details on how the approach was developed and if any engagement was undertaken with the Welsh Government in relation to this approach.
2. From early in the pandemic, the harms that the virus (and responses to it) would cause were recognised as multifaceted. In early April 2020, the various harms of the pandemic were being discussed within the Scottish Government as essentially threefold:

- Covid-19 illness and deaths
 - The harm caused by diverting healthcare resources (cancelled elective procedures; suspended screening services)
 - The wider harm, to health, wellbeing and prosperity, of socio-economic disruption and lockdown.
3. It is noteworthy that initial thinking about the impacts of the pandemic and responses were framed in terms of public health harms. For example, economic harm was recognised, but through the lens of its consequences for public health (e.g. higher poverty and increased unemployment leading to worsening health outcomes). The overall aim was soon broadened from minimising overall public-health harm to minimising overall harm (so, for example, economic harm mattered in and of itself, rather than only because of its impact on public health).
 4. The Inquiry has asked about the decision to prioritise protecting the NHS. If the NHS had been overwhelmed, this would have had a significant effect on its ability to treat people with Covid-19 and also with other, serious health issues, ultimately leading to more lives lost.
 5. As the impacts on the economy and broader society became clearer, and the management of the crisis broadened to a whole-of-government response, the case was made that a more balanced approach to understanding and managing the various harms of the pandemic would be to recast the three harms as four:
 - Direct Covid-19 health harm
 - Other health harm caused by the pandemic
 - Societal harm
 - Economic harm.
 6. This revised approach should thereby support fuller consideration of the economic and societal harms. This approach was being applied from late April 2020.
 7. The Deputy First Minister John Swinney requested the development of a framework to support rational decision making on the use of Non-Pharmaceutical Interventions (NPIs). An approach was developed that involved assessment of different NPI options against the four harms to inform decision making, alongside wider considerations. The essence of this approach was communicated publicly in the *Framework for Decision Making*

publication. This was updated over time and is provided: [JG6/001-INQ000131056] along with the supporting evidence paper published in May 2020 [JG6/002-INQ000131027]. An additional accompanying supporting evidence document which details how the four harms approach was to be implemented is also provided: [JG6/003-INQ000302505].

8. In general, there were frequent discussions between the governments of the four nations on their respective NPI responses and governments were, of course, also able to review each other's publications setting out the details of those responses. Consequently, a degree of commonality across the approaches of the four nations (and beyond) is to be expected.
9. The *Technical Report on the COVID-19 Pandemic in the UK* (December 2022), provided: [JG6/004-INQ000130955], lists four types of harm but these are all health focused and it is not evident that a four harms approach *per se* was explicitly central to the UK Government's decision making in the same way as it was purposefully used within the Scottish Government. Internationally, the World Health Organisation (WHO) advocated an approach to NPIs that took account of the various types of harm. See for example: *Calibrating long-term non-pharmaceutical interventions for COVID-19* (May 2020), provided [JG6/005-INQ000302506].

Engagement with the Welsh Government

10. It is worth noting that the specific four harms categorisation used by the Scottish Government was not used identically elsewhere in the UK. The Welsh Government adopted essentially the same four harms but added a fifth harm concerning inequality whereas in the Scottish approach, equalities were integral to the four harms. Further information on why the Scottish Government's consideration of equalities issues in decision making was not expressed in terms of a fifth harm is outlined in the Module 2A DG Communities (Addendum) corporate statement, provided to the Inquiry on 30 August 2023.
11. The Scottish Government developed its four harms approach, and the Welsh Government set out a similar approach. There was ongoing bilateral engagement with the Welsh Government and following advice they received, they adapted to add a fifth harm to their approach. There was also ongoing joint engagement in the various four nations (ministerial and official) to compare approaches on response measures.

12. There was also bilateral discussion and co-operation between the Scottish First Minister Nicola Sturgeon and the Welsh First Minister Mark Drakeford, and on several occasions they wrote jointly to the Prime Minister. For example, a joint letter from the Scottish and Welsh First Ministers was sent to Prime Minister Boris Johnson on 25 May 2021 in response to the Prime Minister's proposed Four Nations Summit, provided: [JG6/006-INQ000302507]. There were also bilateral conversations between them on a number of occasions during the pandemic.
13. Officials in Scotland, Wales and Northern Ireland were in touch throughout the pandemic.

Framework for Decision Making

14. The Scottish Government published the way it would take future decisions on its pandemic response in the *Framework for Decision Making* in April 2020, provided: [JG6/001-INQ000131056]. This document set out the Scottish Government's principles and approach, particularly in relation to the use of NPIs.
15. A key part of the approach set out in the *Framework for Decision Making* was to marshal consideration of the many and various harms of the pandemic into four categories, with a numbering for each of the harms that became standardised within the Scottish Government:
- Harm 1: direct Covid-19 harm
 - Harm 2: other health harm caused by the pandemic
 - Harm 3: societal harm
 - Harm 4: economic harm
16. As the *Framework for Decision Making* document noted: "Navigating the right course through the crisis will involve taking difficult decisions that seek to balance these various, inter-related harms so as to minimise overall harm."
17. An update, *Framework for Decision Making – Further Information* (5 May 2020), explained how the government's approach to NPIs was developing in light of epidemiological conditions. A supporting evidence paper from 7 May 2020, provided: [JG6/002-INQ000131027], explained the various types of evidence being considered as part of four harms assessments of NPI options. Further information on the evidence used

in four harms assessments was set out in the December 2020 publication of the Framework [JG6/007-INQ000131028].

Geographical variations of approach

18. The Scottish Government's strategy was decided by Scottish Ministers, taking account of Scottish circumstances and exercising their powers and responsibilities in relation to public health in Scotland and their accountability to the Scottish Parliament. Scottish Ministers sought to align their response with that of other administrations to the extent that offered mutual benefits for the four nations. In practice, the four nations' approaches were closely aligned in the period up to the "stay at home" requirement on 23 March 2020. For example, at this point First Minister Nicola Sturgeon began to announce that restrictions in Scotland would happen further and/or faster in Scotland ahead of lockdown; some of these NPIs were set out in guidance, pending the regulatory powers granted by the Coronavirus Act 2020. For the purpose of this statement, the terms "stay at home" and "lockdown" refer to the NPIs imposed as set out in paragraph 70 of the Module 2/2A DG SEA statement provided to the Inquiry on 23 June 2023. This included the cancellation of events, closure of schools and nurseries, closure of hospitality and other social venues, leaving home for the purposes of shopping for necessities, commuting where it was not possible to work from home and to exercise once a day, alone or with a member of the same household. This set of measures become known colloquially as lockdown.

19. Thereafter, each administration considered its approach to reviewing and (when the conditions permitted) easing restrictions. Each formulated its approach in exercise of its powers and responsibilities within its jurisdiction. The four liaised and, at some points and to some extent, chose to align their approaches.

"Follow the science"

20. The phrases "follow the science" and "protect the NHS" reflected important concepts for the Scottish Government in its pandemic NPI response and communications. However, as explained below, the Scottish Government's approach to NPIs was guided by a more holistic approach consistent with a stated strategic intent that developed over the course of the pandemic. A reasonable definition of the Scottish Government's overall aim throughout the emergency phase of the pandemic was to minimise the harms that the pandemic would cause.

21. The First Minister, Nicola Sturgeon, in her Foreword to the *Framework for Decision Making* (April 2020), provided: [JG6/001-INQ000131056] stated that: “Our challenge therefore is to work out if and how we can continue to suppress [the virus] and minimise its harms, while restoring some semblance of normality to our everyday lives. We will always take a careful approach that seeks to protect life and reduce harm.”
22. There is recognition in this that the harm of the pandemic was multi-faceted. It was firstly a health crisis, causing health harm and hence the urgent need to protect life, but it was quickly apparent that it was much more than that. It was also an economic crisis and a crisis for society more generally, seriously affecting for example education, inequalities, social isolation and many other aspects of life. The Scottish Government had to take these broader aspects of harm into account in determining its responses to the pandemic. While retaining a high degree of consistency with the approach and principles set out in the *Framework for Decision Making* (April 2020), provided above, over the course of the pandemic the Scottish Government’s approach adapted to reflect the evolving, multi-faceted nature of the crisis. Over time, and with increasing vaccination coverage, the Scottish Government’s overall strategic approach to minimising harm was adjusted.
23. When there was zero or relatively low vaccine coverage in Scotland and the health risk to an individual from catching Covid-19 (particularly for older individuals or those with other vulnerabilities) was relatively high, the trade-off between the different harms was such that minimisation of overall harm depended crucially on bearing down very heavily on prevalence of the virus. Thus the strategic priority in 2020 and the first half of 2021 was on suppressing prevalence, even at the expense of considerable broader harms.
24. Consequently, in the Scottish Government’s October 2020 *Strategic Framework* publication, provided: [JG6/008-INQ000302532] the strategic intent was to: “suppress the virus to the lowest possible level and keep it there, while we strive to return to a more normal life for as many people as possible”.
25. Once vaccine coverage in the older age-groups in the population had reached relatively high levels in Scotland later in 2021 and the health risk to the average individual (and particularly older, vaccinated individuals) had fallen considerably, the trade-off between the different harms changed, and the Scottish Government’s strategic intent was adjusted in the June 2021 *Strategic Framework Update* to: “suppress the virus to a level

consistent with alleviating its harms while we recover and rebuild for a better future”. And in the *Strategic Framework Update* published on 22 February 2022, provided: [JG6/009-INQ000147446] the Scottish Government’s strategic intent was revised for the last time to: “manage COVID-19 effectively, primarily through adaptations and health measures that strengthen our resilience and recovery, as we rebuild for a better future”. Practically, this meant that the government would now be less driven by suppressing transmission than in the past, and more concerned with reducing and mitigating harm more generally. This recognised that – after two years of the pandemic and in light of developments in vaccines and treatments – the impact on the other harms from a strategy overly focused on suppression would be disproportionate. As both the nature of the Covid-19 crisis changed and the government’s overall strategy evolved in response, so its approach to imposing and easing NPIs also evolved, from the initial measures introduced in March 2020 (including the lockdown) through to the lifting of the remaining legal measures on 18 April 2022.

“Zero-Covid” strategy

26. As stated in the Module 2A DG Strategy and External Affairs statement provided to the Inquiry on 23 June 2023, a “zero-Covid” strategy in Scotland would have been unlikely to be sustainable due to the need for cross-border movements of food, medical and other supplies.

27. Zero-Covid was a stretch aim for the Scottish Government and was therefore an overall objective to continually work towards, even if there was a very low possibility of it being fully achieved. Essentially, it was a term used to describe the strategy of trying to keep the rates of the virus as low as possible with proportionate policy that took into account all the necessary factors, as described in the section above, rather than just accepting certain rates of the virus to be inevitable. This was articulated by First Minister Nicola Sturgeon to the Scottish Parliament’s Covid-19 committee on 10 March 2021, provided: [JG6/010-INQ000302508] where she stated:

“With a virus like Covid-19, what we absolutely cannot do – no country has been successful in doing this - is just let it simmer at a medium level, like a gently simmering pot.”

"We cannot take an approach in which we just accept X number of cases a year, Y number of deaths and Z number of hospitalisations. Even if that were ethically right, which I would question, the virus will not play ball like that."

"In my view, the approach to the virus has to be that our objective is to eliminate it. Even if we do not quite achieve elimination, the act of trying to get the virus as low as possible keeps it under control. To do anything else would be to do what I have just described as impossible: to decide that there is a level that we can live with and hope that the virus co-operates. It will not do that. It will run out of control if we let it. For me, the only sensible strategy is to get the levels as low as we possibly can. I call that elimination."

28. Therefore, while reported Covid-19 numbers became very low in early summer 2020 (for example, no daily deaths and single digit numbers of positive cases on a few days) there was still expectation that there would be future outbreaks of the virus, particularly in the autumn. The *Coronavirus (COVID-19): Scotland's route map through and out of the crisis* published in May 2020, provided: [JG6/011-INQ000131072], was clear in this regard. The Ministerial Foreword stated that restrictions would be lifted gradually as the virus was monitored, but there may be times when further outbreaks would result in this lifting of restrictions being slowed.

29. As noted above, after Covid-19 vaccination had been significantly rolled out, the Scottish Government's strategic intent then shifted accordingly, as set out in the Strategic Framework and consistent with the four harms approach, as detailed in the Module 2A DG Strategy and External Affairs statement, provided to the Inquiry on 23 June 2023.

Cabinet decision delegation

30. As stated in paragraph 124 of the Module 2A Strategy and External Affairs statement, provided 23 June 2023, decisions on whether any legal restrictions or requirements should be applied were, on occasion, made by the First Minister under a specific delegation from Cabinet. The Inquiry has asked for more information on this process.

31. Where such a delegation was being sought, the relevant Cabinet paper would explicitly seek Cabinet's agreement to the delegation and the agreement to such a delegation would then be explicitly recorded in Cabinet minutes. This did not mean that other members of the Cabinet could not have input into these decisions, as such delegations

were generally expressed as “involving relevant Ministers and advisers as appropriate”, or similar wording. Furthermore, relevant Ministers would be copied into advice provided and would have the opportunity to comment, and any such decision would also have been preceded by a Cabinet discussion on the surrounding issues. This advice would typically have been drawn together and provided by Covid Co-ordination Directorate, involving members of the Four Harms Group, legal advisers and analytical colleagues.

32. It is not normally considered necessary for Cabinet to provide such delegations but during the pandemic such delegations were regularly provided to the First Minister in relation to finalisation of the precise terms of the statement she would be making to Parliament. Delegation of substantive decision making was much less common.
33. Delegations of this kind were at times required to allow for the very latest data to be taken into account in decision making and some related to NPIs. For example, the final lifting of face covering requirements in Scotland from 18 April 2022 was approved in principle by Cabinet on 29 March, but was left subject to a final decision once the latest results of the Office for National Statistics Covid Infection Survey were published on 13 April 2022. A delegation was provided to the First Minister and Deputy First Minister (involving other Ministers and advisers as appropriate) to this effect. Once this data was available, advice was provided and a final decision taken on this basis on the same day, under this delegation.

NPIs available for pandemic response

34. In paragraphs 71-84 of the Module 2A Strategy and External Affairs statement, provided 23 June 2023, an overview is provided of the Scottish Government’s approach to NPIs. The Inquiry has asked for clarification on what NPIs were available to the Scottish Government to respond to the pandemic.
35. NPIs are a broad concept, consisting of measures to reduce transmission that did not depend on drugs, vaccines or other specific medical countermeasures. The Scottish Government generally had a range of NPIs available using its powers under the Coronavirus Act 2020 in March 2020. The Module 2A DG Strategy and External Affairs (Legislation) statement, provided on 23 June 2023, sets out in paragraphs 5-11 the process for development of the 2020 Act. The NPIs available included those listed on the UK Government website, provided: [JG6/012-INQ000302509]. These were available to the Scottish Government with the exception of closing the international border using

immigration powers, which was reserved to Westminster (though the Scottish Government and Scottish Parliament could implement measures for people crossing Scotland's borders). A mixture of NPIs were adopted in Scotland and as set out in paragraph 80 of the Module 2A DG Strategy and External Affairs statement provided to the Inquiry on 23 June 2023, a judgement was made about whether an NPI should be mandatory (legal requirements or restrictions set out in regulations with the force of law behind them) or in public health guidance that sought to urge people to behave in a certain way.

36. Scottish Ministers always sought to ensure that NPIs were proportionate based on the current circumstances. Further information on how the decisions around whether NPIs were introduced, removed, tightened or loosened is outlined in the Module 2A Strategy and External Affairs statement, provided to the Inquiry on 23 June 2023.

Analysing Behavioural Change

37. In paragraph 86 of the Module 2A Strategy and External Affairs statement, provided to the Inquiry on 23 June 2023, it was stated that the way people behaved in relation to the virus changed during the pandemic as adherence to measures adjusted, particularly as a significant percentage of the population gained increased immunity or protection through vaccination and/or prior infection.

38. This can be observed in the responses to a series of YouGov online surveys, in operation from April 2020 to date, which focus on behavioural change. The sample was demographically and geographically representative of adults over 18 across Scotland, with c.1000 responses each week. The survey responses presented in summary reports up to April 2022 and the related data tables presented to March 2023 are all published on the Scottish Government's website. These indicate that:

- Trust in the Scottish Government (a great deal or quite a lot) to work in Scotland's best interests in relation to the coronavirus pandemic declined from 78% in July 2020 to 67% in March 2021 and to 59% in January 2022
- Trust remained around 60% throughout 2022 and remains similar now (at 58% in January 2023)
- Trust (completely / mostly) in the Scottish Government to provide information on Covid-19 declined from 72% at the end of July 2020 when first measured, to 54% when last measured in June 2022

- Comparison figures for UK Government are much lower and have fluctuated over time: at 26% at the end of July 2020 and 23% at the end of June 2022 – but peaking at 34% in February/March 2021
- Compliance (self-reported) was fairly high when first measured in August 2020, with 74% rating themselves 6 or 7 out of 7 for following the guidance/regulations and 34% rating themselves 7 ('completely'). It rose further in January 2021 (to 82% giving a score of 6 or 7) when more severe restrictions came back in but then declined from mid-February through to the end of March 2021 when it stabilised through to the start of June 2021
- From June 2021 to March 2022, it remained around 70% but decreased in April 2022 when rules and guidance changed substantially (with face coverings no longer legislated and free lateral flow device (LFD) testing removed other than in certain circumstances).

39. There are also some examples of compliance with some of the protective behaviours (as measured by the percentage who say they do them 'very' or 'fairly well') declining over time. For example, throughout September 2021 to January 2022, a high proportion of respondents reported that they were adhering to each of the protective measures either 'very' or 'fairly well'. 90% to 92% of respondents reported wearing a face covering, if required, either 'very' or 'fairly well', and 87% to 90% washing/sanitising hands. In May 2022, when face coverings were no longer a legal requirement, 73% reported doing 'very' or 'fairly well' at wearing a face covering 'when they feel it's appropriate' and 83% reported doing 'very' or 'fairly well' at washing/sanitising hands regularly when out and about. In September 2022, when respondents were asked how well they wear a face covering in indoor public spaces / on public transport, 38% reported doing this 'very' or 'fairly well' and 54% selected 'not well'.

Behavioural Change and Vaccines

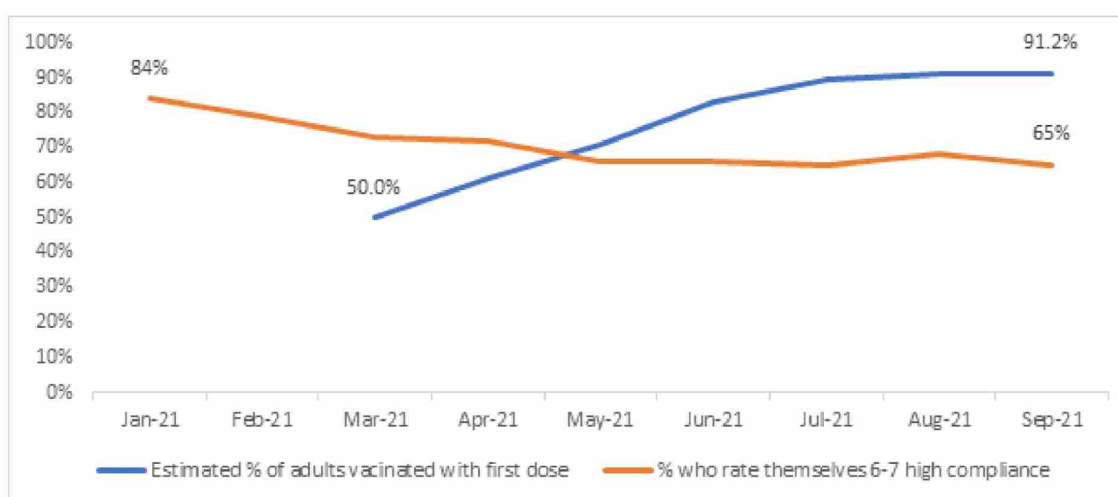
40. As stated in the report *State of the Epidemic in Scotland* published 29 January 2021, provided: [JG6/013-INQ000302510] the first vaccines were administered in Scotland on 08 December 2020 and 415,269 people had received their first dose by 28 January 2021. By March 2021, over 2.2 million people in Scotland (around 50%) were vaccinated. By the end of May 2021, 70.9% of the adult population in Scotland had been vaccinated with the first dose. At the end of September this had increased to 91.2%, as

stated *State of the Epidemic in Scotland* published 27 May 2021, provided: [JG6/014-INQ000302511].

41. In YouGov Scotland polling, respondents were asked to think about all of the guidance from the Scottish Government, on what to do and not do (including protection measures and distancing) and to say to what extent they felt they were following the regulations and guidance on a scale from 1 to 7, where 1 is 'not at all' and 7 is 'completely'. Throughout January and February 2021, the proportion rating their compliance as 6 or 7 remained high and stable, between 79% and 84%. At the beginning of March, 75% of respondents reported 'majority' compliance (score 6-7) and just under one quarter (23%) 'lower' compliance (score 1-5). By the start of April majority compliance had declined to 71% and lower compliance had increased to 28%. However, during April and May, 'majority' compliance stabilised around 70% (ranging between 66% and 74%) and 'lower' compliance was between 24% and 31%. Over the summer of 2021 majority compliance remained stable around two thirds. As detailed in Figure 1, levels of self-reported 'majority' compliance decreased over time and the proportion of adults in Scotland who were given a first vaccine against SARS-CoV-2 increased. The publications detailing the statistics provided in this section are provided: [JG6/015-INQ000302512] [JG6/016-INQ000302513] [JG6/017-INQ000302514].

Figure 1: Proportion of adults vaccinated with first dose in Scotland and proportion who self-reported 'majority' compliance (6-7)

Source: YouGov Scotland survey and Public Health Scotland Covid dashboard



42. It should be noted that the changes observed in the way that people behaved during the pandemic were related to a number of factors. As suggested in Figure 1, increased protection through vaccination is likely to be one factor but many other dynamics were at play. These included, but were not limited to, the tightening and easing of restrictions (e.g. “stay home” restrictions moving to “stay local”); changes in restrictions in England; the reopening of shops and hospitality; and the easing of restrictions around education.
43. There were also a number of communication campaigns running over this period, including the “Not Giving In” campaign which ran from April to mid-June 2021 (to communicate the ongoing importance of vaccination, testing, safety behaviours and continuing to follow restrictions as they ease), and the Summer Safety “Riskometer” campaign from mid-June to early September (to communicate the ongoing need for safety behaviours as restrictions eased and the population started to see more of each other). For example, respondents were asked about their behaviours as the restrictions were easing, including visits to different places. Following the lifting of a number of restrictions in mid-April 2021, respondents were asked which places they had visited in the past week. At 27-28 April, just over one in 10 (12%) respondents reported visiting a café/bar/restaurant, and just under two in 10 (19%) a non-grocery shop/shopping centre. By the following week, over a third (37%) of respondents had visited a café/bar/restaurant and 34% a non-grocery shop/shopping centre.
44. Between June and August, just over four in 10 (42% to 47%) had visited a café/bar/restaurant in the previous week. During the same period, 33% to 39% of respondents reported visiting a non-grocery shop or shopping centre. There had been an increase in proportions of respondents visiting indoor leisure, from 8% in early May up to 15% by 24-25 August.
45. However, respondents remained consistently cautious about resuming activities. From April through to August 2021, around seven in 10 respondents either ‘strongly agreed’, or ‘tended to agree’, with the statement “Even though the restrictions are changing, I don’t want to rush into doing things”. To supplement this polling data, develop understanding on the principles that underpin behaviour change, and explore why the adoption of the protection measures was variable over time and across sub-groups, the Scottish Government carried out internal research and commissioned external research, provided: [JG6/018-INQ000131034].

46. In summary, this research suggests that people's capability, opportunity and motivation to follow the regulations and guidance can be affected by a range of personal circumstances. Research has also shown that some groups of people may find it harder to follow public health measures than others, and that some measures are more emotionally or practically challenging than others, provided: [JG6/019-INQ000302515].

Behavioural science

47. Behavioural science fed in indirectly to policy considerations. For example, the Scottish Government had regular engagement with Professor Stephen Reicher who was a member of the COVID-19 Advisory Group (whose broad area of research focuses on the issues of group behaviour and the individual-social relationship) about its approach and on particular communications and marketing.
48. A Compliance Advisory Group (CAG) was established on 23 September 2020. This was part of the preparation for the publication of the *Coronavirus (COVID-19): Scotland's Strategic Framework* document on 23 October 2020, provided [JG6/008-INQ000302532]. The group met regularly until March 2022 and advised and supported the Covid Safety and Compliance Programme (CSCP) established in November 2020 to provide a central focal point within the Scottish Government and to support public, business and organisation compliance with the regulations and guidance introduced as part of the response to the pandemic.
49. The group provided a route for a range of Scottish Government policy areas to access behavioural science advice and insight to inform their work. This included reflection and discussion around quantitative (for example, public polling on self-reported compliance) and qualitative (for example feedback from specific sectors of the economy considered priority environments by CSCP such as hospitality and retail) evidence on public, business, and organisation compliance with NPIs and other population-wide and sector specific measures introduced at various points during the pandemic.
50. CAG supported and informed work in a range of areas that contributed to the high levels of public, business, and organisation compliance with the measures and NPIs reported from late 2020 to spring 2022.

Considerations of behavioural fatigue

51. The Inquiry has asked about the role considerations of behavioural fatigue, or other assumptions on how the public would react, played in the Scottish Government's initial strategy.
52. Paragraphs 1-25 of the DG Corporate Statement (Addendum statement), provided on 14 August 2023, detail the approach the Scottish Government took to public health messaging during the pandemic and how their effectiveness was evaluated. This included regular opinion polling at the start of the first lockdown to help understand knowledge, attitudes and claimed behaviour in relation to Covid-19, and motivations and barriers to adopting desired behaviours. This statement also outlines how behavioural science helped to shape the communications strategy and took into account communications approaches worldwide, including new evidence from health and communications experts.
53. Behavioural fatigue was not an issue that was apparent in Scotland and as such, did not factor heavily into decision making particularly in the earlier stages of the pandemic.

The “hammer and dance” concept

54. In paragraph 87 of the Module 2A Strategy and External Affairs statement, provided to the Inquiry on 23 June 2023, it is stated that the Scottish Government's approach to NPIs was influenced by the “hammer and the dance” concept set out by Thomas Pueyo in his article *Coronavirus: Why You Must Act Now*.
55. Mr Pueyo's article was an illustration of a fundamental health protection concept – that one has to establish control over an outbreak that could otherwise overwhelm a population, before establishing a strategy for releasing control measures. The Scottish Government did not have dealings with Mr Pueyo directly and the questions around control measures were always the need to balance their stringency with proportionality in terms of the impacts of restrictions.
56. There was wide debate in Scotland and beyond about what the exit strategy from such an approach was, but as articulated in the frameworks for dealing with Covid-19 the initial measures were there to protect the NHS, and subsequently vaccination and naturally acquired immunity changed the balance of risks fundamentally.

57. The concept was discussed in a “deep dive” meeting on social distancing which was chaired by the First Minister and then incorporated into the Scottish Government’s approach. This was followed by a Ministerial Implementation Group (MIG) meeting on 7 April 2020. In both, the concept was addressed in a PowerPoint presentation, provided [JG6/020-INQ000302516].

Formulating the response strategy in the initial pandemic period

58. The Inquiry has asked who was responsible for formulating the strategy adopted by the Scottish Government in response to the pandemic in the initial period of the pandemic, specifically January 2020 up to the first lockdown.

59. The Scottish Government’s strategy throughout the entire pandemic was ultimately decided upon by Scottish Ministers, taking into account the available scientific, clinical and public health advice, as well as the views and intentions of Ministers in other administrations, as discussed in the various intergovernmental fora. When considering if the Scottish Government could have entered a lockdown earlier it is important to note that the initial response from all four administrations from mid-March 2020 was to advise people to stay at home if possible, as detailed in paragraph 70 of the Module 2/2A DG Strategy and External Affairs statement, provided on 23 June 2023. The requirement to stay at home given by all four administrations on 23 March 2020 was similarly, in formal terms, advice until it was given legislative force in regulations made a few days later. For Scotland the regulations were made by the Scottish Ministers using powers in the Coronavirus Act 2020.

60. The Inquiry has asked about the “herd immunity” strategy. As set out in the Module 2/2A DG Health and Social Care corporate statement provided to the Inquiry on 23 June 2023, there was no herd immunity strategy. What was discussed in the early stages of the pandemic and how to respond was the potential compromise on the NHS’s ability to cope if high numbers of the population were infected with Covid-19. At meetings of the Scientific Advisory Group for Emergencies (SAGE), the extent to which the NHS would be able to cope and how that would need to be controlled was discussed very early on.

Decision making leading to the first lockdown

61. The Chief Medical Officer’s (CMO) understanding of the transmissibility, infection, mutation, reinfection and the nature of the virus including its severity and the measures

available to limit its spread and how this understanding developed over the course of the pandemic was outlined in the technical report of the four UK CMOs [JG6/004-INQ000130955] as explained in the Module 2/2A DG Heath and Social Care (expert health entities) statement provided to the Inquiry on 23 June 2023.

62. As stated in paragraph 68 of the Module 2/2A DG Heath and Social Care statement, provided on 23 June 2023, throughout the entire pandemic there were frequent Microsoft Teams calls held with four nations colleagues looking at data and analysis trends and policy proposals. These allowed discussion and ideas to be shared. However, no decision would be taken within the four nations call. Advice would be submitted to Ministers outside of the calls with the response conveyed at future calls. Where feasible, a four nations approach would be recommended.
63. Throughout the pandemic, Health and Social Care Analysis (HSCA) worked closely with counterparts (other analysts) in the devolved administrations to discuss Covid-19 data, generally in the context of four nations comparisons. HSCA was represented on Four Nations Vaccine Statistical meetings, which the Department of Health and Social Care chaired.
64. The Inquiry has asked how international data and comparisons were used. Following origination of the virus in China, officials provided information and analysis of the Chinese response to inform decision making, drawing on Foreign and Commonwealth Development Office reporting and open source information. From March 2020, analysis was provided on how other governments were responding to different impacts of the pandemic. This included information on both the Chinese and Italian responses. This was used to help inform teams working on Covid-19 about global issues and understand best practice around the world as the response was developed in Scotland.

NPI considerations from January 2020 to the first lockdown

65. From January 2020 to March 2020 there was consideration of NPIs including four nation discussions at Cabinet Office Briefing Rooms (COBR) and Scottish Government internal discussion at the Scottish Government Resilience Room (SGoRR) meetings. Ministers including the First Minister attended these meetings and were supported by officials from various Directorates including the CMO. At the early stages of the pandemic (indeed before it was even defined as a pandemic) evidence sources were less well developed but the Scottish Government relied on evidence from experts. The best evidence that the

Scottish Government had access to came from SAGE and the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG), and so discussions on NPIs were informed by reports of that evidence, which was also the evidence on which the UK Government was basing its considerations.

66. A timeline of NPI announcements is provided below:

12 March 2020

- The First Minister announced there would be no mass gatherings of more than 500 people from Monday 16 March onwards.

13 March 2020

- The Deputy Director of Health Workforce, Steven Lea Ross, issued a letter setting out Covid-19 National Arrangements for NHS Scotland Staff, explaining what was expected of NHS employers, staff and line managers, provided [JG6/022-INQ000302518].

15 March 2020

- The CMO issued a letter to Medical Directors, NHS Boards; Nurse Directors, NHS Boards; Directors of Public Health, NHS Boards; Consultants in Public Health Medicine, NHS Boards outlining implications of move to delay phase, provided [JG6/023-INQ000302519].
- Work started on guidance for older people, vulnerable groups and at risk individuals including Q&A in advance of COBR(M) meeting where it was likely this would be agreed.

16 March 2020

- The First Minister advised in a statement that in addition to isolation measures, people should avoid crowded areas and gatherings and work from home if possible, particularly those over 70, those eligible for flu vaccine and those pregnant.

18 March 2020

- The First Minister announced schools and nurseries across the country would close from 20 March and may not reopen before the summer holidays [JG6/024-INQ000302520]. This was announced to Parliament on 19 March 2020; the Deputy First Minister's speech is provided: [JG6/025-INQ000302521].

- Cabinet Secretary for the Constitution, Europe and External Affairs Michael Russell delivered speech to Parliament on the UK Coronavirus Bill, provided [JG6/026-INQ000302522].
- Chief Nursing Officer, Fiona McQueen, called for health professionals to return to the NHS, provided [JG6/027-INQ000302523]

20 March 2020

- First Minister asked all restaurants, cafes, pubs, gyms and cinemas to close.

21 March 2020

- Work was in progress with regards to the provision by government departments and resilience partnerships to shield vulnerable people. A paper was submitted to DFM on this evening.

23 March 2020

- A COBR meeting on the evening of 23 March agreed steps in what came to be known as 'lockdown' including a 'stay at home' message. The First Minister agreed that the Prime Minister would make the first public statement following that meeting. He did so in a televised statement, saying that people should only go outside to buy food, to exercise once a day, or to go to work if they absolutely could not work from home. The First Minister reinforced the message for Scotland in a press conference immediately afterwards [JG6/028-INQ000302524].

1 April 2020

- The Chief Pharmaceutical Officer appealed to former pharmacists and pharmacy technicians to rejoin the General Pharmaceutical Council (GPhC) register, provided [JG6/029-INQ000302525].

28 April 2020

- The use of face coverings on public transport was introduced by the Scottish Government on 28 April 2020, and guidance was published on the personal use of face coverings [JG6/030-INQ000302502].

Initial testing capacity

67. At the early stages of the pandemic, in addition to advice coming from structures like SAGE and NERVTAG, advice in Scotland on the role of testing came from the office of the Chief Scientific Adviser (Health). The Chief Scientific Adviser (Health) established and chaired a Scientific Advisory Group on Testing which formed part of the wider advisory landscape including the Covid-19 Advisory Group.
68. An early piece of advice from Jill Pell and Mark Woolhouse (who sat on both Covid-19 Advisory Group (C19AG) and Scientific Advisory Group on Testing) stressed the importance of clarity on the strategic purpose of using testing for Covid-19 given capacity available at any point in time. While capacity was being built through both NHS Scotland routes and through the UK Four Nations Testing Programme, the main strategic purposes for the testing available were to support clinical care in hospital settings; for surveillance [JG6/031-INQ000302503] and to enable keyworkers to return to work if covid negative as otherwise, since 13 March 2020, all symptomatic people were advised to stay at home for seven days (which increased to 10 days on 30 July following developing science on period of infectiousness).
69. Between March 2020 and May 2020 extensive efforts were made to build testing capacity to support strategic purposes beyond surveillance, clinical care and enabling keyworkers to return to work. The WHO published updated Strategic Advice on 14 April 2020 that set out six criteria for countries to assess as they considered lifting restrictions ('lockdown') [JG6/032-INQ000302526]. The second of these criteria was on the public health capacities being in place to support population-wide testing, contact tracing and supported isolation for the strategic purpose of reducing population-level transmission of the virus. Advice continued to be sought from the C19AG and the Scientific Advisory Group on Testing as the strategic approach to testing developed and changed as the pandemic progressed through different phases.
70. The strategy of Test, Trace, Isolate, Support was published on 4 May 2020 and explained the intervention, the early stages of building testing capacity and how contact tracing and isolating potentially infectious contacts worked to reduce transmission. From 28 May 2020, contact tracing began on all individuals testing positive after testing was made available to all symptomatic individuals.

Intergovernmental co-ordination in Phase 2 of the pandemic

71. In paragraphs 48-55, the Module 2A Strategy and External Affairs statement provided on 23 June 2023 gives an overview of a number of intergovernmental fora in which the Scottish Government engaged with the UK Government in Phase 2 of interactions. Further information on intergovernmental co-operation is also provided in paragraphs 64-97 of the Module 2/2A DG Heath and Social Care statement, provided on 23 June 2023.
72. In regard to how information and advice was shared with key decision makers within the Scottish Government, paragraphs 125-139 of the Module 2A Strategy and External Affairs statement provided on 23 June 2023, set out the process for decision making during the pandemic. This includes how information and evidence from a multitude of sources would be collated and presented to Cabinet (the key decision makers) to inform their decision making. If feedback was received from Cabinet or a Minister about the volume or presentation of information, this would be acted upon and advice resubmitted.

Intergovernmental co-ordination in Phase 3 of the pandemic

73. Paragraphs 41-66 of the Module 2A Strategy and External Affairs statement, provided on 23 June 2023, describe mechanisms for intergovernmental co-ordination for three broad phases of interaction. These broad phases are outlined again below for ease of reference:
- Phase 1: Pre-2020 liaison on contingency planning and preparations largely through Heath and Resilience channels
 - Phase 2: January to May 2020. Engagement on the initial response, primarily through Resilience and Health liaison mechanisms including COBR, and then from March to May intense engagement including through MIGs – UK Government committees that were set up and to which in some cases devolved governments sent ministerial participants
 - Phase 3: June 2020 to April 2022. Formal and informal official and ministerial engagement mainstreamed into the four governments' handling of the response to the pandemic and planning for recovery.
74. Phase 3 saw the four nations following courses through gradual relaxation of restrictions during the spring and summer of 2020, through local restrictions and then more general tightening of restrictions – with regional variations within England, Scotland and Wales – in the autumn and winter of 2020/21, and then relaxation of NPIs through the rest of 2021 and early 2022. As set out in detail in the above mentioned statement, a rhythm of engagement on NPIs was established at ministerial level including, for example, the four

nations calls between the Heads of the Devolved Governments and the CDL, regular calls between Health ministers and between scientific, medical and policy officials, for example through a weekly UK Coordination Forum. The specific arrangements for communication and co-ordination of rules on international travel and quarantine, including through devolved ministerial participation in Covid-O calls, is described earlier in this statement.

75. The Inquiry has asked whether there should have been more intergovernmental engagement in Phase 3 and whether that would have led to more consistent approaches across the four nations to NPIs and public health communications. This is addressed below.

The C-19 Strategy Committee and the C-19 Operations Committee

76. As stated in paragraph 58 of the Module 2A Strategy and External Affairs statement, provided on 23 June 2023, at the end of May 2020 the UK Government replaced the MIGs with the C-19 Strategy Committee ("Covid-S"), chaired by the Prime Minister and a C-19 Operations Committee ("Covid-O"), chaired by the Chancellor of the Duchy of Lancaster (CDL). The Inquiry has asked whether the Scottish Government considers the MIGs should have remained in place after May 2020.
77. The decision to replace the MIGs was a matter for the UK Government. It is an essential feature of the UK systems of Cabinet government that there are fora for internal discussion between Ministers. The UK Government is best placed to comment on the effectiveness for that purpose of the UK Cabinet subcommittees that replaced the MIGs.
78. With regard to the intergovernmental liaison role that had been played by MIGs, function matters rather than form. As described below, the range of successor liaison arrangements that was put in place was generally effective for communication, although the devolved governments did on a number of occasions seek additional engagement on particular topics.
79. Moreover, it would have been challenging to sustain the tempo of ministerial engagement in MIGs that required briefing on very short timetables. The successor arrangements proved durable and in general achieved a good balance between official and ministerial engagement.

Consistency of approaches to NPIs and public information

80. Scottish Government participation in intergovernmental fora was for the purposes of co-ordination across borders and between devolved responsibilities and reserved matters such as the funding of furlough. It was for the devolved governments, rather than the UK Government, to take decisions about devolved matters, including NPIs such as lockdown, and to be accountable to their respective legislatures and electorates for those. That of course did not preclude the governments from taking forward common, similar, or integrated approaches (for example on international travel restrictions and quarantine) where they agreed that was appropriate.

81. Paragraphs 159 to 176 of the Module 2A Strategy and External Affairs statement, provided to the Inquiry on 23 June 2023, cover the issue of consistency in a discussion of “divergence”. Earlier in this statement it is noted that it would be wrong to think that the approach taken in England was – or should have been – somehow the norm from which the other UK nations “diverged”. Across the UK, there is a wide range of geographical and social circumstances, from remote islands to densely populated cities, and during the pandemic there were widely varying patterns of virus prevalence. Patterns of employment and travel also vary, and the Scottish school calendar is different from that south of the border. Moreover some of the NPIs necessitated by the pandemic involved very significant restrictions on individuals, businesses and other organisations. Ministers were therefore under a duty not to impose them unnecessarily. As the Health Protection (Coronavirus) (Restrictions and Requirements) (Scotland) Regulations 2020, Regulation 3(3) states “as soon as the Scottish Ministers consider that any restriction or requirement set out in these Regulations is no longer necessary to prevent, protect against, control or provide a public health response to the incidence or spread of infection in Scotland with coronavirus, the Scottish Ministers must revoke that restriction or requirement”. NPIs also to a significant degree depend for their effectiveness on public understanding and acceptance to promote compliance; keeping measures in place unnecessarily would have undermined that.

82. It was therefore appropriate for the governments to be able to tailor their approaches to the circumstances in, and within, each country. A uniform approach would not have been able to take account of such variations. From the summer of 2020, the Scottish Government took the approach of tailoring measures to geographical and epidemiological circumstances within different parts of Scotland. The Scottish ‘levels’ system, for example, was designed to limit transmission of the virus while avoiding

unnecessary restrictions on social and economic activity in areas of relatively low virus prevalence. Geographically variable restrictions were also applied within England and Wales.

83. The Inquiry will be able to consider the effectiveness of geographically varying restrictions, and the approaches to those in the four countries, for the achievement of health, social and economic outcomes. The Scottish Government took the view that its “levels” system was the right approach to limit transmission of the virus while avoiding unnecessary restrictions on social and economic activity in areas of relatively low virus prevalence.
84. The four governments did, at times, take different decisions on the design and application of NPIs. Travel restrictions are an example. There was of course never any question of “closing” the border between England and Scotland to the movement of food, medicines or other essential goods, or to movement of people for essential reasons. The UK’s external borders were kept open to such movements too. However, legal restrictions on non-essential travel (with a wide range of pragmatic exceptions) operated successfully under the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020 from November 2020 to Spring 2021. Those applied within Scotland to travel to and from areas of high prevalence of the virus and served to underpin the geographically varying restrictions under the levels system. The travel restrictions also applied to travel between Scotland and areas with high prevalence of the virus in other parts of the Common Travel Area (the UK, Ireland, the Channel Islands and the Isle of Man). As explained in paragraph 151 of the Module 2A Strategy and External Affairs statement, provided to the Inquiry on 23 June 2023, the Scottish approach to such controls reflected World Health Organisation guidance about the need to manage the risk of exporting and importing cases from communities with high risks of transmission.
85. Travel restrictions were applied by Covid-19 legislation in Wales, the Channel Islands, the Isle of Man and the Republic of Ireland too. For England, outwith periods when a stay at home requirement was in place and some local outbreak control measures in the summer of 2020, the UK Government’s approach relied on guidance rather than legal restrictions to reduce unnecessary travel within the country. Governments in those jurisdictions will be better placed to provide the detail on those restrictions.

86. Travel control is one of a number of areas where the four nations' approaches to NPIs had significant differences. Other examples included different approaches to requirements for vaccination certification, with Scotland introducing on 1 October 2021 a regime that required certificates for people to enter certain events and higher risk venues, such as nightclubs, music festivals and some football grounds, and the Scottish Government's introduction of a significant NPI response to the Omicron variant. As a very broad generalisation, the UK Government's approach for England was to relax measures rather more rapidly than in Scotland or Wales. Unlike Scotland, however, the UK Government had to apply three England-wide lockdowns whereas Scotland only had one truly national lockdown (in spring 2020) as the winter 2021 lockdown did not apply in certain island areas as the restrictions were not considered proportionate for certain remote island communities given the conditions prevailing at the time.
87. Such differences were the results of policy judgements by Ministers rather than an absence of intergovernmental communication. Given the range of factors that were relevant to such judgements including balancing of health, social and economic harms, considerations of public compliance with restrictions and guidance, and geographical variations, it is unsurprising that the governments did not take a uniform approach even within each country.
88. Another aspect of consistency relates to the interaction of the restrictions in the four nations and their communication. Some examples are set out below. In these cases, any inconsistencies resulted from the result of differences of policy rather than an absence of communication.
89. The Welsh and Scottish Governments were concerned in the autumn of 2020 about the risk of importation of the virus from high-prevalence areas such as northern England. Such concerns led to the imposition of regulatory controls on non-essential travel, first in Wales and then in Scotland. Arguably restrictions in English law on travel to and from areas of high prevalence would have complemented the restrictions in Scottish and Welsh law.
90. Ensuring clarity in UK Government public information about the geographical extent of measures was a topic for engagement through much of the pandemic, as outlined in the Module 2A DG Corporate statement provided on 23 June 2023.

91. Paragraphs 160 and 161 of the Module 2A DG Strategy and External Affairs statement, provided on 23 June 2023, set out an issue that arose of inconsistency between the UK Government's policy on funding for furlough payments and that of the Scottish Government on applying restrictions. There was a major asymmetry here in that UK Government NPI decisions were not constrained by devolved funding decisions.
92. On international travel, communication between officials on the drafting of the regulations relating to international travel restrictions was generally good, as was liaison with UK Border Force on operational issues. In general, the Joint Biosecurity Centre (JBC) shared its country analysis, and the data on which that was based, with the devolved governments on a timely basis, though there were cases where it was withheld or delayed. The selection of countries for the JBC to assess appeared largely to reflect the priorities of the UK Government. Although decisions were generally taken on a four nations basis, the UK Government was consistently keener to relax travel restrictions, either by introducing more sectoral exemptions or by arguing for earlier additions of countries to the country exemption list, or by delaying adding countries to the red list (the last is particularly relevant in the case of India in April 2021).
93. On international travel rules, the regular Covid-O meetings were between the Secretaries of State for Transport and Health and their devolved government counterparts, with CMOs sometimes in attendance. These meetings reviewed the current situation and informed the devolved governments of the planned UK-wide approach. Scotland, Wales and Northern Ireland had the opportunity to input any reservations or concerns, however there were decisions that were taken at very short notice. There were multiple requests for more timely meetings and advice, but the fast-moving nature of the decision making sometimes did not allow for this. Despite the CMO and Deputy CMO for Scotland not always attending these meetings, they always provided input to advice to Ministers on these matters.
94. As stated in paragraph 156 of the Module 2A Strategy and External Affairs statement, provided to the Inquiry on 23 June 2023, international passengers were able to circumvent tougher restrictions in Scotland by travelling via England, thereby reducing the efficacy of Scotland's restrictions to a degree where this happened. The UK Government did not accede to requests from the Scottish Government for extra measures to apply to travellers heading to Scotland, creating a risk of travellers circumventing stronger public health restrictions in place in Scotland by routing via English airports. The Scottish Government was particularly concerned about this risk

when the Delta variant was known to be on the rise, as a result of a delay in moving India to the “red list” in England.

95. To mitigate this risk in a future pandemic, the legal and practical options available are limited. Where a less restrictive regime of self-isolation or quarantine hotels is in place in England, it would be open to the UK Government to regulate to require individuals entering the UK through an English port or airport and intending to travel on to Scotland, but who would otherwise not be required to isolate in England, to self-isolate at a designated address in England or in a quarantine hotel. At the operational level, the role of the UK Border Force is vital: through implementing shared systems such as the passenger locator form, applying border intelligence capabilities to identify travellers attempting to circumvent public health measures, and dealing with travellers at the border to enforce regulations to protect public health in Scotland that were, occasionally, different to those put in place in England by the UK Ministers to whom they are accountable. In the future, practical co-operation of that nature might also help to mitigate the risk at the margin.

Intensity and quality of engagement

96. The reference in paragraph 57 of the DG Strategy and External Affairs statement (referenced above) to “a less intense rhythm of intergovernmental engagement” during Phase 3 is to the changed tempo of ministerial meetings from that in March and April 2020 when, for example, the General Public Sector Ministerial Implementation Group (GPS MIG) had initially met five times a week. It does not refer to the overall volume of intergovernmental engagement.
97. By June 2020 the main strands of activity to respond to the pandemic were well established with arrangements for intergovernmental liaison as described in the statement. All four governments were implementing their announced plans for managed lifting of the initial ‘lockdown’ restrictions. In that context, a changed tempo of ministerial interaction was reasonable. There was, as the statement explains, a wide range of formal and informal engagement, including for example the regular four nations calls between the heads of devolved governments and the CDL, four nation health ministers meetings, ministerial meetings to review international travel restrictions, and regular official-level co-ordination meetings. There was extensive liaison between the teams of co-ordination officials involved to discuss and learn from each other’s approaches as well as between relevant sectoral policy officials such as on education.

98. That is not to say that communication could not have been better at times. Devolved government ministers wrote on a number of occasions during 2020 and 2021 seeking discussions about particular issues, information about the UK Government's intentions and changes in its policy on reserved and funding matters affecting Scotland. There was a significant reduction in the direct personal involvement of the Prime Minister in intergovernmental engagement on Covid-19 after the initial lockdown, with COBR meetings in which he would be expected to participate ceasing for a considerable time after the spring of 2020. Perhaps most significantly, the pandemic highlighted asymmetries inherent in the arrangements for funding devolved governments under the Barnett formula and UK Government control of the furlough scheme that placed practical constraints on the discretion of the Scottish Government to put in place NPIs that did not apply to UK Government decisions for England. However, such tensions need to be set against the wider background of broad and effective intergovernmental working.

Success of the Phase 3 engagement rhythm

99. The Inquiry has asked whether the Scottish Government considers that the pattern of regular engagement in phase 3 (as per the phasing set out above) worked well, and which fora did it consider the most useful.
100. In general the phase 3 engagement pattern worked well. There were mechanisms for frequent and regular communication across the wide span of the pandemic response, channels for clarification, notification and triage of emerging issues, and routes for escalation of difficulties. Officials developed strong working relationships where those did not exist already. Broadly the mechanisms worked well in enabling communication across a vast swathe of activity.
101. However, as set out earlier, the devolved government did on a number of occasions seek additional engagement at ministerial level on particular topics.
102. Given the wide range of engagement mechanisms and their different purposes it would be misleading to pick out any subset of them as particularly effective. However, as mechanisms for frequent, efficient communication about the strategic picture and for triaging of issues, the four nations calls chaired by the CDL were valuable as was the UK-wide Covid-19 Coordination Forum.

103. The Inquiry has asked about discussion and correspondence about how best to organise four nations liaison in phase 3, and to see all relevant documentation.

104. As explained in the Module 2A DG Strategy and External Affairs statement, provided on 23 June 2023, the main additional mechanisms put in place or adapted for the start of phase 3 were as follows. The statement explains how they evolved thereafter:

- Regular four nations calls between the CDL and the heads of the devolved governments. These began with an ad hoc meeting on 5 May 2020 but were later adopted as a regular engagement forum
- A UK-wide Covid-19 coordination forum involving officials in the four nations. Additional detail of this has been provided in the Module 2A DG Strategy and External Affairs statement (Covid-Coordination Directorate), provided on 31 August 2023
- Devolved Government Permanent Secretaries (or their representative) calling into Covid-19 Cabinet Secretary Officials Meetings (“Cab Sec (O)”)
- Devolved Government ministers participating in Covid-O meetings when they discussed international travel restrictions.

105. The following documentation is provided:

- Email exchanges on the proposal for a UK-wide Covid-19 Coordination Forum and its Terms of Reference, provided: [JG6/033-INQ000257373].
- A letter from Mark Sedwill, sent 28 May 2020, setting out the intention to stand down the MIGs and establish a C19 Strategy Committee (Covid-S) and C19 – Operations Committee (Covid-O) chaired by the Prime Minister and CDL respectively, provided: [JG6/034-INQ000302527].
- A letter, sent 12 June 2020, from devolved Permanent Secretaries to Mark Sedwill seeking confirmation on future arrangements for COBR(M) and for devolved engagement in Covid-O. It noted their understanding (from devolved government officials’ discussions with Cabinet Office) that CDL intended to continue regular four nations calls, provided: [JG6/035-INQ000302528].

NPIs and decision making based on circumstances in England

106. It appeared to the Scottish Government that the UK Government’s response to Covid-19 pandemic was largely driven by the public health situation in England. This did not always correlate with the situation across the rest of the UK; particularly the different rates of

infection in different areas across the UK, the easing of restrictions at different times across different sectors of the economy, or even the uniqueness of the composition of the Scottish economy.

107. An example of this is outlined in paragraphs 159-161 of the Module 2A DG Strategy and External Affairs corporate statement provided on 23 June 2023, where it is stated that the Scottish Government wanted to keep restrictions in place longer but felt unable to do so because of the withdrawal of UK furlough funding and the disproportionate harm that would therefore be incurred. Scottish Ministers did inform the UK Government about the rationale for additional furlough and other support, both during the four nations meetings and other engagement, such as ministerial letters to their opposite number in Westminster. There was also continual engagement at official level. Further information on the Scottish Government's engagement with the UK Government on this matter is detailed in paragraphs 20-22 of the DG Exchequer (Addendum) corporate statement, provided on 06 November 2023.
108. Scottish Ministers made numerous representations to the UK Government outlining their concern about the lack of fiscal flexibility, the UK Government's last-minute approach to announcing funding and the availability of funding in Scotland throughout the course of the pandemic. Examples of these representations are listed in paragraph 12 of the DG Exchequer (Addendum) corporate statement, provided on 06 November 2023.

School closures

109. In March 2020 there were a number of factors that were taken into account by officials and Ministers in order to decide if and when schools should close. It is important to note that the information available about the transmission of Covid-19, particularly in specific settings (e.g. in schools or shops), was more limited in the early days of the pandemic. There was also less known about the impact of the virus and which groups it may affect more. A timeline detailing the provision of advice and decision-making mechanisms relating to the key dates of school closure and re-opening is outlined with the Module 2A DG Education and Justice (Education) (Addendum) statement, provided on 06 November 2023.
110. Given the rate at which cases were rising, careful consideration had to be given to all available options to try to ensure the right decisions were taken, based on the data and evidence available at the time. There was a tension at the time between the social

distancing advice and schools being open (thus allowing large numbers of children and adults to mix). At the time there were also concerns that children may be getting and then spreading the virus. There was also consideration about ensuring parents / carers who were key workers were able to continue working. Ultimately, however, the decision taken to close schools in March 2020 was in order to try to reduce the transmission of the virus in a period of incomplete evidence.

111. While schools and early learning and childcare settings were closed from 20 March 2020, local schools and community hubs were open to provide critical childcare provision for some key groups, including the children of key workers and vulnerable children. Teachers were encouraged to support education continuity for pupils completing coursework for national qualifications in the senior phase of their education while schools were closed.

112. As there was limited data available about the transmission of the virus in March 2020, the Scientific Pandemic Influenza Group on Modelling, Operational sub-group (SPI-M-O) for SAGE prepared a consensus statement providing a view on the potential impact of school closures at that time, provided: [JG6/036-INQ000302529].

113. SPI-M-O found that, while there was clear evidence from the literature that school closures could interrupt the spread of respiratory viruses, these studies tended to focus on pandemic influenza. They suggested that the impact of school closures, as a stand-alone policy, on Covid-19 would be expected to be smaller than for influenza for a number of reasons, including:

- The relative role of children in transmission was likely to be smaller. In influenza pandemics, adults have some pre-existing immunity, so that a higher proportion occurs in schools, which was not the case for Covid-19
- The average time between symptom onset in primary and secondary cases (known as the serial interval) is longer than for influenza. As a result, schools would have to be closed for longer to have the same effect
- In March 2020 the reproduction number was estimated to be in the range 2.0-2.5, which was higher than influenza in 2009.

114. At that time, it was the consensus view of SPI-M-O that, in the absence of school closures, NHS critical care capacity was likely or highly likely to be breached in the short to medium term. The reproduction number was expected to be in the region of one but they did not know whether it would be higher or lower than that. The high degree of uncertainty was a result of not knowing how contact rates would change, as well as the

lack of clarity on current case numbers and the role of children in transmission, as mentioned previously.

115. SPI-M-O concluded that school closures would not make the epidemic worse, and that they would reduce both the epidemic peak and expected number of cases. Their best assessment was that they would reduce the reproduction number by between 10% and 20%, but they did not know how likely it was that this would change the reproduction number from being above one to below one.
116. There was later research on NPIs which gave officials and Ministers a much better understanding of the transmission of the virus in schools and the role children played.
117. The Advisory Sub-Group on Education and Children's Issues reviewed the evidence available throughout the pandemic to better understand these issues. The evidence considered by the Advisory Sub-Group before the second set of school closures in January 2021 indicated that there was no direct evidence at that time which showed that transmission within schools played a significant contributory role in driving increased rates of infection among children. International comparators at that stage of the pandemic suggested there was no consistent pattern of relationship between the reopening of schools and increases in case numbers.
118. At that stage there was also clear evidence that the time out of school had a detrimental effect on children and young people's wellbeing, including impacts on developmental and mental health harms. Evidence suggested that the mental health of adolescents was particularly affected. These detrimental effects were particularly prevalent for vulnerable children and young people. School closures put educational outcomes at risk, especially for vulnerable children and young people.
119. However, the Advisory Sub-Group found that the opening and closing of schools did have an impact on the reproduction rate and community transmission of the virus, and on infection rates in children and young people. The evidence available at the time on the size of these impacts was mixed.
120. As discussed previously, early modelling studies published in The Lancet suggested that closing schools reduced community transmission less than other social distancing interventions. Modelling work for SAGE suggested mass closure of schools could have "moderate impact" on R when wider impacts (e.g. among parents and the wider

community) were considered, but confidence in this estimate is reduced given the uncertainty around the role of schools in transmission. Additional work considering the impact of adding school closure to other social distance measures by the Centre for Mathematical Modelling of Infectious Disease (CMMID) Covid-19 Modelling Team, published on 17 March 2020 [JG6/037-INQ000302530] suggested that adding school closure to the existing package of interventions was likely to further reduce deaths by around 9%.

121. This evidence was taken into consideration by officials and Ministers when considering further school closures in December 2020. While there was a better understanding of the impact of school closures on transmission by this stage, there was a need to continue to consider the balance of risks and harms in the light of any new trends in data, evidence and scientific advice, including the potential direct health risks to children and staff from Covid-19; the wider impact on community transmission of schools reopening; and the direct risks to mental health, wellbeing, development, educational attainment and health outcomes from school closures.
122. The decision to close schools in January 2021 took into consideration all of these factors. On balance, Cabinet agreed that further closures were a necessary measure to suppress the virus. On 2 February 2021 Cabinet further considered the need to continue school closures and agreed, again balancing all the factors outlined above, that there should be a phased return to full time in-school learning from 22 February 2021 [JG6/038-INQ000302531].
123. This decision was taken balancing the known impacts on children and young people against the need for wider restrictions elsewhere in Scotland to continue to suppress the virus. Cabinet decided a phased return for school pupils at that time would mean public health restrictions would be necessary for a bit longer so that progress in suppressing the virus continued.
124. It should be noted that the decisions outlined here and earlier in this statement in relation to the closing and reopening of schools during the pandemic applied to those schools under local authority control. Independent schools, including boarding or residential schools generally followed the decisions taken by local authorities. The Scottish Government also published additional guidance for boarding schools regarding international pupils arriving in Scotland from outside the Common Travel Area to isolate in

their boarding houses ahead of the summer term, and mitigations and arrangements required to be put in place by schools to facilitate this.

125. When schools began reopening to pupils in February 2021 (Primary 1 to 3 and senior pupils who needed to complete work for National Qualifications) a number of routine protective measures were put in place in order to continue to suppress the virus. These measures included things like effective infection protection and control, the use of face masks, restrictions on visitors to schools, shielding advice, vaccination, improved ventilation, self-isolation and asymptomatic testing in schools.
126. These routine protective measures were reviewed regularly, in consultation with the Advisory Sub-group and the Covid-19 Education Recovery Group and reduced as it was considered appropriate based on the evidence and path of the virus at that time, until the majority of the routine protective measures were removed in September 2022, other than those which apply more generally to health protection in schools such as good hygiene practices and effective infection prevention and control measures.

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: 6 November 2023