Tuesday, 23 January 2024

(10.00 am)

LADY HALLETT: Good morning, Mr Dawson.

MR DAWSON: Good morning, my Lady. The next witness is Professor Jason Leitch CBE.

PROFESSOR JASON LEITCH (sworn)

Questions from LEAD COUNSEL TO THE INQUIRY for MODULE 2A

MR DAWSON: Good morning. You are Professor Jason Leitch?

A. I am.

Q. You have helpfully provided witness statements to the Inquiry.

Could we have up, please, INQ000329366.

Is this a witness statement dated 2 November 2023; is that your statement?

A. Yes.

Q. You have signed the statement?

A. Yes.

Q. Does the content of the statement remain true and accurate as far as you're concerned?

A. It does.

Q. You also provided a further witness statement under reference INQ000273981; this is also your witness statement?

A. It is.

Q. It's dated 15 November 2023?

A. Yes.

Q. And you have signed this statement?

A. Yes.

Q. Do the contents of this statement remain true and accurate --

A. They do.

Q. -- as far as you're concerned?

If I could just mention for the record as well a couple of other statements which are not produced by you but they're for the record, these were statements produced by the director-general for health and social care, INQ000215470, and a further addendum to the director-general for health and social care's statements which has the reference INQ000349900. I mention those simply because they include some description of the roles of the various medical advisers about which we heard a little yesterday from Professor Smith, but also covering the role that you heard, so we may come to these during the course of this questioning.

A. Okay.

Q. I understand, Professor Leitch, that you are the National Clinical Director within the Scottish Government; is that correct?

A. That's correct.

Q. And that you are the co-director of the directorate for

healthcare quality and improvement?

A. That's correct.

Q. And that you held the post of National Clinical Director, you have held that post of National Clinical Director since January 2015?

A. Yes.

Q. I'd like to explore with you a little bit about your background, but also about the role of National Clinical Director, so as we understand it in a bit more detail. I understand that you originally qualified in dentistry with a degree from the University of Glasgow?

A. Yes.

Q. And that you became a fellow of the Faculty of Dental Surgery at the Royal College of Surgeons in England in 1996?

A. That's correct.

Q. You hold a directorate from the University of Glasgow, as I understand it?

A. I do.

Q. What is the subject matter of that directorate?

A. It was drug trials, it was anaesthetic drugs.

Q. Thank you. You also hold a master's in public health from Harvard University, as I understand it?

A. I do.

Q. That was a qualification which you attained in 2006?

A. Correct.

Q. And you are a fellow of the Royal College of Physicians and Surgeons of Glasgow since 2004?

A. Yep.

Q. And you are a fellow of the Royal College of Surgeons of Edinburgh also since 2004?

A. Correct.

Q. Thank you.

I'd like to ask you a few questions. We heard a little bit about this yesterday from Professor Smith from his perspective in the various roles that he held during the pandemic, but I'd like to ask you a little bit about the role of National Clinical Director. You help us about this in your statement.

Professor Smith's impression was that certainly at the start of the pandemic the role was focused more on dealing with health boards than dealing with public health. Would that be a fair characterisation, and if not how would you characterise the role?

A. I think that's fair, in the round. The job is principally about the quality and safety of what I would call the delivery system, not just hospitals but also primary care, community care, and everywhere else. So when the job was created, it was to create a third clinical adviser to the Scottish Government, with

a particular focus on the quality and safety of the health and care system, and that's what I've tried to do.

Q. And that, as I understand it, is a unique role when looking at the way in which medical and scientific advisory systems are set up in the other parts of the United Kingdom; is that right?

A. I think the title is unique but the role isn't quite so unique. The role is covered by a number of other individuals. The closest English comparison is probably the medical director of NHS England, but it is not a direct comparison because I work for the government, we don't have a separate NHS structure like they would have in England. And in Northern Ireland and Wales there are people who cover the quality and safety of the delivery system but they don't call themselves national clinical directors.

Q. Did the nature of your role change when the Covid pandemic hit?

A. It did, it changed fairly dramatically.

Q. Could you broadly tell us, although I'm sure many people already know, how that role changed.

A. I think in two principal ways. One was in providing, as part of that broad clinical team and then subsequently, as you've heard many times now, a broader civil service

and further public sector team, advice to ministers on a more regular basis, sometimes multiple times a day, sometimes daily. But my principal role was in communicating with three groups of people: the public of Scotland, the parliamentarians of Scotland, and the stakeholders for whom the pandemic was having an impact on their business or their life in some way.

So I became evolved over those first few weeks and months into the person who did most of that clinical communication.

Q. You describe yourself in your statement as the "principal clinical communicator for the Scottish Government".

A. That may be a slight exaggeration, but it was to illustrate the point I've just made around being the person who did most of that clinical communication.

It's important, though, that that was very much shared, because one person couldn't possibly do it all. I did a lot of it, but there were a number of others: one of whom you heard from yesterday, there was also the Chief Nurse, there were deputies, there were others outside government who did quite a lot of that for us.

Q. Thank you.

I'd like to ask you about an event which occurred shortly into the first lockdown, namely the resignation

of Dr Calderwood, which again we heard a significant amount about yesterday. What impact would you say the resignation of Dr Calderwood, the former Chief Medical Officer, have on the Scottish Government's response to the pandemic at an important time, as I say, early into the first national lockdown?

A. I think it of course had an influence, we lost our senior clinical adviser to government, and I'm not sure there's a good time for you to lose a Chief Medical Officer in an unplanned way. We also lost a friend and colleague, from those of us who have known her for some time.

I agree, though, with Professor Smith's evidence yesterday that the reinstatement of a new CMO and the subsequent work that went on was fairly seamless. We didn't notice a big gap in that period. For me on a personal level, it meant that quite a lot more of the clinical communication fell to me. Up to that point, Catherine had been doing the press conferences. There hadn't been that many, but there had been some leading up to that point, I hadn't done any. My first was the following Tuesday after that Sunday where the CMO resigned. So my job changed that weekend.

Q. Could I please take you to a document, please, INQ000339605. This is a WhatsApp exchange between

Professor Smith and Malcolm Wright. It's not one, I don't think, in which you are involved, but one which refers to you.

Could you just remind us, we touched on this gentleman yesterday, who Malcolm Wright was?

A. He at this point in time was the director-general and chief executive of the National Health Service, the same job Caroline Lamb now holds.

Q. Thank you very much. We also heard from her yesterday, as you will know.

Could we go, please, to the entry at 18.06.43. Thank you very much.

This is on 5 April 2020, the day when Dr Calderwood resigned, although at a time before she had actually intimated her resignation, which I think happened much later in the evening; is that correct?

A. That's --

Q. -- resignation --

A. Yeah.

Q. In this exchange, Professor Smith says:

"Jason, Fiona and I have chatted this through."

Just to be clear, Jason in this will be you; is that right?

A. Correct.

Q. And Fiona, I think the Chief Nursing Officer?

A. She was the Chief Nursing Officer.
Q. Thank you.
"All of us feel let down and struggle with the credibility issue but feel it's not for us to recommend a decision on what happens next for Catherine. We'll continue to be there to offer pastoral support if this is sought or accepted. Going forward, we agree the importance of clinical advice to ministers and especially to FM coming from more than one source and value in different clinicians at media briefings too. This ensures a blend of experience and insights without putting too much on one person. I've suggested this to Liz Lloyd in contact she has now made about future briefings."
There's two aspects of this that I'd like to follow up with you to get your views on it, as this is representing you as being someone who subscribes to these views.
The first I'd like to address with you is what is meant by the "credibility issue", in particular whether what's been referred to here is a concern about the effect that the resignation of Dr Calderwood would have with the public and with compliance with the then existent lockdown rules.
A. It's a question probably best directed to Gregor, since

he wrote it, and I don't remember the particular chat he's referring to in any detail. There was of course concern, particularly for those of us who were in the public eye, that rule breaks, in whatever form they took, would have an influence on public compliance and the dialogue we were then able to have because it became the subject of the interview rather than talking about the guidance. So I think that in broad terms is probably what Gregor means by the "credibility issue", but you'd have to ask him.
Q. Was that a concern which you had at that time personally?
A. It was a concern that I shared across any of the high-profile rule breaks across the whole of the pandemic, including this one, yes.
Q. This was a particularly pivotal period, when an awful lot was going on, wouldn't that be fair to say?
A. I think that's true of the whole pandemic, frankly, but yes, this was a very important period: lockdown had happened 10 days previously, and losing a CMO was of course going to be something that we both talked about, and had to recover from.
Q. I should have reminded of you this at the beginning, Professor Leitch, because I am of course familiar with your speech, but if you would possibly try to slow down

a little -- it's a matter on which I'm often admonished myself -- just so that the stenographer --
A. I already thought I was doing so. I'll have to ...
Q. Thank you very much. If you could do so a little more, it will be greatly appreciated, thank you very much.
You mentioned a moment ago that you took over principal or a principal responsibility for communication with the public after this. In light of this credibility issue, and the potential that it had for impacting upon public faith in the strategy and compliance with it, what was done to try to introduce that element or address that element in the public communications?
A. I answered every question I was asked in a truthful and open way at that time. And during this period, including that week, of course, I did a number of media interviews. I had done a number of media interviews up to this point. The new thing for me the following week was to do the actual press conferences at the podium in Scotland, and I then became a regular face at those podia, with Professor Smith and others.
We answered those questions. My answer to the credibility question was always the same: whether it was this rule break or subsequent ones in other parts of the country, the rules apply to everybody and we're asking

you to comply and please do.
That was my consistent answer and I didn't change it this day.
Q. The message also expresses a concern that the source of clinical advice to ministers and especially to the First Minister had up to this point come from Dr Calderwood alone, and hence there was a group effort, it appears, on behalf of the three of you to try to diversify the sources of advice that were going to senior ministers. Was it a concern which you shared at the time that Dr Calderwood had monopolised the advice being given to senior ministers including the First Minister?
A. It wasn't. That's not how I would reflect on that period. I think Catherine was the principal person who took that advice to the First Minister, or had the relationship and the conversation with the First Minister, based on advice that was obtained more broadly from other clinical advisers. I wasn't involved very much at that period, so I can't speak to how that was done. My understanding of that period is she sought advice from a number of sources inside and outside government, but she was the one who had the relationship with the First Minister. That -- that bit is true.
Q. Did that close relationship also exist with the then

Cabinet Secretary for Health and Sport, Ms Freeman?
A. It did, between Catherine --
Q. Yes --
A. -- my understanding of that relationship is it was good. I also had a good relationship with both of these politicians, to be clear. I had independent and long-standing relationships with the First Minister, because she was the health secretary when I first came to government, and Ms Freeman had been the health secretary for some time in my period as National Clinical Director.
Q. But you said a moment ago, I think, that you hadn't really been involved very much up till this point?
A. I hadn't been involved in giving direct advice to the First Minister. I had been involved in the pandemic response.
Q. Yes.
A. Principally with clinical communication, because the interviews had begun in Scotland's national media, and in the work of the Scottish Government directors, who were by this time meeting every day to try to ramp up the response within the health service.
Q. Ultimately the decisions about the pandemic were made by the First Minister, were they not?
A. And her Cabinet.

Q. Your position is that they were made by the First Minister and her Cabinet?
A. That's correct.
Q. It was important that the First Minister had around her trusted advisers, not just in a general sense, but trusted advisers whom she trusted in their ability to deal with the specific subject of the pandemic; is that correct?
A. I agree, or an ability to get that advice from others more specific. I'm hesitating slightly because there were some elements of the pandemic that were so specialised that you couldn't possibly have a senior adviser in government for each of the elements. Vaccination is the one that comes to mind. So the joint committee on vaccination contains all of the UK's best experts on vaccination. Our role, Catherine's role, my role was to try and translate that very expert evidence into a form that could then be given to the decision-makers in each of the countries.
Q. That translation role was a key part of decision-making in Scotland, was it not?
A. I agree.
Q. Did it take time for you, Professor Smith and of course the Chief Nursing Officer to develop a relationship with the principal decision-makers around Covid such as might

replicate the obviously very close relationship which Dr Calderwood enjoyed with them?
A. I can only speak for myself, I think you'd have to ask the other two how they felt. My relationship with the First Minister was long established and strong and I found it that week to be easy to slip into that role that she asked me to fulfil, without any difficulty at all.
Q. My question was directed at the need to develop strong relationships not in a general sense, which you've told us about, but specifically in relation to the extent to which you could provide this important translation role in connection with the pandemic, with which you said you had not previously been involved?
A. I think I was able to fulfil that role and had the relationships with both the First Minister, the Deputy First Minister and the health secretary to do so.
Q. Thank you.

As I've said already, you describe yourself as the principal clinical communicator to the Scottish Government, and you have helpfully expanded on what that means.

Could I turn to paragraph 14 of your statement, please, at page 4.

In this passage, you say:

"Decisions relating to the response to Covid-19 were made by Scottish Ministers. My role was not as a decision-maker but as one of many advisers who attended meetings and formal groups where advice was formed and then submitted to Scottish Ministers. I would often attend meetings where I was not an active participant but to listen and learn. My job was to communicate the advice, following decisions by Ministers, to the three groups already mentioned."

I think you mentioned them again this morning. And above in your statement you had told us that these groups were the Scottish public, the Scottish Parliament and the Scottish Government stakeholders.

"To do that effectively I needed to understand the advice that was being given. Throughout the questions there is frequent reference to what medical/scientific advice was given, why that advice was given and how it was communicated. It is important at the outset to underline that my role focussed on communication. I was not principally involved in giving scientific/medical advice, although I was often present when such discussions were occurring."

Is that your position?
A. It is. Nuanced by the fact that, as you heard yesterday, the principal clinical adviser to the

Scottish Government is the Chief Medical Officer, and I therefore stood ready to help her, and then him, in any way I could with expertise I had or knowledge that I had from others inside the broader system. So I was part of the advisory structures, I wasn't the principal clinical adviser.

Q. Did you provide medical and scientific advice to the government about the pandemic response?

A. So I'm not a doctor so I would just change "medical" to "clinical". I provided clinical advice to the best of my knowledge at times in the advisory structures that the Scottish Government had.

Q. Because in the statement provided by the director-general for health and social care, she describes the National Clinical Director as a clinician who will provide independent advice to Scottish ministers where required?

A. That's correct.

Q. So you did provide advice on these matters?

A. I did, broadly.

Q. What do you mean by the word "broadly"?

A. I mean broadly as part of a group of clinical advisers, as part of the four harms group subsequently, as part of a network of advisers, including the Covid-19 Advisory Group. So -- so I don't want to give the impression

that I was giving independent solo advice without that broad set of advisers coming together and providing consensus advice.

Q. If I may say so, Professor, it seems like you're trying to distance yourself from responsibility in giving advice; would that be fair?

A. No, that would be not fair at all.

Q. Could I take you to a particular example, one that we looked at yesterday with Professor Smith in which you appear to have been involved in giving advice.

Could we look, please, at INQ000 -- sorry, we'll just look at the statement first, INQ000329366 at paragraph 190. This was, this is a -- to put this in context, this is where you're talking about some of the difficult decisions that Scottish Government had to make around about the sort of early autumn period of 2020, September/October. You'll remember that at that time there was consideration of imposing further restrictions, as on 7 September the First Minister had had to announce a slowing down of the easing of the lockdown because cases had started to rise in the late summer. Do you recall that period?

A. I do.

Q. Would that be a fair broad characterisation of where we were at the time?

A. I think it would.

Q. You mention in the statement there that:

"The 'circuit breaker' and a further lockdown [were] covered in ... [a particular] *Technical Report* ..."

And you:

"... gave no separate advice on these topics but [were] present at discussions, and in meetings, as it was important that I understood the position so I could then communicate Ministers' decisions."

Could I look, please, at INQ000241645.

Could I just go to the first page, please. This is an advice provided jointly by you, the Chief Medical Officer, and the Chief Nursing Officer, in connection with what restrictions you are proposing ought to be imposed at that time?

A. It is.

Q. So this is an advice in which you were involved in a group of three on a very important matter at a very sensitive time during the course of the pandemic?

A. Correct.

Q. Was this advice, this particular one -- and if we need to scroll through it to remind yourself of anything about it -- was this communicated to ministers?

A. It was sent, I believe -- I only saw this last night, and I saw the email trail this morning. I think from

the email trail it went to the private office of the Cabinet Secretary for Health and Sport. I can't be completely certain that it then went to the Cabinet Secretary but that would be what would be expected.

Q. Was the intention, when this had been completed, that it would go to ministers for them to consider your advice?

A. Yes, we -- we sent it. A senior civil servant, not one of the three of us, our director of Covid on our behalf drafted this for us and then sent it into the Cabinet Secretary for Health's private office, which would be the way advice would be given.

Q. Right.

Could we look, please, at INQ000241644.

This is a second shorter advice from later the same day that we looked at with Professor Smith. We looked at some passages of these documents yesterday and in the first document it suggests that, from a public health perspective, there was a requirement at that time for decisive action, and a recommendation appears to be made for a firebreak lockdown. In this document, on page 1 at paragraph 6, it says:

"We remain of the view that a 'fire break' amounting to a general stay at home order may be required to be

implemented quickly if our recommended measures do not have the desired effect. We do not propose at this stage a planned 'fire break' during the October school holidays but such a step may be required. With or without a 'fire break', we may have to consider tightening travel restrictions further during that period to reduce circulation of virus."

Just to be clear, is your understanding that both of these documents were sent to the private office of Ms Freeman during the course of that day?

A. That's correct.

Q. Can you explain, please, what happened in between these two advices to change the nature of the advice which was being tendered?

A. I can't remember the specifics. I would take you to the first paragraph of the second document which provides precisely that, it says: "We provided you with our initial advice earlier today. We have taken the opportunity to consider the emerging data and the modelling and on that basis we're of the view that we need to strengthen our position."

So we've clearly between 11 in the morning and 6 at night received more data and modelling and adapted our advice. This is only a section of the first document. The context, the data still stands from the first

document in the morning. This is then a new set of interventions which we are recommending. The bullet point list is tighter and more severe than the bullet point list contained in the 11 am advice.

Q. You don't list here, though, do you, the new modelling and data that you took into account?

A. We do not.

Q. Okay.

Could I ask you, please, to go to INQ000332382. I'm looking at the 2/2/21, 9.07.

Again, this comes from a group which I don't think you were part of, as far as we can work out, but it includes a number of WhatsApp messages. It's called "Team CMO". Gregor Smith and his staff appear to have been part of it. And in the message of 2 February 2021, at 9.07 -- the "NR" simply means that there's a name there that for some reason has been redacted, Professor, just so you understand.

It says:

"Morning [somebody] emailed on Friday in relation to border health measures to seek clinical views on his recommendations on the review of exemptions from isolation in travel regulations. He is hoping to get this to ministers today. Jason has provided his views on this. Are you happy for this to go to ministers with

just Jason's views, or would you like to go back to Craig today?"

This appears to be an email referring to you having provided advice in connection with what should be done about travel restrictions in the early part of 2021; is that correct?

A. It does appear to be, yes.

Q. And did you provide that advice?

A. I can only -- I can only accept it and say yes.

Q. Was that the kind of thing on which you were providing advice to ministers?

A. I did on occasion, yes. The process here would be that the senior civil servant in charge of border health measures would have a briefing that would be written, and then send that out to those of us who were trying to provide clinical advice, seeking that clinical advice. That might go to a number of us -- these days were very busy, and I clearly was able to respond with -- with my view. Gregor hasn't been able to by this time in the morning, and his team are saying: do you want to give your views too? That would then form a consensus view to that civil servant and that would then be sent to ministers.

Q. Could we go to INQ000268027, please.

Again, this is a WhatsApp exchange from a group

which was called "Star Chamber", from October -- the group has messages in it that we've seen from October 2020 to in fact early in 2023. I'm looking at the message at 10.09. This is one in which you are involved.

Again, the context of this is perhaps important. This is the October 2020 when, if I recall correctly, this was the point at which the pandemic was largely being managed by putting different areas into different levels of restrictions, and so there were frequent changes of which levels the different areas, the different local authority areas of Scotland needed to be in, in order to manage the extent of the threat in those areas; is that broadly where we were at this stage?

A. Correct.

Q. And at 10.09 you point out that:

"Here my 'provisional' allocations having seen the tiers:

"4 - Lanarkshires

"3 - central belt plus Dundee, minus East Lothian and Edin city

"2 - everyone else except;

"1 - islands ..."

You then say to others in the group:

"Thoughts?"

And then you get a response from Jim McMenamin, from whom we've heard already, with his views, and again you say:

"OK. Yep, these are today. On the day we do it we can reconsider."

And you say:

"Thanks."

So again, this is you coming up with an analysis, I think, of what the various local authority areas should be in, you are checking it with a senior colleague, Dr McMenamin, but you are reaching an independent clinical view about what levels these areas should be put into, aren't you?

A. I am. The context here is that this group contains three individuals, Jim McMenamin, Gregor Smith and me. Jim McMenamin chaired the National Incident Management Team. The National Incident Management Team was the place where the final advice about tiers was given and then submitted to us in government. So Jim would often use this WhatsApp group to get the clinical consensus from the three of us so that he could then chair the National Incident Management Team with our views in mind. We had data that, for instance, said "If you are this, this is the level you will be", which is how I end up with a 4 for Lanarkshire, a 3 for Dundee, because we

had criteria by which the local authorities would know roughly where they were going, based on data that we were seeing.

Q. We've heard evidence, as you will probably know, from Dr McMenamin already, including on the NIMT and its role.

These messages show, do they not, that, far from being simply the principal clinical communicator for the Scottish Government, you were a key adviser on important matters relating to key decisions taken at key times in the management of the pandemic, do they not?

A. They do. I don't think I was solely the principal clinical communicator.

Q. Could I just take you to another passage, please, the INQ000335127.

Now, I won't take you through all of this, but I think this has been provided to you in advance. This is an exchange on 6 August 2020 which involves you, Nicola Sturgeon and Joe Fitzpatrick MSP, relating to breaches of lockdown rules by players of Aberdeen Football Club; is that correct?

A. It is, but I've only just learned from you that it's Joe Fitzpatrick. I only saw this last night, I didn't know who the other individual was.

Q. Okay. Do you recall these discussions broadly around

this time?

A. I don't. I recall the incident and I recall the general response to the incident, but I don't recall these specific messages.

Q. So there are some exchanges and there's a message on 6 August from you -- a little bit further down, I think, if we could go on to the next page of this.

(Pause)

Sorry, could we go to INQ000335139.

This is in the same context, these are documents that are split up for administrative purposes but effectively, as I understand it, come from the same chain.

You say that:

"I realise it's late but...I think postponing rewards bad behaviour, cancelling and forfeiting the points seems much more appropriate."

There is then a discussion about what should happen with regard to the football club and the breaches of the rules.

Does this exchange not show, in relation to an important matter, that you had direct access to key decision-makers, including the First Minister, including via these messages, and that you were offering direct advice in connection with the way that this important

matter should be handled during the pandemic?

A. Yes, it does, but I don't think this is the same chain. I don't think Ms Sturgeon is on this chain. I didn't know it was Joe Fitzpatrick, because I only saw this last night. So I think this is a set of messages between Joe Fitzpatrick, who was the minister for public health and sport at the time, and me. I don't think Ms Sturgeon has anything to do with this --

Q. Okay, but you're offering advice to that minister in any event?

A. I'm having a discussion about what we could do about this particular football game with the minister for public health and sport, correct.

Q. That's not advice?

A. No, that's advice.

Q. Okay.

A. But it wouldn't be the only place that advice would happen. That would then be put into the system with the head of sport at Scottish Government.

Q. Thank you.

I'd like to ask you some questions, please, about your -- the general subject of your use and retention of messages during the course of the pandemic.

We'll talk about your general communications role later, but what was your understanding of the Scottish

Government's policy on the use and retention of informal messaging such as WhatsApp or text messages or other such things during the course of the pandemic?

A. As you've heard, the record retention policy was that you could use informal messaging systems for Scottish Government business. If you did, you should ensure that any advice or any decisions or anything that should be in the corporate record was then placed in that corporate record by email, briefing, et cetera, and then you should then delete the informal messaging. And that's the guidance I followed.

Q. Right, so you mentioned there that advice or decisions should be transferred by those mechanisms. What about discussions relating to the management of the pandemic?

A. I think that's subjective, but I think the core advice and the -- so, for instance, the conversation with Jim McMenamin around the National IMT and the -- what levels each place should be at, would then be taken by Jim to the National IMT and that would form the corporate record for that decision-making, and that WhatsApp message could then be deleted. And should be deleted, according to the guidance.

Q. Just to be clear, my question was directed less at the subjective interpretation, which you helped us with, but more whether your understanding was that there was

a requirement to retain messages which related to discussions salient to your business in the Scottish Government?

A. I think there was a requirement to keep salient information and put it in the corporate record. I don't think there was a requirement to take word for word what was in the informal messaging and place it into the corporate record. But once decisions, advice had been constructed, I think you were then required, according to the guidance, to place that in an email or a briefing or in a meeting with a minister or whatever the next step might have been.

Q. So your position was that you required to retain the decisions, or evidence of the decisions which had been taken in the corporate record, but -- and also you had to retain advice which had been given for the corporate record, but beyond that any discussions salient to the business of the Scottish Government which you had been involved in did not require to be retained; is that correct?

A. Correct.

Q. Could I just refer to your statement, which is INQ000273981, this is the one from 15 November, and in response to question 23 at page 10, you say:

"Except for direct messages from my Twitter account,

I have not retained any one-to-one informal communications in relation to the management of the pandemic in Scotland. This is because I followed the policy described in more detail above in answer to question 14."

So you used text messages, WhatsApp messages; is that right?

A. That's correct.

Q. But you did not retain them above and beyond the interpretation of the policy that you've just set out for us?

A. Correct.

Q. I should make clear, perhaps, that some of the messages we've already gone to are not messages that were produced by you, isn't that correct?

A. Correct.

Q. Because you had deleted those messages?

A. Correct.

Q. And those messages, for the sake of clarity, for your benefit, were provided to us by other people who had retained certain messages which contained some discussions about or involving you?

A. That's correct, and who potentially worked for other organisations with different guidance.

Q. Are you seeking to make something of the fact that some

of these people worked for different organisations?

A. No, I'm just --

Q. Do you know what the PHS guidance was?

A. I do not.

Q. Well, if you're trying to suggest that there was different guidance within PHS, I would just like to explore that with you.

A. I'm trying to suggest that my guidance was as we've described, that's what I followed. Others would presumably have to follow the guidance in their institutions.

Q. You say in your statement that you've always operated a "today's work, today" approach in your professional life, what do you mean by that?

A. I mean that the volume of information in this job, both pre-pandemic but particularly during the pandemic, can be completely overwhelming. Hundreds of emails a day, multiple sources of information. And the only way I have found to manage that, and it's personal, other people do it differently, is to try to manage today's messages, emails today. So I have a system of a private office and me who file emails very strictly. I try and work an "inbox zero" way of working, so my inbox is empty each evening, and that is the only way I've found to manage the level of information that I do.

So that means that I would try and manage the messages that I had to manage that day and deal with them that day.

Q. And that's always been your approach to work and it would apply all the more so during the course of the pandemic I would imagine?

A. Correct, and remains my way of working today.

I think in this kind of job, with the broad information sources that I receive and the volume I receive, it's the only way I have found of managing my day-to-day work or it becomes completely overwhelming.

Q. Thank you.

Were you aware of any guidance that was issued by the Scottish Government during the course of the pandemic expanding upon its broad policy of document and information retention and trying to make the policy more specific to the fact that people were working in remote locations, using a wider variety of forms of communication, or is the general policy which you've outlined the only policy of which you were aware?

A. I have an understanding that it was updated. The principle updating over time was to add in specific reference to the new forms of communication that we were then using. Teams, Zoom, as we all got used to those digital messaging systems inside the Scottish

Government.

At the beginning of the pandemic the Scottish Government didn't have Teams and then it subsequently got Teams so they added Teams into the message guidance.

But the core message guidance and information guidance remained the same.

Q. We're aware of a policy that was given to us by one of the directorates that we went through last week that was issued in November 2021. Is that the update that you're referring to, or is there something else that --

A. I think there are a number. That's the one that for the first time, I think, although we'd have to bring it up, I think that's the one that specifically mentions WhatsApp for the first time. But my understanding of the general information guidance was that what happened then was they added a specific example, which was WhatsApp. There had already been an added example of Teams. But the pre-pandemic guidance included all messaging for government business.

Q. Yes. So in many ways the basic obligations remained the same, as far as you were concerned?

A. Correct.

Q. Even although these new media started to be used more frequently, for obvious reasons?

A. Correct.

Q. It is of course -- did you agree with me that it is important, for the purpose of accountability and transparency, that senior figures such as the National Clinical Director, yourself, retain a record of their discussions around important decisions relating to the pandemic and other such matters? Is that an important thing?

A. Yes.

Q. Is it important so that those in whose name decisions are taken are able to understand how and why those decisions were taken?

A. Yes.

Q. And it's important, I think, would you agree with me, that the roles of particular senior officials in providing advice which may support ultimate decisions or may support an ultimate decision not to act in some way, is it important that the role played by each of these senior officials in those decisions or advice provided should be recorded for those interested in the process?

A. Yes.

Q. Could I take you, please -- could I just remind you, first of all, that on 27 May, in response to a question about whether Nicola Sturgeon would order a public inquiry into the Covid-19 outbreak in care homes, she replied in the Scottish Parliament as follows:

"Of course there will be a public inquiry into this whole crisis and every aspect of this crisis, and that will undoubtedly include what happened in care homes."

Do you remember that? That was quite a significant moment in the early part of the pandemic. Do you remember the general theme and her saying that at the time?

A. I remember the general theme, I don't remember the specifics of the moment. But yes, in general terms I remember that.

Q. Was it your understanding that from at least that point onwards, if not throughout the pandemic, it was reasonably anticipated that there would be some form of inquiry into how the pandemic had been managed?

A. Yes, I presumed it from the outbreak of the pandemic.

Q. Thank you.

Could I have a look, please, at a chat group which is under INQ000268025. Page 6, please.

This is a WhatsApp chat group which we looked at with another witness last week. It is at this time, I think, we worked out with Mr Thomson, it has a rather unusual name, it's a combination of letters and numbers, and I think it was subsequently transferred into a name?

A. It's a viral version.

Q. Yes.

A. Before it got a Greek name -- they give them numbers before they give them Greek names.
Q. Which is why it's B.1.617.2?
A. Correct, which subsequently became Omicron.
Q. Subsequently became Delta, possibly?
A. Okay.
Q. We discussed this with Mr Thomson, because he explained that context to us.
A. Correct.
Q. And you're absolutely right, I think it explains the change in name, but the subject matter I think was perhaps to discuss the Delta -- it's in the context of the Delta outbreak having an effect on Scotland?
A. You're correct.
Q. Which I think happened -- started to happen in, really, the immediate aftermath, coincidentally, of the Scottish election, the Scottish Parliament election in May of that year; is that correct, broadly?
A. That's correct.
Q. In this message -- I should make clear again that this was not a message or a messaging group that was provided by you. This again was provided by Dr McMenamin, just for your information.
A. Okay.
Q. Could I have a look, please, at this, in this there is

a discussion in which Ken Thomson, from whom we've heard, says:

"I feel moved at this point to remind you that this channel is FOI-recoverable."

Then there is a picture of what looks like a face with a mouth zipped over.

And then someone called Penelope, who I think is Penelope Cooper, who is identified just above that says:

"Clear the chat!"

Jim McMenamin says:

"Happy to do so -- Lan reduced from 51 to 39 but fair comment."

To which you say:

"WhatsApp deletion is a pre-bed ritual."

Why did you think that daily deletion of messages was appropriate?

A. It's a slightly flippant -- and it's an exaggeration. I didn't daily delete my WhatsApp. My position is, as I've just described to you, that I tried to do today's work today, and if I could assure myself that that work had been managed and dealt with, then I deleted the informal messaging that had led to that moment.

But this was a flippant exaggeration in an informal messaging group, and it wasn't done every day before I went to bed.

Q. It would tend to suggest, would it not, this exchange, that all of you are keen to try to delete messages which may subsequently be recoverable in a Freedom of Information request?
A. That isn't my position.
Q. If you did delete your messages on a regular basis, in order to accord even with your interpretation of the policy, you would have required, on a daily or regular basis, to have taken information from that and loaded it onto the corporate record; is that correct?
A. In some form. I would have had to have taken the core of that decision or advice -- not the informal chitchat, but the advice and decision-making -- into some form of briefing or email, correct.
Q. And that would have been a task that would have been difficult to have achieved, that translation exercise, given the volume of discussion that you have been talking about?
A. Well, it depends where that volume comes from. Much of government business was done in meetings, on Teams, in briefings, in conversations that we had --
Q. I'm obviously talking about any informal(?) messaging here?
A. So I don't think it was as onerous as perhaps you're suggesting to take the advice from this group, for

example, about what we thought about Lanarkshire or Dundee and assure ourselves that Jim would then take that advice and use it in the National Incident Management Team, and therefore this group could then be deleted.

Q. Could I take you to another document, please.

INQ000268017, page 4.

This is a -- again, this comes from another WhatsApp chat called "Covid outbreak group", and there is a discussion here between a number of people, which I don't want to go through in great detail, but there's a discussion here about the position in Aberdeen at that stage, and the extent to which I think -- well, you were discussing a number of things. You're involved in the discussion. Paul Cackette, Gregor Smith, these are people who are discussing the position in Aberdeen and what might be done, broadly speaking; is that right?

A. Indeed and the Covid outbreak group was designed for us to have those conversations about outbreaks.
Q. The entry at 21.44, please.

This is on 30 September 2020 at 21.44. It's on page 24.

(Pause)

At 21.44 on 30 September 2020 in this group you say:

"Thanks all....and just my usual gentle reminder to

delete your chat....particularly after we reach a conclusion. Thanks all....."

Could you explain what you're suggesting to the other members of this important group then?

A. I'm suggesting that we follow the guidance I've just described to you in precisely the way I've just described.

Q. Could you explain that in a bit more detail in this context?

A. So this is me suggesting that we should follow the Scottish Government guidance that once we've reached a conclusion, and that conclusion has been fed into whichever mechanism was appropriate for that conclusion, that the chat should be deleted.

Q. Is it correct to say that some of the groups in which you were involved had an auto-delete function applied to it, applied to them?

A. It is.

Q. Did you apply that auto-delete function?

A. In my memory only once.

Q. And what was the group in which you applied that?

A. It was the group we've already discussed with Mr McMenamin and Professor Smith.

Q. What is the consequence of applying an auto-delete function?

A. It auto-deletes after a period that you set.

Q. And that deletes -- whose messages does that delete?

A. I ... that's a good question, I think it deletes everybody's.

Q. So you set a function which would automatic -- in a group which would automatically delete everyone's messages without knowing whether or not the people had had the opportunity to upload any important information on to the corporate record; is that correct?

A. I was comfortable in that group that the decisions we were coming to were being dealt with very, very quickly, because it's the group I've just described to you. That group was principally used on my behalf. I set it up, for me, in order for me to get data prior to media appearances. That's what that group was principally used for. And if you look through it, that's what most of the chat is about, it's me asking Jim for what the rate is in Borders tomorrow, because I'm going on TV in the morning. There was no requirement to retain that data. Jim then subsequently used it in order to get clinical consensus for the National IMT prior to going to the National IMT, and then it could auto-delete.

Q. If your interpretation of the policy is incorrect, and if there was a requirement to retain messages beyond those that you say you have retained on the corporate

record, such that messages require to be retained showing discussions salient to the business of the Scottish Government, you have deleted such messages, have you not?

A. In line with the Scottish Government guidance.

Q. Well, I'm putting to you a proposition that your interpretation of the guidance is wrong, and I'm putting to you that in fact what one needs to do is retain discussions salient to the business of Scottish Government, which is a wider category than I think you have accepted you have retained. Is that right?

A. I disagree with your interpretation of the guidance.

Q. Well, if you just answer my question, please, on that hypothesis. Have you deleted messages, if my interpretation is correct --

A. But it's a hypothetical question with which I disagree. I think I have followed the Scottish Government guidance and my interpretation of it is correct.

Q. If, on my hypothesis, Professor, have you deleted messages that fall within the category as I've defined it?

A. I think I have followed the Scottish Government guidance and deleted messages in line with the Scottish Government guidance.

Q. Have you applied auto-deletes which will result in

messages falling within the category as I've defined it being deleted from the corporate record?

A. On one occasion I set an auto-delete in the group we've just described, and I am comfortable that that falls within the Scottish Government guidance.

Q. Thank you.

Could I move on to a separate matter, please, INQ000334792.

We spoke already, Professor, in the context of efforts made by you and others in the aftermath of the resignation of Dr Calderwood of the importance of senior officials, and of course ministers by extension, complying with the rules in order to maintain public confidence and compliance with the regulations. I think that was your position?

A. It is my position.

Q. And indeed you, I think, told us that in the period when you took over principal communication responsibilities with the various groups that you described, it was important for you, as part of your message at that time, to try to deal with difficulties that had arisen in that regard as a result of Dr Calderwood's resignation?

A. Correct.

Q. And generally it was, of course, important going forward, in particular in the light of that having

happened, that ministers complied with the rules and that there was clarity as to what the rules were so as to maximise public confidence and compliance?
A. Yes.
Q. Page 42, please, 19 November.
There is an exchange here, I think, between yourself and the now First Minister, is that correct, on this page? There are a number of exchanges.
A. Correct.
Q. This again, I should say, this was not provided by you, this exchange, was it?
A. It was not.
Q. It was in fact provided by the now First Minister in response to requests made of him.
In this exchange, which took place in November 2021, on 19 November -- again, if we can try to contextualise that for people. I'll try but if I get it wrong, Professor, please correct me. This is a period when cases have started to rise very significantly in Scotland, initially as a result of the Delta wave, but we're now coming close to if not quite into the period when Omicron started to become the dominant strain, pushing cases up even further, isn't that right?
A. Correct.
Q. What we're about to see at this stage, we've seen from

some statistical evidence, was a peak which represented a peak of infection eight times greater than had been the peak in the first wave in Scotland, in terms of the numbers that were infected, on a broad assessment. Was that roughly your understanding?
A. Indeed, but extra context perhaps is vaccination and therapeutics were -- were able to help us and, in some way, deal with that eight times increase, but yes, you're correct.
Q. Yes, we heard quite a bit about vaccination and its impacts on the strategy from Professor Smith yesterday, but I'm just trying to get the context here, because, of course, the cases were already high from Delta and they were about to go through the roof with Omicron, although this was not known at that time, I think. Is that broadly where we were at this point? Have I got that right?
A. I think so.
Q. Therefore it was important at this stage that the government be doing everything it can to try to make sure there was maximum compliance, because Omicron, although thought to be milder, was way more infective and ultimately caused a significant number -- thousands of deaths in Scotland?
A. Correct.

Q. In this exchange the now First Minister says -- he refers in the I&S section, which has been taken away, to an event that he is attending and he says:
"I know sitting at the table I don't need my mask. If I'm standing talking to folk need my mask on?
You say:
"Officially yes. But literally no one does. Have a drink in your hands at ALL times. Then you're exempt. So if someone comes over and you stand, lift your drink."
Then you say:
"That's fun. You'll go down a treat. Where is it???"
Then he goes on and gives you some information about what it is that he's going to be attending.
Why did Mr Yousaf, then the Cabinet Secretary for Health and Social Care, do you understand, feel the need to clarify the rules with you about face masks? Did he not know what they were already?
A. There was an ambiguity here that I faced as well, as we re-opened in this period, of the country, and that ambiguity was that we were allowing social occasions. I remember being at this -- that same evening I was giving an after dinner speech at the Royal College. And there was an ambiguity around mask wearing when you were

seated, eating, drinking, because these events are -- often involve a dinner. And there was some difficulty with the interpretation of mask wearing inside those rooms when you were eating, drinking or moving around. And the reality of life is that they happened to me and it became quite an incident on social media that I was approached at a dinner and somebody came over, asked for a picture, I stood up, took the picture, I didn't have a mask on. So, strictly speaking, that was breaking the rules, but it was during a dinner and during an occasion with a social occasion and therefore I thought it was legitimate. And he is asking precisely that scenario.
Q. You used the phrase there "strictly speaking". In light of the background that we've just gone through, was it not important to speak and act strictly at this time?
A. Yes, it was, and I endeavoured to do that throughout, but there were occasions, particularly when the country was opening up again, where there was of course nuance around the guidance and the rules, and this I think was one of those occasions: when you were at a dinner, eating and drinking, and somebody approached you.
Q. If the Cabinet Secretary for Health and Social Care didn't understand the rules, what chance did anybody else have?
A. As I've said, I think this was a tricky area that

I found tricky as well. I understood the rules and I understood what we were trying to do, but the reality of life and the environment in which we were trying to do these things perhaps suggests this guidance was nuanced rather than entirely right.

Q. You say that officially he does, if standing talking to folk, need to have his mask on, but respond that "literally no one does". Was that your impression of the state of compliance with that rule at this time?

A. That was my impression at the few social events I had been to during this period. Because, as I said, the official rule was during your dinner and drinking at your dinner and the drinks reception you didn't have to wear a mask. When you were having your dinner, if, for instance, you went to the bathroom, you had to put a mask on. That didn't cover specifically what's happening here and what happened to me, is somebody comes over, interacts with you during the dinner, you stand to talk to them politely, do you have to put a mask on?

Q. "... literally no one does."

Was that a state of affairs that you thought was acceptable, given your prominent role in the management of the pandemic at this important time?

A. If this were a broader and very important piece of

guidance, I would not be comfortable with that at all. This was a tiny nuance inside broad guidance about dinners and drinking.

Q. Do you then go on to give the Cabinet Secretary for Health and Social Care a work-around to try to enable him to attend the function, not wear a mask and get out of complying with the rules?

A. No, that follows the rules. So if he has a drink and it's a drinks reception type environment, that follows the rules. I gave him advice to show him how to comply with the rules.

Q. You told him to have a drink in his hands at all times whether he was drinking it or not.

A. I told him to have a drink in his hands. He wouldn't be drinking it the whole time, but having a drink in your hands meant you didn't have to wear a mask.

Q. This is a work-around so that he didn't have to wear his mask at the dinner, which is what he was trying to achieve?

A. You were allowed not to wear your mask at the dinner because you were eating and drinking. The nuance here is somebody approaches you because you're the Cabinet Secretary for Health, or the National Clinical Director, talks to you at the table, and you stand to speak to them.

Q. Could I ask you some questions -- you can take that down, thank you very much -- about the main role in which you were involved, the public health communications strategy, just to help the Inquiry understand it more.

You've already given us some useful explanation as to the strategies in your statement. In your earlier statement of 2 November, INQ000329366, it's page 10, paragraph 46, you say -- this is in the context of explaining the strategy. You say:

"We communicated as clearly as possible in all the advice and communication. Technical terms were used where necessary, and language was then adapted for each audience. I did many media briefings and many Scottish Parliamentary committee appearances. We held daily press conferences for 18 months. I always tried to be completely open and honest, including when I did not something. While I accept there are undoubtedly learning points for how we communicated advice to people, at all times we were as transparent as we could be."

We're particularly interested in this Inquiry about the possibility that we may make recommendations as to how things might be done better, including in connection with public communication, which is a part of the

subject of the module. What, given your extensive experience and leading role in the communications strategy, do you think the learning points are that the Inquiry ought to consider?

A. I think there are a number, from a personal perspective. You will have to judge whether they're important enough for the Inquiry. I think I learned as time passed three things. I learned about behavioural science and the nature of its involvement in communication. I would summarise that by -- and I think you're hearing from Mr Reicher tomorrow, who was our principal adviser on behavioural science -- tell the public why before you tell them what. And I think at the beginning of my experience of communication I probably didn't do that as much as I should have. So it was about the emotion of why you were asking the public to do something that was really quite difficult, rather than what. I think we got better at that.

I think there is something about groups which were seldom heard, harder to reach, translation -- the -- I spent as much time as I possibly could in places that I didn't know existed, like the African radio station for Scotland and the Polish radio stations for Scotland, but I think I learned that we could have been better at that, over time.

I think the other error I made, frankly, was sometimes I overspoke. Sometimes I got ahead of myself. Because I was on -- as you will know, because you live in Scotland, probably, I was on a lot of shows, a lot of the time, and people would ask me questions three, four months ahead, what would happen here, what would happen then, and I did my best to answer all of those questions as wisely as I could, with the knowledge I had at the time, and at times I overspoke.

Q. That's a very useful reflection, I think, Professor. I was going to ask you a question, which I might address now, about -- there are a number of occasions I think when one looks at things that you said which I would characterise them as tending to try to suggest to people, "Well, if you stick with it for now you might get to do something fantastic in a month", and the general tenor of the question I was going to ask you about that was whether sometimes you overpromised things, because sometimes you then, responsibly one might say, then reflected on that and had to say, "Well, I've perhaps given the impression you were allowed to do something that maybe you" -- because of the circumstances --"you actually can't do".

So what would your reflection be on that particular aspect of things, because it does seem in this regard

that you have reflected upon that particular aspect of your communication style?

A. I think that's fair. In my defence, when you're on a phone-in show or you're on the chart show and you're being asked questions on relatively informal media about what you perhaps think is going to happen at Christmas, or is the football season coming back, or -- and you say, in April, "Yes, I think the football season will be back in August, and I'll look forward to it", I would always of course caveat that in my response. The caveat is usually lost in the translation of what is -- then subsequently finds its way into the public domain.

And then on occasion a new variant would arrive and I would often say in these informal press environments that, "We don't know if a new variant will come, we don't know how good vaccination will be, but all things being equal, with a fair wind, yes, I think the football season will return".

I think there's an argument that you should do that. I tried to do that with the public in an open and honest way. I think much of the public appreciated that openness, but sometimes I got that wrong.

Q. I think it fair to say, having looked at a number of articles and pronouncements and communications, the football and it's availability featured highly in your

predictions. That was obviously to try to do -- as you're saying, I think, promise people things they really wanted. But, as you say, you had to reflect on that sometimes as circumstances changed; would that be fair?

A. That would be fair. There was also strategy. And the reason football is so prominent is the most listened to radio show in Scotland is a football show, and I appeared on it every week for 18 months. And the reason I appeared on it every week for 18 months was to get the message out to a very, very broad demographic. Over half a million people, I think, who listened -- a tenth of the country -- who listened to that single radio show. And that allowed us to get messaging out to people who weren't listening necessarily to the regular news bulletins, watching our press conferences and other places. So that more informal communication, which I did extensively, was -- and inevitably often led to conversations about football, it being a football programme.

Q. I suppose you had better tell her Ladyship what the show is, although I know what it is because I do live in Scotland.

A. And you probably listen to the show. It's called Off the Ball. It's a two-hour Saturday lunchtime football

show. But there was no football, so they had to have something else to talk about, so they talked about Covid.

Q. You say in the statement, in the passage which I read out, that the general theory or one of the main components of the strategy was to be as transparent as you could be --

A. Yes.

Q. -- is that correct?

There are a number of things about the pandemic response where subsequent scrutiny and media attention have suggested that the Scottish Government's response throughout was not as transparent as it might have been, including, for example, revealing information in real time about the Nike conference, information about the identity of the first person to die from Covid in Scotland, and of course, perhaps most significantly, the details of the number of people infected and dying in care homes.

Two of those things at least resulted in subsequent Public Health Scotland reports, which occurred after the event, but which did not quell public concern about the precise circumstances of these events.

Would it be fair to say that the Scottish Government was not always as transparent as it could be in its

communication about the pandemic?
A. I think I can probably only answer for myself. I wasn't involved in two of them, but I have been asked questions, of course, subsequent -- I was asked questions about the Nike conference for many months afterwards, having not been involved at all in the Nike conference. I think there is a balance, and you've heard that balance come through from a number of other witnesses I think, about these small incidents.
I remember an outbreak in Gretna, an outbreak in Perth, where you do have to be careful not to identify individuals.
I, in my communication, tried to give the public, the parliamentarians and the stakeholders all of the information I had when I had it. And I tried to interpret that in a way that the public would understand so they would know what it was we were asking them to do in order to stay safe.
Q. You may not have been involved in those incidents themselves, but you must have been involved in the aftermath, to the extent that there was public concern about these matters, and concern in particular that matters had been concealed from the Scottish public about them, such that these are things, as I think you accepted, you would have had to have addressed in your

subsequent communications strategy?
A. I did, and I answered questions about the Nike conference many, many times for many months afterwards, and I tried to tell the truth as I knew it in those moments. So I think there is transparency but I think there is a balance sometimes, particularly when patients and families' health is involved, about what you can say and when you say it. The generality of the position is that I, as an individual, tried to be as open and as honest as I could.
Q. The matters I've mentioned, along with the resignation of Dr Calderwood, one might say caused a significant confidence deficit in the Scottish public as regards the way that the early stages of the pandemic had been handled, the aftermath of which you of course had to deal with, as you've explained. Would it be fair to say in hindsight that you think the Scottish Government should have handled the way in which it communicated with the public about those matters better and, if so, in what way?
A. No, I'm not sure I do accept that. I've seen no evidence to suggest that overall trust in message and messengers and compliance was affected by those elements that you describe. I am -- please don't misunderstand me, I'm absolutely certain that communication at all

times could be improved and we could get better and I've tried to give you some personal reflections of where I think that applies to me as an individual.
Q. But given that your aspiration was that at all times the Scottish Government would be as transparent as it could be, the Scottish Government was not as transparent as it could have been in relation to these matters?
A. Well, the question is "as it could be". My understanding of the Nike conference was that the fear was that, in saying more, people would be identified and therefore anxiety would be created and patient confidentiality would be breached. So there is a balance, and a limit, to that level of transparency.
Q. Would it be fair to say, because I think someone has done a numerical analysis suggesting that you held more than 250 media briefings, the lunchtime briefings, you -- from an advisory perspective, as I think you've told us already, you did most of those? There were appearances from others in an advisory capacity, the Chief Nursing Officer, the Chief Medical Officer, at times, but you were the prominent face. Was that something upon which one might reflect as being something that could have been done differently, in particular, given the weight associated with the Office of the Chief Medical Officer, that he might have

appeared more at these briefings than he did?
A. I actually think those numbers are incorrect. I think the overall briefing number is about 250, you're correct, and the First Minister did the vast majority of them. I think Professor Smith did slightly more than me of the -- but I'm happy to be corrected, I haven't seen a recent table of that.
I think the balance -- to answer the core of your question, I think the balance was about right. Gregor did about two or three a week, I did about two or three a week, and then we would often use either a deputy, one of our deputies, or the Chief Nurse to fill the other days. We were trying to do them at one point seven days a week, so we had to share that load, and I think that worked. I think I did do more media appearances, away from the podia, than others, and that was the nature of the role, because we couldn't all do everything.
Q. In the UK Government's media briefings and public briefings, one often saw Professor Whitty, Sir Patrick Vallance, who were the Chief Medical Officer and Chief Scientific Adviser respectively. Would it be fair to say that you decided to adopt a different tone to the way in which the UK media briefings had been presented, and if so why?
A. I'm not sure it was a -- I'm hesitating, because I'm not

sure it was a decision. I think a different tone developed, but I don't remember a time when I sat in a room and somebody suggested we adopt a different tone.

I think we were led by the former First Minister in her way of dealing with the media and her way of dealing with public communication, and therefore we fitted into that environment as clinical spokespeople in that environment.

There was a decision, I remember, that was sometimes revisited, about not, for instance, using data. The UK Government often used slides, famously, and we decided not to do that. We thought that wasn't the way that the Scottish public would want to hear from us, because we often gave data. And then we also took long series of questions. So we took the questions until they were done rather than just a few questions.

So that model was designed by our news and communications teams in light of the First Minister's preferences and we fitted into that.

So I think the tone was different but I don't think it was a particular moment where we decided to make the tone different.

Q. Do you think, particularly by way of contrast with the UK cell, which you accept is different, using the graphs and the individuals involved, that the strategy in

Scotland lacked a degree of gravitas in terms of trying to get across to people the severity of the situation? In particular, if one looks at the UK Government approach, as you say, it was very data-driven, slides. One also had the authority of the Chief Medical Officer, who of course was a highly respected figure in the field of public health and infectious diseases. Do you think that the Scottish Government's tone and approach lacked the gravitas that it required to get the messages across to people?

A. I think there's probably a judgement for others. It's one with which I disagree. I'm not sure gravitas is the principal thing you seek in public communication during a global pandemic. I think what you seek is empathy and an ability to describe to the public of the country for which you're trying to communicate the nature of the threat we all face and what we are then asking them to do.

I think there were moments of very extreme gravitas. I remember, for example, Gregor and I appeared very -- very rarely did we appear together at that, but there were two occasions when there was a decision made that we would appear together, and one of those occasions was the second lockdown. And that felt like one of the more serious days I had ever faced as a professional. And we

stood together with the First Minister on a Sunday and told the country that, regrettably, the advice to the First Minister was that we were going to have to take more severe restrictions.

So it wasn't all football shows and phone-ins. Quite a lot of it was very, very serious question and answer and statements from those podia.

MR DAWSON: Okay, thank you.

If that's an appropriate moment, my Lady?

LADY HALLETT: Certainly.

Just before we break, Professor, could I just go back to the deletion of messages. Some of the tone of some of the messages that I've seen suggest a rather enthusiastic adoption of the policy of deleting messages; would that be fair?

A. It's certainly not -- wasn't my position. You'd have to ask others, clearly, but that wasn't my position. My position was that I was following the guidance and wasn't particularly enthusiastic or otherwise about deletion.

LADY HALLETT: There also might be a suggestion that some of the message -- some of the people wanted to delete messages to avoid the messages being the subject of a Freedom of Information request. That would be wrong, wouldn't it, if you deleted a message to avoid a Freedom

of Information request?

A. Yes, and that wasn't my position.

LADY HALLETT: So you agree it would be wrong if that was what was being --

A. If it were -- I think there are specific rules around what FOI can get and can't get, so -- so if you're doing it in order to specifically avoid, then, yes. And I never suggested or did so.

LADY HALLETT: And the last question I have is: when the Scottish Covid Inquiry was announced, did your following of the policy change? Did you seek any advice about deleting messages or did you continue to delete messages in accordance with the policy as you saw it?

A. I continued to follow the guidance as I saw it.

LADY HALLETT: You didn't seek any help as to whether you should, given that there would be a judge who had the right to demand production of documents and information?

A. I received advice from the Scottish Government every time new advice came, which I think the Inquiry has, emails from the director-general for corporate, as time passed, from both this Inquiry and the Scottish Inquiry, and I continued to follow that guidance.

LADY HALLETT: Thank you.

I shall return at 11.35.

(11.18 am)

(A short break)

(11.35 am)

LADY HALLETT: Mr Dawson.

MR DAWSON: Thank you, my Lady.

Just to return very briefly, as her Ladyship did, to the subject of the WhatsApps, Professor, before we get back to the media strategy.

Could I have INQ000268017, please, at page 10.

This, I think, is one of the groups we were looking at earlier, the Covid outbreak group. There's a passage I'd just like to take you to at 16.09. It's a passage we looked at with Mr Thomson the other day. So you see that the names are overwritten where the numbers were. Mr Thomson, this says:

"Just to remind you (seriously), this is discoverable under FOI. Know where the 'clear chat' button is..."

To which Nicola Steedman -- who I think was DCMO, is that right?

A. She was.

Q. Yes. Says:

"Yes- absolutely..."

You say:

"DG level input there...."

To which Mr Thomson says:

"Plausible deniability are my middle names. Now clear it again!"

To which you say:

"Done."

Nicola Steedman says done, and another person called Donna Bell says:

"And me."

You mentioned earlier that the Scottish Government provided you with guidance during the course of the pandemic as to how the policies might be applied in the particular circumstances. Does this not show a senior civil servant telling you that you should delete messages which are discoverable under FOI?

A. I think that's a matter for him, and one that you covered with him extensively. I think the FOI rules are not quite as simple as holding on to every record, and my position remains that I followed the guidance at all times, including and bearing in mind what that guidance said about FOI rules.

Q. He tells you that the chat you've had is discoverable under FOI; is that correct?

A. He's -- he says that, yes. I don't know if that's true.

Q. But he says it is, he says it is in the message.

A. He quite clearly says it is.

Q. He tells you to clear the chat; is that correct?

A. He tells the group to clear the chat, yes.

Q. And you do so; is that correct?

A. That's correct.

Q. Moving back to the media campaign questions, you mentioned earlier -- I may have got the numbers wrong, but I think you mentioned earlier as regards the daily media briefings that the First Minister attended very many of those, I don't think all of them --

A. Almost all of them.

Q. Yes. Ms Freeman I think on occasion, but -- sorry, go ahead.

A. We tended to use the health secretary on a Friday actually, or a Sunday, so once a week it was usually another elected official, and the First Minister did the rest.

Q. There was criticism during the course of the pandemic that the First Minister used her regular appearances in media briefings for political gain. Was this a matter that was considered in the media strategy that might undermine your important message?

A. It wasn't considered in my hearing or in my view at any time. There was, of course, cross-government interaction, and conversations about what we should do across the four governments, but there was never a suggestion that this should be done in a political way

and the briefings should therefore follow a political course.

Q. Were you aware of the fact that that was a criticism that was being made of the general --

A. I was aware that in some of the public discourse there was a suggestion that some of the differences were being made for political reasons. It was even suggested that I was giving advice based on political difference, which is categorically untrue.

Q. You mentioned earlier in one of your reflections on what might be done better. You accepted, I think, that sometimes you had said things and perhaps overspoken, that you required to, perhaps sometimes due to changing circumstances, go back on in order to clarify.

As far as what you would say, in your role, specifically to that, were you effectively able to say whatever you wanted or did anybody advise you on that or assist you with that? Was that something that was entirely within your control?

A. It was entirely within my control. However, I did receive media advice and help from our communications department, in which shows to do, when to do them. So there was -- I didn't choose always which bits to take. I was a Scottish Government communicator, I wasn't an independent communicator, but I was never restricted

in what I could say.
Q. Could I go to INQ000334574, please.
This is an exchange again from WhatsApp messages that you did not provide, which involve you. It comes from June of 2020 and involves an exchange between you and Kate Forbes, talking about media appearance.
I'm starting at the message at 24/6 at 12.05.57. Just have that up, please, thank you.
You say to her:
"You and me on Friday?????"
She says:
"Is the FM coming?"
You say:
"Always."
You say:
"Have you met her???"
You say:
"Awwww....you'll get Gregor!!!!"
Some sort of emoji there.
You say -- she says:
"You know more than I do."
Then she says:
"How do I get this info?"
And says:
"Information is power."

You say:
"That's always true surely??"
You then go on to say:
"It's actually not easy to get. It's not very well organised. Basically Liz L and FM decide."
Then you say:
"And it changes at short notice. Clinically we do Gregor Monday/Tuesday, Fiona Thursday and me Friday and Sunday."
And she thanks you.
Does this -- is this giving the impression -- it seems that Ms Forbes is going to be involved in one of these. Perhaps she hasn't been --
A. For the first time.
Q. Yes, so you're trying to give her some guidance as to how it works, is that --
A. I probably should add slight context in -- Kate Forbes and I know each other a little personally as well as professionally.
Q. Okay, thank you. What you're basically saying to her is what's going to happen at the public presentations is not very well organised and changes at short notice; isn't that right?
A. I think that's relatively flippant, so the "not ... well organised" is a flippant remark that I -- is probably

not fair. However, there is some truth in the fact that we didn't always know which week which clinical advisers were going to do and we sometimes switched them around at short notice. Partly our fault, partly the fault of the communications team who were organising it.
Q. But you say that not in the context of a question about who will appear but in the context of her trying to get information that she might present. So it tends to suggest that the information to be conveyed is not very well organised and decided at short notice?
A. So I can't say for sure. My reading of that is because I then go on to say "Basically Liz L and FM decide" is I'm referring specifically to who will appear at the press conferences. Because then I go on to say "And it changes at short notice". So I think it's in reference to who will appear.
The data for the press conferences I can put my hand on my heart and say was very well organised. We got it each morning and that was the data we then used at the 12 o'clock press conferences.
Q. How did the -- how did you attempt during the course of your media presentations, predominantly the briefings, but more generally if it's relevant, to deal with the difficult subject of misinformation which came out through various sources but the Scottish Government's

position was was not accurate?
A. It was hugely difficult and a massive challenge for all of the communicators around the world. I sought advice from those more expert in it then than me, including Stephen Reicher, who you will hear from tomorrow, but others with expertise in misinformation, and the general advice is not to fight it, the general advice is to continue to tell the truth as you know it and that is the way to compete.
It was very tempting, I have to tell you -- particularly on social media, where I was attacked regularly, and remain attacked today regularly, by people who put into misinformation into that -- for me to respond directly. The advice was never to do that. The advice was to continue to tell the truth and continue to use the science to compete against that in the public mind, and that truth would then win the day, effectively. And that's what I tried to do.
Q. What were the sorts of areas in which that became an issue?
A. It was principally around vaccination, is probably the best example, but there was also misinformation at the beginning that this virus wasn't what we said it was, it wasn't dangerous, it didn't affect these people in this way, it affected other people in different ways. So

there were a series of, let's call them broadly, "theories" around how we should react, in every country of the world, but it came to a head during the launch and roll-out of the vaccination programme, where misinformation became a global phenomenon.

Q. One way of conveying to the Scottish public that it was serious might, on reflection, have been to tell them more about the fact that Covid was Scotland, as had been discovered at the time of the Nike conference?

A. Well, they knew Covid was on its way and we announced the first case. We've -- we've discussed why the specifics of the Nike conference and perhaps small outbreaks wouldn't be discussed. I'm not sure that relates to misinformation. The misinformation is about trying to get as much of the truth about the virus into the public domain.

Q. Well, you were the one that brought up, in response to my question, there were difficulties about understanding the severity at the beginning, so I was suggesting to you a way that might have been dealt with was to be more candid with the public about the Nike conference and the fact that Covid had arrived in Scotland.

A. I think we were candid about Covid arriving in Scotland and about the first death in Scotland. And as I learned information about the nature of the virus I spoke to the

public very frankly about the risk that I and they faced together.

Q. Are you aware of whether the first person whose death was announced in Scotland had attended the Scotland against France rugby international on 8 March?

A. I'm not.

Q. Could I just ask you briefly, and you do give us a lot of assistance with this in your statements, about the FACTS campaign.

The broad contention of FACTS was that the acronym which was used was too complex to be able to be comprehended by most people. What is your view on that, even if that view is in retrospect?

A. I'm not sure there is -- I've not seen evidence that that is, as you described, the broad consensus. I think it is slightly complex. It was developed not -- not by me, I was the spokesperson and communicator, it was developed by the communications department of the Scottish Government and an external agency. We had told them what interventions we wanted the public to be reminded of, and there were, as it turned out, five of them. And in order to get that into some form of recognisable form that we could then use on posters and we could then -- the idea wasn't for the public to memorise it. The idea was that it would be used as

an aide memoire in documents, posters in the street, I was able to use it, we were able to use it at briefings. I think it was a little complicated but I don't think it was overall complex.

Q. In his evidence to the Inquiry, Professor Paul Cairney referred to a study by MacMillan and others which looked into the success of FACTS in terms of the number of people who could recall the five different components of it. That study suggested that 1% of respondents could recall all five elements, 38% recalled none, and 42% recalled only one. Would that be evidence to tend to suggest that it wasn't a success?

A. It would, but there's other evidence in that same report to suggest that people did understand the broad intention. And it was a very small sample size, that specific study. 60% of people knew F stood for face coverings. And I think, in the round, having something that reminded people that there things to do, that included face coverings, avoid crowded places -- I can do them all if you wish -- and use that on posters and communication around the country was, in retrospect, a good thing. Could we adapt that to make it simpler? Probably.

Q. I'm very glad to hear, Professor, you're in the 1% who could recall all five elements. I'm sure that's true.

A. I did say it a lot.

Q. If the position is that you wish to convey a broad message, could that not have been done far more simply and effectively?

A. I think those two things happened at the same time. People understood there was a FACTS thing. And if you look at the polling, did people know there was a thing called FACTS? The answer was yes, in the main. Could they identify each individual element? Not as well as perhaps we would hope. But remember, the -- we had icons and the words. Those icons became very broadly used around the country in posters, in leaflets, in vaccination centres, and I think the general concept of there are things you can do to make yourself safer was a good one to pursue.

Q. Thank you.

You have in the material that you provided to the Inquiry and also more generally offered a number of general reflections on various aspects of the way that Covid-19 was managed in Scotland. I'd just like to explore a few of those in conclusion with you, Professor.

In one speech you gave about faith during Covid, which I think was recreated to some extent in a Spectator article on 20 March 2023, entitled

"Jason Leitch's lockdown regrets", you said:

"'I made some missteps ... 'I don't know if [I'd] do it the same way again because we have different knowledge now. I wonder if closing schools is something we'd reconsider'. And of lockdown more generally? 'Lockdown', Leitch concluded, 'is an old fashioned approach to managing a disease that is going around the world in an aeroplane."

Now, there are a number of elements to that, but I wanted to give you the opportunity to expand upon your what appear to be genuine reflections upon the policies around the closure of schools and the appropriateness of lockdown for managing a 21st century pandemic?

A. So I'll do it in reverse, if you don't --

Q. Absolutely.

A. So the lockdown first. The lockdown one in the Spectator and subsequently in the media was slightly misunderstood. This was a broad Q&A for an hour and a half on a Sunday to a large group, and I was genuinely open and reflective, and I'm happy to be so here.

What I said about lockdown being old-fashioned was misunderstood. What I meant was that when you have an infectious disease that you don't understand, pretty much the only thing you have in the tool box, in the public health tool box, is to take infected individuals

and separate them from the rest of society, unfortunately. That's what happened with smallpox, it's what happens with unknown and rare infectious diseases. And therefore, in order to stop that spreading, lockdown was therefore required. I don't -- I didn't suggest for a moment that it wasn't the right thing to do. What I suggest was unfortunately, because we had no vaccines, no therapeutics, no other way of managing it, it was the only thing left.

The second reflection is perhaps slightly more open. I think in hindsight, and that's very important, with the knowledge we have now about how this disease affects different age groups, about the missed education opportunities, about other elements that we now understand of this virus that we didn't and couldn't understand at the time, I think there might be further reflection in future -- if it were exactly the same -- about the closure of schools quite as quickly and quite as long, as we did around -- around the world. Almost everybody, except Sweden, in Western Europe closed their schools, and it may be that's something that decision-makers and advisers might think in the future.

Q. If it were to be concluded by this Inquiry that evidence did exist upon which action should have been taken which showed the demographic information and the likelihood

that elderly people would be more likely to be infected than children at an early stage, did that indicate that the schools policy was in fact wrong, if that information should have been acted on?

A. I don't think it's as simple as just that infection data. What you have to understand, and I think we understood this relatively quickly, that children in the round and in the main, and this is of course not 100%, were not seriously ill from Covid unless they had underlying conditions. Healthy children did not get very sick from Covid. And we knew that quite early on. What we didn't know of course was their ability to spread it and give it to others in their communities and their families that were perhaps at higher risk. So school closure was not just about protecting children, it was also about protecting staff, families and the broader community. So it's a complex decision. What I'm suggesting is that what we know now may change the four harms approach to that decision-making.

Q. I'll just ask you one further question, which was a question we were asked to ask you. To what extent in the communication strategy did you factor in disabled people's accessible communication needs and the fact of there being a certain degree of digital exclusion in --

A. I think --

Q. -- that community?

A. Sorry. I think it's a huge challenge, and I think it's also an area that we and others could improve. A lot of our information was online, the nature of the speed of the response meant that it had to be online. 101 million times the guidance, the Scottish Government guidance, was viewed online. So therefore that was one of the principal ways we did that. We did a lot of translation work, we did a lot of engagement with disabled organisations. I did quite a lot of that myself, I spent as much time learning what it was like to try to receive that information. And my communications and marketing colleagues also spoke to those organisations and they were always very helpful in doing that translation work, that engagement work, about how we should approach communication to those groups. But I agree with the premise of the question, that that could of course be better.

Q. But you were aware of that at the time, you say there was communication, but what, I suppose, that particular group will be interested in is the extent to which any action was actually put in place to try to resolve it over the more than two years of the pandemic?

A. On a personal level I tried to -- I tried to engage personally with groups who asked for both guidance and

visits, and I spent a lot of time with groups both online and in person trying to engage with what the guidance was. And that also enabled me to take what I heard back into the environment where advice was being constructed.

Q. Do you feel that that advice was listened to?

A. I do, but it is an inexact science, of course, because we were trying to make decisions for the whole population, and that means that groups within that population would often feel that they weren't being listened to as much as they could be, whether that's faith groups, disabled groups, business owners. I had relationships with each of those groups and everybody felt they weren't being listened to at certain points of the journey.

Q. One might say that, given the pre-existing knowledge of Scotland's considerable health inequalities, that groups like disabled groups would be the ones that would be prioritised in order to be able to get information to, because they were the most vulnerable to the threat not only of the virus itself but of other non-Covid harms to which they were being exposed?

A. I think it's a broad group to say the disabled groups were more vulnerable than others, it's not quite as simple as that. The principal risk is age, then there

are other pre-existing conditions which give you an increased risk, some of which cause disability, you're correct, and I think we did take into account into our clinical advice as much as could with the pace at which we were working.

MR DAWSON: Thank you very much.

I have no further questions, my Lady. If I could just take one moment, excuse me.

(Pause)

There are no core participant questions, as I understand it, my Lady. An application has been made and rejected, as I understand it, my Lady.

LADY HALLETT: Thank you.

I think the answer is, Ms Mitchell, that the issue that you raised is going to be asked of other people. Thank you.

Thank you very much, Professor. I'm sorry about the cough.

THE WITNESS: It's okay. I hope you feel better.

LADY HALLETT: Thank you.

(The witness withdrew)

MR DAWSON: The next witness, my Lady, is Professor Devi Sridhar.

PROFESSOR DEVI SRIDHAR (affirmed)

Questions from LEAD COUNSEL TO THE INQUIRY for MODULE 2A

MR DAWSON: You are Professor Devi Sridhar?

A. Yes, I am.

Q. If you could, Professor Sridhar, just try to speak into the microphone as you're speaking. I often forget to remind people of this, but the stenographer will be writing down what you say for the purposes of a transcript, so if you could try to speak slowly and naturally as you're speaking, to try to make that easily recordable, that would be appreciated, thank you.

You have provided two statements to the Inquiry, I think. The first is INQ000339838. That's a statement dated 25 October 2023. Is that your statement?

A. Yes, it is.

Q. And do the contents of that statement remain true and accurate as far as you are concerned?

A. Yes.

Q. You provided another earlier response, in fact, to the Inquiry, which is under reference INQ000217309. Is that a response you provided to a questionnaire given to you by the Inquiry?

A. Yes, I believe it was an earlier one.

Q. Indeed. And do the contents of that shorter statement remain true and accurate --

A. Yes.

Q. -- at this moment in time?

A. To the best of my knowledge, yeah.

Q. You are the professor of global public health at the Usher Institute of Population Health Sciences and Informatics at the University of Edinburgh Medical School; is that correct?

A. Yes.

Q. You have held that position, as I understand it, since 2014?

A. Yes.

Q. Would it be fair to say that your areas of particular expertise are public health and, in particular, international public health?

A. Yes, and I would emphasise in low and middle-income contexts. I largely worked in poor countries until this pandemic.

Q. Thank you. We know that you became a member of the Scottish Government's Covid-19 Advisory Group, which was created in late March 2020, but you became a member on 2 April 2020; is that right?

A. Yes, or around that time, yeah, I was at the second meeting, not at the first one.

Q. Yes. There were a number of other people who were part of that group who came broadly from a public health background, as I understand it, and I was interested to explore with you, as I assume there may be many

different subspecialities within the field of public health, what it was that you brought to that group and, indeed, what other public health specialists contributed, if indeed they have a subspeciality of some kind?

A. Yeah, I think the group was well balanced. We had people who were mathematical modellers, which we've heard a lot about before, we had people who were clinical specialists, those actually seeing people with infectious disease in hospital, and the area that I tried to work in was that I had worked for -- you know, now it's 20 years with governments and with NGOs in the UN in low and middle-income contexts in trying to manage infectious disease outbreaks, and I had a large research team funded by the Wellcome Trust who had been -- was actively working on those issues at the time.

Q. But would it be correct to say that you brought to bear in particular the very important area of international perspective on the Covid-19 pandemic, and in particular how international perspectives and responses might ultimately assist with Scotland's response?

A. Exactly, yes, and I sat on a number of other advisory groups in other countries as well as worked closely with the World Health Organisation, UNICEF, the World Bank.

And so many of the same questions Britain was grappling with, or Scotland, or whatever context, were exactly the same questions, they were just in a different country, in a different city at some points as well.

Q. The evidence that you've provided and a number of references and broader evidence that we've seen involve you and others making references within advices or discussions to approaches taken to various different aspects of pandemic management in other countries, so of course as to inform what might ultimately be advised or done in Scotland. Broadly speaking, one can see that there's a wide variety of countries that are considered. Is it important, when looking at international aspects or international response, to be trying to look at particular countries or types of countries that would assist, or did assist in the pandemic response? For example, countries that are demographically or in other ways similar to Scotland, or countries that have experienced pandemics before?

A. Well, I think what we should start with is that every country has something to learn from other countries and that we need a level of humility in acknowledging that, you know, parts of the world that have been hit by infectious diseases badly, whether it's Senegal or South Korea or Taiwan, have a history that we may not

have here, because infectious diseases don't really cause the majority of the burden in Scotland or in Britain, it's something that's seen as -- as I said, infectious diseases is not really a high-income world problem, we're into the world of chronic disease. And so yes, I think that was very valid that we had to look at other places and learn from them.

The other thing that was novel about SARS-CoV-2 is it was a new virus, we knew practically nothing about it at the end of December. Early January it was Chinese scientists we were relying on for the sequencing, for knowledge about transmission, about who was affected, the hospitalisation rate. And so then the East Asian countries became the first countries that were getting exposed and so a lot of what we had to learn had to come from these places. Because it was like a time machine, people would say "How do you know this?" and we would say "Well, it happened there, we're all humans, the biology is the same, it'll happen the same here". So that's where it became useful, because it was novel, we didn't know anything about this virus at that time and we had to learn from the countries that were being affected by it to get the information to be able to respond.

Q. That was actually an aspect of this that I wanted to

pick up with you, because our assessment of certainly the early states of the pandemic suggests that obviously the pandemic started in China and then there's an expansion to a number of other countries, but that in the initial stages the UK was a little bit behind, in terms of the arrival of the virus and it having an effect, other parts of the world. And also, within the UK, it appeared that the virus started to manifest itself in London first and that other parts of the country, including Scotland, were a little bit behind, and I think that some of the -- some of the research done to indicate retrospectively how many cases there probably were suggests that that may be the case.

In general terms was it important and did your advice try to convey that the fact that Scotland and the UK were a little bit behind was a great advantage in needing to learn from what other places and countries were experiencing?

A. Exactly. We had time, we had weeks to learn from not only countries but the Diamond Princess cruise ship, where -- it was a natural experiment, you know, people trapped on a cruise ship, an elderly demographic, not knowing what to do with these people. Do we take them off? Do we leave them on the ship? And so I think there was a lot of knowledge -- you know, definitely by

mid to late February. The World Health Organisation was also doing daily briefings by this point, which I was listening to every day, and there was a lot of information there about the response.

But I think my sense is, and it's not just true for Britain, I would say high-income countries as a whole hadn't faced anything like this. Right? Like, countries that had polio outbreaks, measles outbreaks, who were used to being hit with Ebola, they're on high alert, they're thinking, "Oh, great, this is the next thing we have to deal with".

In 2014 Ebola caused lockdowns in West Africa, school closures, many of the things we saw here. So for them it wasn't that "Oh, this is crazy", it was their real life day to day in the health ministry. And so I think there was a sense of complacency across high-income countries that, "Well, we'll be fine, because we always are, and this is a low income issue and it won't come here".

Q. This again was a theme that I wanted to follow up with you, because you mentioned earlier the potential or perhaps reality, please tell us which it was, that countries like Britain might not look to other lower-income countries in order to receive either advice about the developing characteristics of the virus or

advice about the way in which it might successfully be dealt with.

You mentioned, for example, I think, Senegal, South Korea. Do you think that there was generally in the UK response or advisory systems a bias, if you like, against looking to these countries to try to find answers?

A. Of course, I think there was a lack of humility in terms of learning from the on-the-ground experience of teams who were working day-to-day to manage infectious disease outbreaks, of which SARS-CoV-2 became the next one.

And I think what I -- you know, didn't really get involved, as I said, until quite late, but it's because my concern and our research team's concern was on countries like Haiti. I had a researcher posted there for two years. It's a fragile state, they have no health system, they have cholera raging. So of course if you're working in global health, your mind goes to, you know, the poorest countries of the world, the slums of India, you know, the -- you know, Dakar, big crowded cities which can't cope already, and then you layer this on top.

And it wasn't until, you know, March that suddenly when I started seeing the public announcements that I thought, "Oh, why are we doing something so different

to other places and not trying to contain this?" And that's when I kind of got involved in Scotland. And before then, I should say, I hadn't really been involved with issues here because it's largely chronic disease, and Scottish health problems are quite different to the profile that you would see, yeah.

Q. So there's a number of things to take in of that.

The first was you mentioned on a number of occasions that the priority, given the circumstances of Scotland for people working in public health, I think, is on chronic disease; is that right?

A. Largely, yes.

Q. So we see a number of public health experts, for example, who are very prominent in the fields of smoking cessation, obesity, that sort of thing --

A. Alcohol, as well, is a major --

Q. Yeah, alcohol, that sort of thing. So does that mean that when something like this starts, the Covid-19 pandemic, that the people who are working in public health who are involved in those more chronic things -- are all of them able to switch their attention, as you were obviously keen to do, towards something different or is, in fact, our public health research and advisory system based predominantly in these chronic conditions such that such a switch is at least difficult?

A. Well, I think it is -- it's also difficult, like, conceptually to think -- when people think the worst infectious disease, they think of flu. And that's why a lot of people said "Oh, is it like flu?" Because the infectious disease that kills the most people here every here is -- is flu, which is a big killer of -- of children as well in previous years. And so I think that was an issue.

I think another one was the swine flu pandemic, that we had a near miss. And if you have a near miss and you've lived through several near misses, it's a bit like the boy who cried wolf: why would you believe the next one? Most, you know, things that are picked up by ProMED, which is the server that picks up signals, don't become outbreaks. Most local outbreaks don't become national outbreaks. And most national, you know, things people probably haven't heard about, yellow fever or cholera or things that are big issues in national context but don't become pandemics, there are so many barriers at each point. And so I guess the point being that if you are used to hearing about a lot of these things in the world, you wouldn't necessarily assume it would become the daily concern in Scotland, because most viruses and diseases are contained locally, they do not become global events. This -- the event most like this

was 1918, which meant most people around haven't lived through something like this. And I think the swine flu kind of led to a sense of complacency of "Well, we've been through these kind of warnings before, the WHO -- it was level 6 -- said it's a pandemic, and it fizzled out, we overreacted". So there was a fear of overreaction. And that was probably the predominant concern rather than "Oh, wow, this is going to come here and be a big issue".

LADY HALLETT: Could you slow down, please.

MR DAWSON: I was just going to say.

In your enthusiasm, Professor, about these subjects you're speaking a little bit more quickly than the stenographer can cope with, so if we could try to keep it at a normal pace, that would be fantastic.

There was another aspect particularly that I want to try and tie these bits together. In a report provided to us by a political expert, Professor Paul Cairney, in the recommendations he has made, because we are very interested in such things, about the possible things that this Inquiry might recommend in order to make Scotland's preparedness for a future threat of this nature better than it was, he has suggested that some sort of group or unit within the Scottish Government that would have a greater ability to access

international information so as to be able to get on top, autonomously if you like, of the threat to Scotland would be advantageous, based on his study of the papers and the systems.

Do you think that such a thing would be useful, and who would you envisage needing to be involved in it such that it could respond with the appropriate speed?

A. Yeah, I think that's a great suggestion and it's I think been set up through the standing committee on pandemics, which the Scottish Government set up almost as a follow-up to the Covid-19 Advisory Group, and the idea being that it is the place to discuss possible concerning situations such as avian flu, whether it was the infection of poultry workers and what this could mean in terms of, you know, disease spread, so I think efforts have been made to set up this kind of group.

I think the difficulty with the international world is that it's the UK, which is a member of the World Health Organisation, and the UN is set up to be member states, so it's governments, and so Scotland cannot independently go and get its information, it has to work through the UK, so it's how the standing committee on pandemics links with those officials down in London, who are connected to WHO, in a sense to be more efficient rather than trying to kind of reproduce relationships

that are already there.

Q. But the Scottish Government can get that information from experienced public health and other such research individuals within Scotland, yourself and all of the members of the Covid Advisory Group, for example?

A. Yeah, and I think quite -- of us sit on that and try to bring those learnings in and try to bring in what we are hearing, because the first signals for most of these things are actually from scientists, it's also clinicians, it's someone in a clinic in Guinea who is seeing, you know, someone come in and thinks "That could be Ebola" and they raise the signal. It's generally not through governments, actually, it's through scientists.

So, you're right, the scientific advisory structures are really important as well to make sure the learning comes in, because that's probably faster than working through governments itself.

Q. You wrote a book about the Covid-19 pandemic called *Preventable*; is that right?

A. I did, yes.

Q. In your statement, if we could look at this, please, it's INQ000339838 at paragraph 7.

You were asked, I think, to explain to us why it was that you had a written a book and also why you had called it Preventable, and you say there:

"When I'm using the word 'preventable' I am referring to preventing the unnecessary loss of life. I do consider that a stronger policy of containment and earlier institution of a testing regime could have prevented unnecessary loss of life in Scotland. I recognise that the Scottish Government's powers were limited in this regard in that financing, borders and science are all reserved powers. In the Covid-19 pandemic these were key policy areas necessary to contain the spread of the virus. There were ultimately limitations on what the Scottish Government could do alone in response to the pandemic."

Can you explain to us what you understand Scotland's containment strategy to have been?

A. Well, I -- from my understanding of what was happening in February and March is they were following the same plan, which was contain, delay, mitigate, research, and moving along that continuum. And I felt that we had moved -- and I've, I guess, said it publicly quite a few times -- too quickly from containment to mitigation. So basically too quickly from how do we stop the spreading or slow the spreading towards how do we deal with all the patients in hospital and make sure that, you know, we don't have -- you know, we have enough hospital beds. And it felt to me that pivot happened too early, given

that other countries were showing that containment was possible.

And in the case of South Korea you were seeing containment was possible without strict lockdowns. They never went into lockdown. If you look even at Norway and Denmark, they were using, you know, high testing per capita, Norway was using border measures. And so to move to almost a cynical fatalism of "Everyone is going to get it, there's nothing we can do, let's build up the hospitals and prepare the public for this episode", it felt too early to me, given what we had seen in other countries. If we had seen that in other countries and we had seen they're doing everything and they're still finding this is spreading, then of course you would have thought that's appropriate. But it didn't make sense to me why we had pivoted at that point when actually other countries were showing containment was possible and were still trying to -- and that was European countries as well, it wasn't just the East Asian countries.

Q. Could you give some examples of the countries that were -- adopted that policy successfully at around that time. Just to be clear, sorry, I should just be clear, are you talking about effectively the move from contain to delay happened around about 12 March?

A. Exactly. And I think there was no -- there was no real

measures put in place on 12 March, which is why, I think, my first kind of time when I started speaking publicly was around then, the 13th, 14th, when I said this doesn't make sense.

And this was largely driven actually by colleagues calling me and saying "What does Britain know that we don't know? Because you must know something". And so I was trying to figure out who was on SAGE -- SAGE members were private -- to call them to say "Well, what do you know? Because the government says they're following the science". So the theories were: is there a vaccine the British Government has? Is there a treatment? Do they know something about immunity? What do they know that we need to know?

And so that was the pivot which I was surprised about and countries that did not pivot were Norway, Denmark, Finland. Quite a few of the island nations, I mean, New Zealand, Australia, we know about. Taiwan, Hong Kong, Singapore, South Korea, and of course China. But I think China is a bit of an outlier.

Q. Yes.

A. So we were actually, in a sense, the outlier. And because we moved towards what was I guess colloquially referred to as "herd immunity", that actually influenced Netherlands moving towards herd immunity and Sweden. So

as we influenced them to say "Well, actually, should we just live with this alongside" -- and I think the biggest debate at that time in the scientific community was will there be a vaccine. Because if there was a vaccine, buying time made a difference, delaying. If there was no vaccine, then you would want to develop a strategy where you, in a sense, how do you stop it, from the whole world. We knew it was impossible to eradicate from every country at that point.

And so that was, I think, where countries started to make decisions based on trying to predict does buying time make a difference and the cost of that time to their economies, to freedom to their people.

Q. And the -- I think you're advocating there should have been -- that countries like the UK and Scotland in particular should have stuck with the containment strategy longer. What sorts of measures would that containment strategy have involved? You mentioned testing, but what other measures would have been involved in that strategy?

A. Well, testing linked to tracing and isolation. What you really needed to do was break chains of transmission, and so you needed to figure out who's infectious and make sure they don't infect anyone else. And that's why testing was so important, because you could be precise.

In the absence of testing -- and this is what a stay-at-home lockdown does -- everyone is treated as infectious, which is why -- because you don't know who has the virus, so you have to keep everybody apart. And so places that managed to contain -- managed without lockdowns were identifying who was infectious and they took away their freedoms. So if you were infectious you were not allowed to go out, there were strict penalties, but you kept the majority of people able to circulate, to mix, to live freely.

The other issue I know I have been, you know, vocal about from the start is around border measures, and this was because if you don't have any cases, they have to come from somewhere. They're likely to come through, if you're an island nation, your airports. If you're even a land nation like, you know, Norway, through different ports. And it's not saying stopping movement, it's saying testing again, try to catch cases.

And so I know border measures are heavily contested, but I think it depends where you are in your pandemic. If you have community transmission rampant, they're not going to make any difference, you have community transmission. If you're in a case where you have clusters or isolated cases, then there's a chance to use those. And if you do look at the learnings from

Norway -- I'm thinking of the studies I've seen, Norway and then Australia, both of those countries say that they managed their pandemic better because they could limit the influx of cases. So I think that was something that I was surprised that we were very lax about that compared to other countries at the time. And we did a brief bore(?) through our research team which just compared country policies in this regard, and Britain was definitely on the most relaxed side in terms of testing and quarantine procedures.

Q. Okay.

So the main types of things that should have been done were pursuing testing vigorously, test, trace and isolate effectively, and controlling borders, would have been the measures that we know were not taken at that stage that should have been, in your view?

A. And I would say also face masks. I think we spent a lot of time --

Q. We will return to face masks in a moment, but thank you for just adding that.

Can I just ask you, before we get away from the helpful international comparison, we've heard some evidence about the fact that around the period we're discussing, late February into early March, Scotland simply did not have the capacity to test people,

I think, in the way that you're suggesting, nor did it have a system for tracing and isolating people such that -- the approach that you are advocating for, and indeed advocated for at the time, I think --

A. Mm.

Q. -- such that that was not possible.

How did other countries that managed to pursue this containment strategy, how did they manage to do that? Because presumably they also needed to develop new tests, to scale them up, with all the various components that that involves, how did countries like Norway and the others you mentioned manage to do that when Scotland says that it couldn't?

A. Well, I think there are two components to that. One is that some countries started really early in January. So by mid-January they were contacting biotech companies and saying, "We have the sequencing out of China, can you make a test and how quickly? We need millions of tests". So they started earlier.

And then you had countries that were a little bit later, into February, who suddenly realised this is important, and I think they moved immediately into the logistics: how do we do it?

And where I think Britain got stuck, and I can say it because I was involved in these debates multiple

times, was: does testing matter? And we spent a long time discussing: would testing make a difference outside of hospitals? And by the time the answer was "yes", every other country in the world had already bought up, you know, the reagents, the components, or already had set up their systems, and we were all looking for the same thing. And we were just slower in that process.

And so I think it was the two things of we weren't early enough to go looking, and then when we could have been in February, seeing it, we -- we went -- you know, there was that thing of "Testing is for poor countries, we can treat our way through this, we have a health service". And I think there, just hearing from the WHO at the time, the numbers they were talking about -- I mean, Dr Tedros briefed the African Union members and he said -- think of this -- about 20% of people who are infected end up in hospital. That number came down to 10% when you saw asymptomatics out there, which they didn't know at the time. That's an astonishingly high number. You don't need to be a mathematician to think: 10%, health service, so on. And then where that really transformed was with vaccines, where that number came down to 2-3%, and Omicron brought it to 1%. But that was, I think, the really -- the really tricky part of it.

Q. Could I just deal with some of the -- you're not a political expert, but you make some contentions about the Scottish Government's limitation as regards its powers are concerned there. Could I just clarify some elements with you. The borders element that you mentioned, we've talked about, we've heard evidence that although borders -- this is from a senior civil servant whose responsibility it was to advise the Scottish Government on matters relating to the constitution of the United Kingdom -- that borders were in fact a matter within the Scottish Government's power during the course of the pandemic, and in fact at all times, because although borders are reserved matters to the UK Government for the purposes of immigration and nationality, they are the Scottish Government's responsibility for the purposes of public health.

So I just want to be clear with you about that, because you're suggesting, and I don't think professing any expertise in constitutional law, that this was a matter over which Scotland did not have control, but it is an important matter in the strategy that you suggest should have been followed at this time.

A. Yes, and I think the point, like I've tried to make over those months and years, was that this couldn't have been done in isolation by Scotland. We had to be able to do

this with England and with Wales because we share an island. The land border was a big issue. And you saw this -- I remember speaking to a senior German adviser who said "We have land borders with nine countries, that is our biggest challenge". And so in a way what we really needed was cohesion across at least the three nations on the same island, in the same way Northern Ireland was trying to get, you know, co-ordination with the Republic of Ireland, to get over that, because there is no point in, you know, if you have a land border, not having a joint strategy on what you're trying to do.

And actually, if you look at the African Union member states, that was one of the earliest things they worked together on, which was how to actually manage their land borders together so they didn't have cross-infection. Because it is in every country's interest to try to protect their neighbours as well, their regional neighbours, because whatever is in your neighbour next to you is going to be with you soon.

So I guess that's the point I was trying to make, we needed to have all of us going in the same direction, we couldn't all go in different -- in different directions.

Q. And the other matters that you raise, one of them is science as being a matter that was I was particularly

interested to explore that with you.

What aspects of science and the scientific input into the Covid response did you feel that the Scottish Government did not have control over?

A. Well, SAGE, I guess is the obvious one. When, I guess, the government came out and said "We're following the science, we're following SAGE", I did not know who was on SAGE, what they had advised, what evidence they had, what minutes. It was incredibly secretive and, if you look at the history of SAGE, understandably so. Because you would be worried about, you know, let's say -- what's the word, foreign, let's say, governments perhaps getting information or names they shouldn't have gotten. But in the case of a pandemic transparency would have been much better. And so I think that was some of the frustration with the science being reserved, because it's very hard to be told "We're following the science", let an infectious disease spread, it's -- what we know -- and not understand, as a scientist, who is used to peer review, what is this data they're looking at. And that was not just for me, it was every country across the world wondering: what is Britain doing? What do they know?

So also another example of science being reserved is the JCVI, which you've heard about, the Joint Committee

on Vaccination and Immunisation. That is a reserved power. Scotland does not have its own JCVI, so quite a lot of scientific bodies are in London, for example the NIHR, the national institutes for health research, Scottish scientists get their funding through London, so that was the point there, that the advice was coming through SAGE and through those kind of bodies which are based down south.

Q. As far as scientific advice is concerned, the Scottish Government had access to SAGE and could have and did in fact form its own scientific advisory body, of which you were a member, but it could have done that at any time; is that your understanding?

A. Yeah, and probably in retrospect it would have been helpful. But it would have been unusual, and I guess that's the point, that mostly scientific groups and advisory groups are UK-wide --

Q. Again, this is not an attempt to try to quiz you on matters of constitutional law, Professor, I'm just interested to know, you -- I think you were about to touch on it there, whether, now knowing that you're talking about advisory elements but also research funding and things, to what extent would it have been beneficial, given the different demographics and health inequalities and background to Scotland, for it to have

had its own bespoke scientific advisory body, such as the one which was put together at the end of March, at an earlier stage such that the Scottish decision-makers might have been better informed about the significance of the matters to do with containment, testing, borders, which you've told us about in great deal?

A. Definitely, I think in hindsight that would have been optimal. Also because the Scottish group was different in two ways. One was members were published; you know, from day one your name was there. And I think linked to that the minutes were published, I mean, early minutes actually even had our names next to things that we had said -- I think minutes that went along kind of took away people's names. But it meant there was a real transparency there, also for decision-makers to know what was being discussed, who was saying it, what was their backgrounds. Because I think advice also needs to come with, you know, the complexity, the nuance, the background of that advice.

And the other thing about the group is I think they probably intentionally put on very different backgrounds. I didn't think we suffered from groupthink. We all had very heated debates, and healthy debates. Because that's what makes things richer, when someone says to you "Could you be wrong?" and you have

to think "Actually, could I be wrong?" and think through that, rather than someone that says "Yes, you're right". That doesn't really help you sometimes when you're dealing with uncertainty, data complexity. And I think that was probably intentional in the make-up of the group.

Q. Could we return to a subject that you mentioned a moment ago, with which you've been very helpful in the materials you provided, but I wanted to address in a little more detail, that being face coverings.

A. Yes.

Q. Did I take you to say a moment ago that amongst the measures that you think should have been instituted in that early period, we have been through a number of them, was that face coverings should also have been something that was recommended or mandated by government?

A. Yes. So I think if we looked at other countries they moved much quicker towards at least recommending to their publics face coverings as a way to protect themselves and, even on top of that, certain level masks, so medical grade masks.

I think sometimes in Britain we debated for too long do masks work instead of going from: in clinical settings they work, surgeons use them, on construction

sites, the mask itself works; it's how it's actually used at a population level which affects does it affect transmission dynamics. And so I feel like that became a sticking point, wanting to have a standard of evidence that was incredibly high at a population level rather than saying "Well, people want to know how to protect themselves, they're scared". But it came back to there were not enough masks, there was not even PPE even for doctors going on Covid wards, so how could you be recommending it to the public if people in hospital going onto wards weren't able to access at enough level the -- you know, appropriate kit that they needed.

And so I think there, and I've kind of reflected in my statement, that I think we should have acknowledged more that people don't like -- some people don't like wearing masks, they see it as an infringement on their freedom. In the children's group we discussed a lot about children's need to see faces and we had child psychologists, you know, development specialists, saying faces are important for speech development, and I think those views are very important to have there. But that's a separate question to, "Do masks work?" The question is: are masks an appropriate intervention, given the cost-benefit calculation, where we are in this pandemic, in what groups, in what settings? And I think

if we had moved there we could have had a helpful debate on how we reached the guidance rather than "Do we like masks?" or "Do masks work?" With, you know, people who are pro mask saying "Well, you're being selfish not wearing one", and people who are not wearing a mask saying "They don't work". That wasn't helpful. I wish we had been more constructive in thinking through when we recommend them to people, in what settings, what they're able to do. And then actually getting the masks in, because that was a problem. The PPE was a huge issue.

Q. Yes. Would it be fair to say that if things had turned out differently and advice had been given more positively in favour of face masks and coverings, as you suggest it should have been, I think, that a political process could have been put in train to try to get supplies of masks earlier but while the question of "Do masks work?" remained unresolved, there wasn't the same impetus to do that? Is that a fair reflection of your understanding of what happened?

A. Yes, I think the challenge at the start was a logistical challenge and not a scientific challenge, in the sense of we spent a lot of time trying to reach a standard of evidence. Even in the modelling I can tell you there were binders and binders of SAGE documents, such nuance,

complexity and work, but the biggest issue is how do you get tests. That's a logistical challenge, it's supply chains, it's procurement, it's setting up distribution centres. So I feel in some ways if we had gone on to the logistics faster, which is how do we do it, how do we convey to people what's happening -- and I think that was another thing that was challenging, was the mixed messaging, between "Don't worry, everything is fine" to "Panic", "But don't worry, everything is fine" to "Panic", instead of an idea of explaining to people "This is spreading, it's scary, this is what we know, our knowledge will evolve, this is what it means in terms of why we need to take measures". I think that probably would have been more helpful than the "go-stop, go-stop" which it sometimes felt like the messaging was around over, I think, probably, concerns of getting back to normality and then, "We have too much normality, we need to stop". So that was a challenge as well.

Q. Just on the subject of facemasks. To summarise, you have said quite a lot about this in your statement, very helpfully.

My understanding of your position is that you were an advocate of the application, in this regard, in these circumstances, I think, of the precautionary principle that it would have been better to have wasted less time

on scientific research, trying to get to a level of something near conclusive proof that masks worked and it would have been better simply to have got on with using them, which, as I understand it, you think would have made a difference, in particular, you say in your statement, to the number of deaths that were suffered over that period?

A. Yeah, I think especially in the months before we had scientific tools, that means therapies, vaccines, even, you know, appropriate testing -- that took a long time to get up and going -- these were things that you could recommend to people to limit transmission. They are flawed, I know -- you know, you'll find studies showing that masks at a population level are often not used correctly, people wear them over their mouth not their nose, they take them off to eat and drink, you know, these -- but as a whole, we do know that if it is used appropriately it is probably one of the best interventions you can use to protect yourself. So it would have been another tool.

Q. It would have been effective because we know that about them?

A. Yes, exactly.

Q. We've seen some evidence on the discussion around face masks in Scotland at this early period that we've been

looking at, and we had a gentleman who I think you know called Jim McMenamin, who provided a witness statement, who was describing the discussion in the NERVTAG meetings that he was attending around this period relating to face masks, and he said in his statement that:

"My recollection is that the view during this period, February and March 2020, was that the evidence base on the contribution to reduction in the reproductive number [made] by the public use of face coverings was limited or near non-existent."

Is this the sort of debate and discussion that you think we should have bypassed, going straight to the next stage, by way of the application of the precautionary principle?

A. Exactly. And it also shows why you need multiple diverse backgrounds in terms of, you know, academic backgrounds. I think modellers in particular can often see things in terms of "I put it into my model and it made no difference" -- and models carry assumptions, I've kind of written about that, and so for me, who is much more an on-the-ground, field-work oriented -- you know I work in low-income communities, you work with health ministries, you know, frontline health workers, that for me is equally valid evidence. And if you're

seeing it working in a local level and you're seeing it work in clinical settings, then if a model says it doesn't work you have to reconcile two different evidence sources, and that's triangulation. And that's why you have the debate. And then the precautionary principle comes in, which is: okay, what is the cost of recommending masks versus the potential benefit? And if you think, well, the potential benefit can be huge, the cost is slight recommending them, let's say for those -- you know, going into shops or on transport, then that was the direction you would go in, given the uncertainty between different data sources.

So I think that was where you want to have multiple disciplines at the table who might see things from different perspectives based on their research and their experience in life.

LADY HALLETT: Professor, can I just interrupt? I remember in Module 1, maybe Module 2, I heard from an expert about there being different views as to what the precautionary principle is. Are there different views as to what it is?

A. Not that I know of. I think where you might see debate is on what the cost is, of using the precautionary principle. So, for example, you might say we should have used the precautionary principle with lockdown, and

that might be debated because lockdown carries huge costs, massive costs, so that may not be appropriate in that setting, where it's generally used for things that you're seeing as being low cost. So, for me, recommending masks seems a low-cost measure of something easy, like hand washing, you can tell people to do.

So probably the debate is in what is the cost of that versus the potential benefit. And that's -- because that's where you draw the line, it's how big is the benefit compared to the cost, projecting into the future, given uncertainty.

LADY HALLETT: So precautionary principle, virtually no downside -- maybe some downside, but, if you analyse it, not sufficient to not use it?

A. Exactly.

LADY HALLETT: Sorry about the double negative.

A. Yeah, so if you look at other places in their first wave, governments didn't know what to do, right? They're like, "We're going to have our hospitals collapse, what can we do? We don't have testing. Okay, we can tell people: masks". So the Czech Republic came out and said, "Okay, we don't have testing but, you know what, masks for everyone. Community efforts, wear masks, it's a sign that you can do something". So the benefit was seen as much greater than the cost of

recommending it. But I think sometimes it's misapplied for things like lockdown, which I don't think you would use the precautionary principle for because the harms are so great and the costs -- to go down that path.

LADY HALLETT: Yes, thank you.

MR DAWSON: Thank you. I think, Professor, you've also illustrated this as being a very good example of where multidisciplinary input is absolutely essential to these things. I think, to be fair, Professor Woolhouse, in a parliamentary appearance, did say that one of the problems with the UK's pandemic response was that it relied too much on epidemiologists, and he said "I say this as an epidemiologist". And I think you're illustrating there the importance of bringing together different fields of experience (public health, in your sphere, and epidemiology and others) to be able to come to the best solution, and that simply looking at one area may well have its pitfalls. Is that a fair assessment of your view?

A. Correct. And, you know, Mark and I are a great example, Mark is a modeller, I'm a social scientist, and we have debates. So he'll say to me --

Q. We've come across some of them.

A. Yes -- you've come across -- so he'll say to me, "You're cherry-picking, how do you know that? That's not

evidence, where are the numbers?" And I'll look at his graphs and say "What is that line? Where did you get it from? Where are the assumptions? That doesn't seem right to me". But I think it makes us both better scientists, I think the group was enriched because we had those debates, and I think there is a great deal of respect between us for the work that, you know, we've each done, and I think it -- that's how a group should work, when there is uncertainty. It's -- you know, can get heated at times, you probably have seen it, but actually I'd rather be in a group like that than a group where we kind of happily go down the wrong path, thinking we're doing great, and then realise that we missed something. And it's a way I construct my own research teams now: I really try to get people who I think will push me and say "That's wrong, why are you doing that?" Because that makes for a better -- a better debate.

And that's where I said I think they were quite smart in that make-up, to have me and Mark there, and you will see the chair soon, who had to moderate between those views.

Q. Yes, we have seen that, yes. But as far as you're concerned, your perspective on that as a participant in that debate, was that that was a healthy debate and in

the interests of coming to the best answers and the best advice for the people of Scotland; is that fair?

A. Yes, definitely, yeah.

Q. Could I just ask a little bit more about your role in advising. As we say, you became a member of the Scottish Covid Advisory Group on 2 April and, along with other public health experts, some of whom worked for agencies like Public Health Scotland, some of whom were external advisers, independent advisers like yourself, and along with a number of other specialities, provided support and advice over the course of the pandemic.

In your book you talk about a closer relationship, a closer advisory relationship you developed with the First Minister?

A. Yeah.

Q. And you say -- I'm not going to put it up on the screen because you wrote the book so you'll know what's said, but you say:

"I also spoke regularly with Sturgeon offering impartial advice, particularly on what challenges might lie ahead and what best practice from other countries seemed to be at the time. We developed a close working relationship. I was also studying to become a personal fitness trainer and Sturgeon even agreed to become my first client. I should say clearly that she never asked

to change what I said publicly. She listened carefully and asked thoughtful questions and tried to understand the best data and evidence. I never felt any political pressure to say what she wanted to hear. She wanted the blunt truth from me and I gave it without fear or favour in my typically American direct way. I have no ambition to go into politics or into government and just wanted to bring what expertise I could to help support her in making extremely difficult leadership decisions."

That's at page 148. And at page 189 you say:

"Sturgeon and I spoke regularly by phone about key issues and were generally aligned on the need to suppress and get cases as low as possible through the summer ..."

Which I think relates to 2020. We'll return to that.

You have provided to the Inquiry, as I should say latterly Ms Sturgeon has done herself, a set of correspondence which comes from direct Twitter messages between you and her which I'd like to go through to some extent after the break, to look at some of the matters that you were discussing with her. But broadly speaking, did you think that -- did it occur to you or was it your view that there were issues about your direct contact with Scotland's principal decision-maker,

based on the evidence that you've just given about the need for there to be a multidisciplinary approach, and that your direct access to her, which I think others did not have, created the possibility that she placed a significant amount of weight on your view and less on the weight of others who may hold a slightly different view?

A. Yeah, that's a fair point. I did not know who else she was speaking to. She -- I can probably say she reached out to me for an independent view. I knew she was getting advice from her principal government advisers, you know, the people -- the CMO, you know, the Chief Scientific Adviser, the National Clinical Director, and so when she reached out to me I thought "She just wants an additional view on this". And I think we both shared a deep commitment to finding a good way through this.

And I should also say, you didn't ask me about them from the Inquiry, but I have similar relationships with a number of politicians. I reference, you know, Jeremy Hunt, Layla Moran, Jonathan Ashworth, I work in the States with a number of politicians, Germany, Australia. So it's not unusual, especially during the pandemic, to have direct access to someone senior who just says "Tell me how you see it, what do you think". But I also assumed she was getting many other inputs

into that view.

And most importantly, and you'll probably see it in the correspondence, when I said to her at one point I was worried about getting involved with messy politics, should I talk to this person or that person, I'm in over my head a bit, she just said "Just keep what you're saying to whoever it is -- speak to whoever, we'll listen to what you're trying to bring in terms of your data, your evidence, your learnings", and that, I think -- meant a lot, she didn't in any way try to influence what I said. She was -- basically was like -- I said the same thing, I went to the economic recovery group in front of Steve Baker, we had conversations, and he said "What do you think?" and I said the same thing. Wherever I was, it was just who was there. And so I just think it's just worth saying -- saying that there, that I think people emphasised a lot that they felt I was under pressure or I was too friendly with her, and I thought that came out because we got on quite well, but I had similar relationships with a number of senior politicians who -- it was not unusual at that time -- it was a crisis, every day thousands were dying, there was outbreaks, there was fears when schools opened, what's going to happen, and what I was trying to do is saying "Well, we don't know, but in Israel they

opened schools, and this is what happened. And no, we don't know what's going to happen with universities, but in the US they opened it and this is what happened", because that was the best we could get to trying to predict the future. We were asked to be oracles, predict the next four months. And you couldn't, but you could say "Well, based on that country and that population, this is what happened". So that's how it -- how it developed.

And I should mention -- I guess we'll go through it -- I never expected them to be public. It was informal, it was private, and everything important in them, as you will see referenced, was put in an email to her and to her office, often copying the CMO or others, because anything of concrete importance, briefs, papers, went through an official route. This was considered an informal, a bit of banter, you know, chat -- chat, kind of informal route. Otherwise I would have obviously written them quite differently to what they are.

Q. Just one aspect of what you said there I just wanted to clarify, just to be absolutely clear, I think you said -- unfortunately the transcript has just gone out of my eye line -- I think you said that she advised you to keep what you're saying to whoever it is. Did you

mean that she advised you to keep on saying whatever it was you were saying to people, or to keep what you were saying?

A. No, to keep true to that I was saying. So I was a big advocate for maximum suppression, for delaying until a vaccine, to test and trace, and to, you know, finding, you know, safer ways to keep schools open, and her message to me was, you know, "Forget about the politics, you have the data, you have the evidence, your team is working, say it to whoever you need to say it to". And I did. I worked across all political parties, I would say, from the most conservative groups, the economic recovery group, where I sat for a couple hours taking questions, to, you know, the Lib Dems, the Greens, Labour, SNP. So I single out this relationship because of, I guess, how influential it was for me as well, working with a senior leader, but it was not unique, I should also say, to working with politicians at this time.

MR DAWSON: Thank you.

If that's a convenient moment, my Lady?

LADY HALLETT: Just one question before we break.

I'm no expert on the devolution settlement, but you mentioned a couple of times science being a reserved power. Is science --

MR DAWSON: I think we went through that with Professor Sridhar. We discussed scientific advisory bodies. There are aspects of science that are reserved, as the professor said. One of the aspects which I think her evidence was was relevant was funding in relation to research, which is important.

You can clarify if that --

A. Yes, funding is --

LADY HALLETT: I think it was just the use of the word "reserved power". I mean, I can see how aspects are reserved.

MR DAWSON: Yes, that's what I think we've explored, that, for example, SAGE, of course, was technically a UK Government advisory body. That doesn't mean it was a reserved matter, it sat within the UK Government structures.

LADY HALLETT: Thank you very much. I shall return at 1.45.

(12.50 pm)

(The short adjournment)

(1.45 pm)

LADY HALLETT: Mr Dawson.

MR DAWSON: Thank you, my Lady.

Professor, we will get back to the messages that we were talking about in just a movement, but there's a question, just returning to an area we covered

earlier, an extra question that I forgot to ask you, if we could return to that.

You were telling us about your views connected to the strategies adopted in the United Kingdom and in Scotland around the early part of pandemic, in particular your views in relation to things that could have been done to enhance the containment strategy that you think were not.

Are you aware of any steps proposed by the Scottish Government for more aggressive strategies in those regards, but which were rejected by the UK Government prior to the first lockdown?

A. I'm not aware of that, no.

Q. Just to be fair to you, you were not involved in the advisory group at that stage?

A. I was not, no.

Q. But you were, I think -- you had had correspondence, for example, around the middle of March that we've seen with the then Chief Medical Officer, a letter I think written by yourself and some colleagues at Edinburgh University, so you took an interest in the subject?

A. Yes, so I think that was -- you know, March 12th/13th is when the decision was made to abandon containment, and that's when several colleagues and myself wrote a letter to Dr Calderwood outlining our concerns with that. We

didn't receive a response. Several days later we sent an even stronger worded email, with respect to the challenges she was facing, but just not understanding that move and trying to emphasise that we needed to shift at that point. So that was 14th and then 17 March.

Q. I'm not going to take you to the detail of that, Professor, because I think you've set out many, if not all of the points of view and concerns that you expressed in that letter in your evidence already, but there was just that particular one aspect I wanted to follow up on.

If I can return then to the messages that you were telling us about that you shared with the First Minister, I was interested to know about why and when it was that you had produced these messages to the Inquiry. My understanding is that these messages were provided by you in a bundle from -- these are direct Twitter messages, as I understand it. Now, they were produced to the Inquiry on 7 December 2023; is that right?

A. Around then, yeah, I --

Q. There was, I think, a slight confusion about the messages actually ultimately getting to the Inquiry, but can we put that aside for a moment, that's not a matter

for you.

Your witness statement was dated 25 October of this year -- of last year, sorry, and therefore these messages were produced some time later than the statement had been provided. Can you tell the Chair of the Inquiry why it is you produced those messages at that time?

A. Well, initially I'd been asked about informal communication, specifically WhatsApp groups. I was not part of any WhatsApp groups and I went through the channel the Scottish Government had for informal communications, which was Slack and then Teams, and Zoom messages, which I assumed had been held. And it was only a bit later, when watching the proceedings happening, that I was thinking "Is there anything else?" and I hadn't been asked about Twitter at all till that point -- I'm very active on Twitter -- and was thinking "Could those be?" because in the questions I'd got were specifically questions around my communication with the former First Minister, zooming in on that.

And I so approached the Scottish Government and said "Would these be relevant to the Inquiry?" and they said "Yes, they would be". And then I had to figure out how to download them, because you can't download Twitter DMs, you have to screenshot it. So it took

me -- I had to do all those. And then I did send them immediately over, and hopefully in time for this.

It was not meant to hide anything, it was just I didn't -- I didn't think of it because it wasn't asked of me, and WhatsApps were focused on and I wasn't part of any of those groups.

Q. So was -- the production of the messages was on your own initiative and not instigated by anyone else?

A. It was me thinking "Is there anything else that's relevant related to this?"

I have to also admit that I had forgotten about them. If you see, the last one was dated I think 2020, if I'm in there, and there was -- two years ago. So I didn't even really fully understand it was in there, I had to search and then go find those back there.

Q. Thank you for that.

Just to clarify, you mentioned the use of a particular medium for communication there which was called Slack.

A. Yeah.

Q. Some of the information that we have indicates that a number of the academics like yourself, members of the Covid-19 Advisory Group, would communicate up-to-date scientific information and views on that through Slack. Is that a correct interpretation of the way in which

that particular platform was used?

A. Yes, I think it was introduced because we had too much email traffic. So people wanted to share a new research paper and it was clogging people's inboxes, there was just so many emails. And so the view was made that if you wanted to share things, share it on Slack, to try to avoid the email traffic for -- you know, when you wanted to post a link to something or a thought or they wanted feedback on something. So it was to try to make it more coherent, I guess.

Q. Did that discussion simply involve the academics or was that a forum on which discussions also involved senior officials within the Scottish Government and/or ministers?

A. I don't know exactly who was invited to it, it was like a link to an app that you go into. I think definitely everyone on the Scottish Government advisory group was on it, so that would include probably the CMO, the National Clinical Director. I can't remember seeing any ministerial posts but I don't know who was invited onto that channel. It's kind of like a -- I don't know if you've used it before, it's like a website where you kind of just post stuff to, and people who click that link to that work space can go in and see it. So I don't know who else had access to that work space, if

that makes sense, I would just go on and kind of read what was posted and then respond if I felt I had something useful to say.

Q. In terms of your broad recollection of how that was used, the active traffic was discussion amongst the academics rather than involvement of Scottish Government officials or ministers?

A. Yes, it was active discussion around papers, ideas, yes, and it was -- because it was kind of a group mechanism, I think it was probably 100% work-related, it was used like that for that purpose.

Q. Indeed, thank you.

Could I then look at INQ000398982. This is the bundle of WhatsApp -- sorry, Twitter direct messages that you've just referred to that you provided to the Scottish Government initially, near the beginning of December, and subsequently came to the Inquiry. Is that right?

A. Yes, yep.

Q. Is this all of the messages that you have retained between yourself and the former First Minister, either on this platform or on any electronic platform?

A. Yes, we also had emails, but I've submit those emails as well to the Inquiry.

Q. So just to be clear --

A. We did not WhatsApp, if that's --

Q. Insofar as you mentioned earlier, and I think one can see from the body of these messages, that you refer sometimes to policy papers which you are informing the former First Minister you have contributed to or you have prepared yourself or with your team and you wish to bring them to her attention for some reason, and is your position from your earlier evidence that, as regards those policy papers, those were always submitted by other channels through email to the Scottish Government; is that right?

A. Yes, yes, yeah.

Q. But as regards any other conversations, those were not submitted -- the content of those conversations was simply limited to the Twitter direct message exchange?

A. Yes, and phone conversations as well, because we would often speak by phone about different issues.

So, yeah, it was -- this was kind of like the sharing of me trying to highlight, like, "Paper going in on this or that", her saying "Yes, send it to my email", going into the email, saying "Bit worried about that", and then the phone conversations would supplement it if it felt like there was further expansion needed on a policy paper to understand it fully.

Q. Right.

So the messages that you provided, you helpfully provided here, are dated between 16 May 2020 and 17 December 2020. Is that the period over which you had direct contact with the First Minister or was there a longer period over which you had contact with her, connected to the pandemic response?

A. So there was contact before this, as she said, through the advisory group, we had deep dives where we would meet ministers, including herself, to explain evidence. I think you'll have the dates for those, so I had contact with her through that. And then after this December is when the vaccine started to roll out, so actually, though there was challenges going into 2021, it didn't feel as acute and as dire as 2020 did, and so you'll probably see also the email traffic basically petered out, because -- at that point, because we were moving to a post-vaccine world, and the challenge there was around getting vaccines out, getting uptake, new variants, and so our communication wasn't as relevant in that point, so no, we didn't -- I mean, we kept in touch, I guess, by phone, but it wasn't the same level of intensity, as the emails also show.

Q. I'm just interested obviously on the extent to which you're communicating about the Covid response, not about anything else.

A. Yeah.

Q. So did the contact between you and her continue after that period as far as you talking about the pandemic response is concerned.

A. No.

Q. No. So this is the period that we need to be focused on if one were to wish to know what it was you were discussing?

A. Yes.

Q. This series of messages we think is helpful in highlighting a number of the important events that were happening over this period. This is a particularly important period, as it happens, when lots of things were happening and lots of decisions needed to be taken in which we are interested, so following the messages through is an interesting way, I think, of trying to elucidate some of the positions that were being taken and some of the decisions that were being taken too.

A. Yeah.

Q. So we can see the messages start on 16 May. If we go over the page, this is an exchange between you and her. You referred on the first page to the advisory group though which you had had the previous contact at deep dive meetings attended by the First Minister, which you already told us about. You give her your mobile

phone number in order to offer her support in connection with the response; is that correct?

A. Yep.

Q. Just to be clear, you didn't exchange any other messages with her, although she had your phone number, by any other media, for example text messages, WhatsApp.

A. Nothing that pertained at this point -- would be relevant to here. We had -- I mean, I'm trying to think -- we were not on WhatsApp groups, so -- and we do not have any direct one-to-one on WhatsApp, but I would say all of our communication relevant to the pandemic was through here, email, phone conversations and then the deep dives. So we had kind of four different channels to do it on. And, yeah, I don't think even till today I've had a WhatsApp conversation with her.

Q. Just to be clear -- as you'd exchanged numbers. As regards the telephone conversations which you've explained as sometimes being around the content being discussed here, were, as far as you were aware, records of those telephone conversations ever retained?

A. They were not retained on my end, they were just -- they felt to me quite -- not quite casual but it's, say, "Okay, you've sent this paper in", and then the questioning around the evidence behind it, why I thought certain things were true. Yeah. And -- and sometimes,

and this is where the comment around the personal trainer came in, about mental health and about "How are you coping? This is really difficult". And that's when I talked about exercise, so that's why that came in. Yeah, I think it was really just an expansion on papers to try to understand. I think she really wanted to understand the evidence and the data and what other countries were doing, and if Scotland could learn from those countries to do something better. So a lot of the questions were around who is doing this well, "Who do you think is testing well?" So I remember talking a lot about Denmark, because they were testing four times as much per capita as Scotland and managing to keep schools open.

So that was kind of the tone of the conversations.

Q. Thank you.

As regards the personal trainer comment, just to clarify that, did the personal training aspect of things mean that you had contact with the former First Minister either in person or via Zoom or whatever for that purpose?

A. No. So I should say I've only met her twice in person. Both have been in formal meetings that have logged in government buildings. It was -- I mean, in my book it was a throwaway comment because we had a conversation

about how stressful it was, and I asked her "Are you getting exercise?" Which is a weird thing to ask but I was just saying "How are you coping?" and -- because that's how I coped, it was exercise, and I said I was doing my PT certification. She joked she needed to do more exercise and I'd said "You can be my first client, it will help me build my base". And so that was the tenor of it, right? It was a joke which I put in. Nothing has come it, I haven't had any sessions with her in the park or anything like that. That was the context.

Q. Thank you for clarifying that. We may actually return to discuss a little later some of the stresses on all of those who were involved.

A. Yes.

Q. It's a subject I'd like to look into with you as well.

On page 3, please, you see on 17 May that you mention a few recent articles where your words have been twisted, you find it frustrating. She reassures you and says:

"I fully understand how the media can twist words, sometimes deliberately. I think what you say is very powerful and clear though, and has had a big influence on my thinking."

So this is the First Minister indicating to you --

she's giving you some reassurance, but also indicating that the views that you have expressed through various media -- you were on TV, you wrote an article regularly in The Guardian and in other newspapers I think sometimes, and of course through the formal channels that you've mentioned, the deep dive meetings and everything -- had been influential in her thinking?

A. Yep.

Q. And --

A. Yeah, and I have to say on that it was a challenge, because I did lots of interviews and I did it with the best of intentions of trying to share information, let people know what was happening, and sometimes you got it reported straight and sometimes what you said got convoluted into another message, and it became really tricky because you're trying to -- I was trying to be on an advisory group, stay in the room, stay involved, at the same time trying to do media work, and it was often a very impossible balance to have both in a way.

Q. Thank you. That's a theme which is recurrent in these messages, I think, that you are almost apologetic at times about the fact that you had tried to convey a particular message and it perhaps didn't come across exactly the way you had intended; would that be fair?

A. Yeah, and I'm -- I mean, I admit I was quite naive on

that. So you could give an interview for 20 minutes and explain things in great complexities, as academics can do, and then something will get pulled out and become the headline, and then when she would go into a media briefing they would say "So and so has said this", which would sound ridiculous in that context, and I was like "No, that was in the context of a 20-minute discussion".

So I did struggle, which we can come to, I guess, later on, with how do you engage with the media as an independent expert, where you're trying to convey messages -- and we'll come to schools, where I thought we were very aligned on schools and what we were trying to do with schools, but often the media would try to say, oh, she's being pressured into saying this or she's saying that. And it was hard. And I say "media" because there's -- there's all kinds of journalists and I think some are -- are looking to really try to get to the core of what you're saying and some are trying to create a headline. Which will, you know, make it difficult, in a sense, to keep relationships, where you're trying to say "I'm -- we're all on the same team here, we're trying to get through this pandemic, we're not trying to fight each other".

Q. Can I, as I've tried to do with other witnesses, try to contextualise this particular period, just so those who

are listening are aware of what was going on at this time.

In Scotland by this time, we had had the month before the framework, the four harms framework, set out as Scottish Government's strategy towards dealing with the pandemic and eventually coming out of a lockdown; is that right?

A. Yeah, on 17 May, yeah, we were beginning to emerge.

Q. That had been in the recent past. And in May one of the major things that happened was that the Scottish Government had set out its route map, which built on the four harms document, to try and exit lockdown.

Is that, broadly speaking, your recollection of where we were at this time?

A. Yeah, broadly --

Q. Yes.

A. -- I mean, you know, I haven't looked back to what --

Q. Yes.

A. -- I don't even know what I was referring to here, but I'm guessing it's that time period, yeah.

Q. So you discuss -- we're looking at page 4 here. You're discussing here with her, you say:

"Thanks for your leadership, just to note that small room to manoeuvre, estimated 1,000 to 2,500 daily new cases, sobering to see those figures after many weeks of

lockdown, and while outdoor activities generally feels safe, it feels like public sees this as lockdown lifted and all that comes with, outdoor activities, transport food, toilets can increase transmission, fragile situation ahead."

To which the First Minister responds:

"Yes, I agree and feel very anxious about it. We will continue to be very tough in our messaging and won't be going any further than this for now."

Over the page:

"I've been worried for the last couple of weeks that public already ahead of us on outdoor activity, and so formally allowing some of it at least enables us to try to put some 'rules' around it on transport, distancing etc that many will follow. But, yes, fragile. Many thanks for your continued advice."

And you say:

"Yes, I can understand that, as much as Scotland can chart its own course & develop its own testing, tracing and local data systems & public health response, the better. England is going a dangerous path on Monday with even its science advisors speaking out now."

I wonder if you can help us contextualise where we are here a little, in the sense that you are -- there is a degree of caution, I think, on both of your parts at

this time, this seems to be quite a pivotal moment; is that correct?

A. Yeah, of course. I mean, we were facing, if you remember, at the time, across Britain, thousands of deaths a day, healthcare workers were at, you know, burning out point, and it felt like England was just trying to lift very quickly without having the structures in place to make sure you could still suppress, and so it was worrying, and I probably have said the exact same to -- down south to people in England as well.

Q. So your perception of -- we've heard other evidence about what was going on in the UK Government and what subsequently happened in Scotland at this stage, but your perception here was that your view was that the path that England was about to go down was the wrong path, and that you mention here that Scotland had its own powers to have certain systems within its control. Was your intent here to try and convey the message that Scotland needed to proceed more cautiously than the English plan had set out?

A. Yes.

Q. Thank you.

If I could just go over the page, there's some discussion -- this is on page 6 -- there's some

discussion there at the top. This is on 4 June, so slightly later, another exchange:

"I've done a note for the CMO we're discussing in our Scottish group ..."

That would be the Covid Advisory Group that we've referred to?

A. Yep.

Q. "... on key steps to managing outbreak in Scotland looking forward, happy to share a draft, don't want to overstep or break protocol."

What was your concern there?

A. I didn't want to be seen as overstepping in terms of actually sharing an actual policy document. I mean, in some ways actually, if you read through it, the public communications I was doing seemed to be more influential on her thinking than what I was saying in the policy documents. But yeah, I just -- I mean, in some ways I am new to how things are run here and I didn't want to be seen as breaking some kind of rule and being, like, "No, no, you shouldn't do that", so that was why I --

Q. Yes, yes, of course.

To which she says:

"That'd be very helpful, don't worry about protocol, tackling the virus more important than that and I'll handle any issues on that front. You can send it to me

privately at ..."

And she provides two addresses, one of which is an SNP address; is that right?

A. Yep.

Q. Which of the addresses would you use when corresponding with her by email in the way that you had said?

A. I would say guess both, hopefully. I don't remember, I'd probably use one or the other. My sense anyways was both were being read by everybody. I mean, the notes I sent in were circulated, I think, among the top team, so they were not -- I don't -- I didn't think of them as private documents. I saw them as, once you email to that kind of address -- I'm sending it from my university email, which is a public document as well. Yeah, so I can't recall, but I wouldn't have made a distinction trying to think: oh, that's a private route, that's a public route. I would have --

Q. Yes.

A. -- just sent it.

Q. Yes. You didn't know any different between one address and the other, and there's no -- she's giving you either to use?

A. Yeah.

Q. I understand.

So over the page, please, page 7, just the end of

that message you see it says:

"Either way fine by me."

Which I think is indicating either email address would be fine; is that right?

A. Yep, yep.

Q. "And also for future use if necessary you can contact me directly."

And I think she provides there her personal mobile phone number; is that right?

A. Yep.

Q. "Feel free to do so if you think there's anything I'm not aware of or not adequately taking account of or just getting wrong. I'm extremely anxious about the fragility of the position just now, so very grateful for any advice. Many thanks."

So there the former First Minister is encouraging you to get in personal contact with her to assist with the pandemic response, in particular in light of the fact that she, like you, sees this as a pivotal moment?

A. Yeah.

Q. Thank you.

If I could go to page 12, please. I should say, Professor, I am picking messages here which I think are of significance to the scope that we are looking at and some important exchanges. If there are any other

aspects of this which you feel we should be looking at -- I'm not in any way seeking to exclude any of the messages at all -- I'd happily look at any of them, but I'm doing it for that purpose, to try and focus on things that are important to the way that we are analysing matters.

If we go to page 12 of the document, please, you say -- this is now 18 June, and you say there that you're working with a couple of other senior public health experts in Scotland on an "exciting and feasible plan for elimination in July, will forward on as soon as it's ready", and then Ms Sturgeon says:

"We'll be very keen to see that, thanks."

Now, as you might anticipate, what I'm interested in in that regard is: this is an early mention of the word "elimination". We have talked with other witnesses about the extent to which, at around this time or slightly later, Scotland adopted a policy of what is sometimes called elimination, sometimes called zero Covid, and I'm interested in understanding what your role was in that.

Broadly speaking, is it fair to say that you were keen on pursuing elimination?

A. Yeah. Can I explain the logic at the time?

Q. Absolutely, please do.

A. Okay.

So we're in summer 2020, this is June, we've just been through months of very harsh lockdown to get numbers down and we have -- are starting to see a move from community transmission to clusters to isolated cases, with handful of cases out there. In July, going forward from this, we had no deaths from Covid for two weeks, we were facing days of testing, finding four, five cases, six cases. Alongside this, we had antibody studies released around then which showed that roughly 5% of the Scottish population had been exposed, in the cities. So in rural communities, island communities, that's probably 2 or 3%.

So we've already faced a huge death wave, a harsh lockdown, we faced the prospect if numbers go up of a large susceptible population, most people have not had Covid, and we also know by this time vaccines are on the way. The UK Government is contracting with Pfizer, AstraZeneca, Moderna, Sanofi, I can go through them, there's about eight contracts out, and these vaccines are showing promising results. By that point we had promising results in animal trials, I think phase 1 had been finished, we were into phase 2.

And so in my mind, and along with colleagues, was we could have a vaccine within months and that could save

thousands of lives, and we are so close to actually being able to eliminate this. And to be fair, my colleague Dr Kenny Baillie at the university did genetic sequencing studies and showed the first strains were eliminated, like, we did it in Scotland. The problem is we re-imported new strains, and so that's why the note we did said -- and this is maybe a mistake I made using the word "elimination". If I had used "maximum suppression", we probably would have gotten alignment. If I hadn't said "zero Covid" -- because I understood zero Covid as how we talk about, in global health, vision zero. Sweden's approach to road traffic deaths, stop TB, end malaria, zero -- you know, stop TB. We use these titles and campaigns to say we don't accept a spread of this disease, we try to deal with it and reduce it.

And so that was what I was trying to convey, it was saying that we have a chance here to hold and wait for a vaccine in an optimal position and actually have a payoff from the sacrifices made and avoid a winter lockdown, which is what we were facing, it was clear, if numbers went up, there was enough people susceptible, we would repeat that same mistake we had in the first wave.

And I know it's been heavily criticised, people say it was, you know, blue skies, but the truth is for me

elimination was elimination strategy, how do we drive to zero, and I have to say at that time the debate in England was about an acceptable number of cases and staying within NHS capacity, let's just kind of float cases, and that seemed to be egregious given we had a vaccine around the corner.

And I will say, looking forward, because I've been involved in that for lessons learned, that I don't think anyone is talking about living with avian flu or living with whatever it might be next, a MERS outbreak. The whole focus now is what's called the "100 days challenge", it's within 100 days that you have a vaccine, a treatment or some kind of therapeutic.

In the United States that's been translated into 130 days till the entire US population is vaccinated and 200 days till the world is vaccinated, that's where the US Government planning's going.

And so in that 100 days, nobody is saying we should accept spread; they're saying: maximum suppression, we need to hold.

So I understood when Covid emerged there was debates over: will there be a vaccine? That maybe at that point you could have accepted spread, you could have said it's inevitable, that's -- it's a disease and it's gone. But to accept it when you knew vaccines were around the

horizon, you knew the deaths that entailed, and I worked on schools -- we can come to that -- very closely, you knew that we had to get kids back to school, keep them in school, and that meant keeping Covid at a low level.

It felt like this was the time to push for it and it seemed feasible. And if you read the elimination plan I put together -- which I've submit and went through the advisory group -- it wasn't saying lockdown, it didn't even mention the word "lockdown", what it mentioned was extensive testing, we had a lot of unused testing capacity in Scotland, so I was like: we should be testing much more.

It mentioned borders and imported cases and travel and tourism and worries about the return of the university, and it mentioned cohesion across the four nations and actually getting England to come along with this plan, which was the main area at that point.

So I think when people say, oh, this caused indefinite lockdown or this caused harms, that wasn't -- were saying, it was trying to capitalise on all that we had done to get to such a good position, and that's why when the winter wave came and the winter lockdown and the numbers went up, it was predictable and it was really depressing because in January vaccines rolled out and you think: how many of those people would have

lived, had they just been able to delay infection by two months, a month? That was how close it was at that time.

Q. So your position -- thank you for that. Could I make another -- repeat my plea on behalf of the stenographer?

A. Oh, slowly.

Q. And also, frankly, on my capacity to take in what you're saying. But if you could just speak a little more slowly, we'd very much appreciate that.

So your position at this time was that zero Covid or elimination was the goal, and you thought it was achievable, and I think you said that your colleague has demonstrated that, as far as the original strains were concerned, Covid -- the original strains were eliminated, so Scotland did achieve zero Covid by that standard?

A. Yes.

Q. There is, I think, a potential issue around the question of the language used of "elimination" and "zero Covid", in particular the way in which that is released to the public, and what that -- the perception of that might be.

Is it -- do you think it's fair that -- well, first of all, did you understand it to be the policy of the Scottish Government at this time to aim for zero Covid

or elimination?

A. Not in their -- what they were actually doing, no. Right? Because we didn't have any checks on cases coming over, we had no cohesion with England on a plan, and so I think it was -- it was nice to have this message to say: as low as possible, let's push incidence down. I don't think anyone would ever say publicly we adopted a zero Covid plan. And I have to say that was a mistake, and I'll hold my hands up. I think whenever I said "zero Covid", people would say, "Zero cases of Covid?" and I said, "No, we're trying to reach a world of zero Covid", like we try to reach a world of zero cancer or zero road traffic incidents, and saying we don't accept and live with diseases and causes of death, we try to reduce them.

Elimination as well, because people would say "Elimination is impossible", and I'd say, "Okay, it's an elimination strategy", and they wouldn't understand that, so I'd say, "Okay, maximum suppression".

So if you read through these, you could see I changed my language to -- we're all talking about the same thing, it's just different language, and I would have said "maximum suppression", which is: get those cases down and communicate to the public that we are doing this because vaccines are on their way in a matter

of months, and that's the messaging I tried to do as well to people: postpone Christmas by a month, you'll have many more Christmases in the future. But it didn't come across, I know, in that language.

Q. So ultimately zero Covid or elimination was a target, an aspiration, and even if it were not achieved, if efforts were made towards it, it would achieve suppression of cases and the virus, which could only be a good thing?

A. Yeah, shoot for the stars. Right? And you try to get -- you save as many lives as you can. And to be fair, the countries that have come out well in terms of their excess mortality, as well as their stringency index, as well as their economies, did go for maximum suppression, which I'm saying why in the future going forward, the template that governments are using, including Britain, is this hundred-day plan, which is: we assume in 100 days we will have some kind of breakthrough, we're preparing MRNA platforms, diagnostics, you know, we have so many ways to create tools. And then the question becomes: what do you do in those 100 days, and how do you avoid the loss of freedom, the loss of livelihood, school closures in those 100 days until you have a product?

So this was, I guess, my attempt at trying to bring

this into the discussion. And I wasn't alone, to be fair, I mean, there were colleagues across the world who were also saying "You're not a Dakar, you're not a Seoul, you are Scotland, you're 5.5 million people, your biggest city has 600,000". In the context of the world we are a small country, we are a high-income country, we have good economic security nets. So in global health we are in a privileged position.

So that's the way I was seeing it, though I can see it was not a long-term plan to say "no more Covid forever", it was: let's reduce Covid until we can roll out a scientific breakthrough.

Q. Could we look at the statement, please, at paragraph 142, just to jump away from this at the moment.

A. Yep.

Q. Page 23. Do you tell us there, around about this time, slightly after the message you were looking at:

"On 30 June 2020 I was quoted in an article titled 'Scotland could eliminate coronavirus if it were not for England' ... In this article I offered my opinion that there seemed to be two different approached to managing Covid-19 in England and Scotland. The Scottish strategy seemed to aim for maximum suppression while keeping cases of Covid-19 at really low levels. England's

approach appeared to be to keep Covid-19 within NHS capacity and try to get back to normality as soon as possible. In other words, Scotland was looking to suppress Covid-19 until a vaccine was available, while England seemed to be focused on how to live with Covid-19 before mass vaccination."

You mentioned a moment ago the difficulties there were in achieving consensus.

A. Yeah.

Q. Did you think that this article and your contribution to it helped in that process?

A. No, it didn't, but I should say that when you talk to journalists you don't know what actually the title's going to be, you don't know what you're going to be quoted on, you don't know what's going to be in it, and if you actually take away the title -- and I went back to read the article -- I actually was emphasising that we needed to have cohesion across the approaches. And if I'm honest, I was really frustrated with not understanding England's strategy because we are linked together. And so it does seem to me so clear that, given the levels of immunity, given the level of death, given that we didn't want to have another lockdown which was catastrophic in terms of, you know, the harms that raised, why you wouldn't go for maximum suppression and

just try to kind of simmer Covid within a level. It just doesn't work when you have such a large susceptible population.

So, yeah, I mean, you could make a whole book about all my missteps with journalists and articles and media coverage, but I guess the point was being: we didn't have consensus and I really felt we should have consensus, because it seemed clear to me what should be the steps going forward and -- yeah.

Q. I think the messages show, without going through them all individually -- please tell me if I've got the wrong impression -- that one of the subjects you discuss regularly, although the messages are relatively irregular, with Ms Sturgeon is the very fact of the difficulty arriving at some sort of consensus. Even putting some sort of four nation effort into a slogan as to what we're trying to achieve seemed to take months. So you were aware that there was no consensus, and indeed your interpretation of your contribution to the article indicates that you were aware of it.

As a result of that, was it not your assessment that it was inevitable that zero Covid, understood in the sense of there being no Covid at all, was unachievable in light of the lack of consensus?

A. Yes.

Q. Therefore does that mean that if people were -- do you think it was reasonable that people took the impression, when "zero Covid" or "elimination" appeared in the media, that what Scottish people thought was that that meant that Covid is going to be over soon?

A. Maybe. I don't know how it's interpreted. It wasn't -- maybe we should have communicated it better, that we're trying to suppress until a vaccine, and I think if we had -- hopefully not in our lifetimes but a future pandemic, that that is the language that you'd give. You'd say -- imagine avian flu starts human-to-human transmission, you would say to people, "We are trying to keep this at very low levels, it's very deadly, until we have a scientific breakthrough which protects you from this", and maybe that should have been the language in the summer.

I think we got there in November, if I remember, then the messaging was around "The vaccines are coming, hold out". But it was -- it was very difficult in that period because the messaging was: get back to the office, get back to normality, you know, Eat Out to Help Out, you know, all these things which tried to give people a sense of, you know, the problem is over, where I was actually trying to say the problem is coming this winter. I mean, that was the worry, a winter lockdown,

which is what we were trying to avoid, and a winter lockdown would be triggered by the NHS getting overwhelmed. The NHS gets overwhelmed if you have too many people infected with Covid, and too many people get infected with Covid if you have no testing in place and people mix and you have a susceptible population. So it was just a logical kind of backstep of: how do we avoid this, working backwards.

And so ... yeah, and I think in terms of learning lessons, we should be learning not only in terms of the lives lost but how we avoid those kind of lockdown measures, and that was -- part of my learning is, like, how do we do both? And, okay, this is a way we can maybe do both for the next couple of months.

Q. In circumstances where, if it were to be the case that people in Scotland thought that that message meant that Covid was over, was about to be over, do you think that it was predictable, if people thought that, that people might think to ourselves: let's go out to the pub, let's go to the restaurant, let's book that Spanish holiday?

A. Yeah, that might have been an unintended consequence. I don't -- I mean, obviously it was not what I intended or wanted to happen. I think it was the idea of: we have a window of time where we can contain and have a breakthrough. And if you go back to that letter that

I wrote with colleagues to Dr Calderwood in March, we do mention vaccines. We say in that the first trials have started. I'd worked before that with CEPI, with Gavi, the Vaccine Alliance. There were about 200 trials that started in January and by, you know, April it looked pretty good. I mean, by that summer Sarah Gilbert, you know, one of the people who created the Oxford vaccine, was saying 80% effectiveness. So for me that was like, oh my goodness, we're going to have not one but multiple vaccines. Sputnik, the Russian vaccine, was approved, you know, quite soon after that summer.

So I think that's where it was really coming from, and everything, it was that: we have a chance for a scientific breakthrough, and we've done this. Humans are remarkable at finding scientific solutions, whether it's HIV, measles, malaria, polio, smallpox. You can go through the range of things we faced, we have found some way to defang them or make them less deadly. And so when we knew that was around the horizon, to try to get back to normality seemed to me wrong.

But then you're saying, I guess, zero Covid might've prompted people to get back to normality, so it was an unintended consequence if that was what happened. I would never have wanted that, clearly.

Q. Because we do know, at least as regards my reference to

the Spanish holiday, that the second wave was predominantly caused in Scotland, if not exclusively caused, by people who took holidays in particular to continental Europe and Spain because genomic sequencing has shown that the variants that then became the drivers for the second wave were ones that originated in continental Europe; isn't that right?

A. Yeah, and I mean, I did do a New York Times piece that summer saying "We're going to pay for our summer holidays with winter lockdowns", it's exactly the title of the piece, and the point being that: what could we do about it, though, right? So you're thinking: okay, we could've tested. I think that the main challenge, I think, is we didn't accept there were trade-offs. There were trade-offs in a pandemic to try to save lives. Some countries traded off privacy, that was South Korea with their testing and tracing; some traded off international mobility through closing their borders; some traded off -- you know, you could go through it. And it felt like here people wanted everything and they were angry that they didn't have everything. And so my point is, again, if you have to put brakes in the system to slow this, where would you put the brakes? You don't want to put them into schools, kids need to be in school. You don't want to

put it into even people's livelihoods, you know, pubs, daily life, that's the bulk of the economy, consumers, I mean ...

So I thought, well, where would you put the brakes in? It's airports and travel and borders, which is why I was talking about that issue, because I thought: yes, there's reduced international mobility, but there's reduced international mobility anyways because everyone's stopped travelling, so the airlines are anyways hurting. Put in place testing regimes, and they were asking for that as well. I mean, the air -- I did -- you probably have the evidence from the Parliament committee I did on travel, and actually airports and airlines were asking for testing regimes, for more kind of alignment across countries about travel.

And so that's a real shame, looking back, to think we had that window of opportunity and we didn't act on it, a way to avoid a winter lockdown. I just thought: wouldn't you rather have kids in school, be able to go about your daily life and have all that, but if you want to go abroad it's a bit more difficult for a few months, rather than have what we had, which is kind of like the NHS at breakpoint, health workers burning out, thousands of people dying, and you end up in a stay-at-home

lockdown? It's like the whole system collapses if you didn't make that choice early on, so that was kind of the logic, at least my thinking, going into it.

Q. Thank you.

There isn't a lot of discussion around this time and it goes -- the messages go on along this vein, you're pushing your view of maximum suppression or elimination, whatever you call it, and is it fair to say that that was a message to which the former First Minister was very receptive?

A. Yes.

Q. She --

A. She could see the logic.

Q. Yes.

A. I mean, I laid it out as logically as I've tried to here, and we all wanted the same things, and I do believe she did want the best for the -- for as much as she could control for the Scottish and the British public of trying --

Q. Yes.

A. No one wanted to see the deaths.

Q. You mention "as much as she could control"; there isn't in these exchanges, from what I can see, trying to read it as fairly as possible, an awful lot of discussion about borders. You've mentioned the fact that borders

might well have been something or would have been something you should have done if you were pursuing a maximum suppression strategy, and that that didn't happen, and I think we're agreed on the fact that that was the major contributor to the second wave, which is precisely what you were trying to avoid.

Why is it the case that you weren't saying very much in these messages about borders? Was it because you understood that was not within the First Minister's control?

A. Well, that's what I understood, and also we had a land border, so people would just fly into Manchester and Newcastle. I mean, the idea that, you know -- we've already seen -- I talk about this with the whole red list. If someone is flying, for example, into the States from China, they couldn't fly. This is what former president Donald Trump did. What they would do, they would just connect in Europe and they'd fly from London, then they're not flying from China.

And so I guess the point being that without England coming along and saying, "Oh, actually, yeah, we like this plan, let's do it for the whole island, as a whole", it would be impossible just to -- if you just limited Edinburgh, Glasgow, you know, the major airports here, all you do is drive traffic into England and

people would just take the train up.

So that was, I guess, the logic, but if you look at the actual elimination document that I mentioned, we do mention borders quite -- there. And I did mention it so much that I was called xenophobic at points, and so I think if anything I probably overstated the case, and I was saying it's not xenophobia. I mean, who am I to be xenophobic? I'm a foreigner in another country. It was more the point that: where do you put brakes in the system to slow and delay spread in the least harmful way? And for me the airlines were anyway suffering, I don't think many people were travelling, they were trying to stay home and stay safe. So how do we go into autumn in the best position possible, and schools, in my mind, very, very apparently, that we wanted to keep schools open, which meant we had to have levels of infection quite low.

Q. Should the Scottish Government have done more over this period to try to work towards your goal of maximum suppression?

A. Yes, I would say, I mean, I think in the messages with the former First Minister you can see she was aligned on it and she was trying to push it, from what she says in those messages with COBR, with those down south. I was trying to push it down south, I had meetings with

Patrick Vallance, I wrote Chris Whitty, I went in front of the COVID Recovery Group and made the case as well for why I thought this was the best for economic recovery for the country. So I think in a sense I did what I thought I could do to try to advocate this and put the logic forward, but I don't know where it went once it goes into that system. I brought it up in the Covid Advisory Group multiple times where it was debated, and ... yeah, I don't -- maybe that is a lesson, if you think I should've done something more I can learn from that, but I felt I did what I could to kind of get the message and the information, the data out into the system and then you kind of have to let it go because that's in the end a political decision that's beyond me.

Q. As far as the Scottish Government's actions are concerned, am I correct in understanding your evidence that one(?) should in your view have done more is done more as regards the border, the external border, if it was competent for it to do so, and done more testing over this period; is that right?

A. Yes, and --

Q. Are there any other things in the strategy that it should and could have done to try to pursue that strategy more than it did?

A. I think we needed to have more cohesion with England. I don't think it makes sense to have us going in such divergent approaches. We needed to have some kind of consensus that we're all going forwards the same goal, at least, in the same kind of -- on the same timeframe.

Q. Yes.

A. So that I think was a challenge.

Q. Thank you.

To move away from the messages and this for one moment, there's one other area I'd like to cover with you. In both your book and your statement -- it's at paragraph 186 -- you explain some of the experiences that you had in your role as a public figure who provided media in relation to the Covid response but also your role as an independent expert adviser, and in the book and in the statement -- in the statement you say, paragraph 186:

"... I am passionate about my work in global public health and I felt I had the correct expertise to contribute to a more effective response. However, it did come at a major cost. All members of the Group contributed a significant amount of time on a pro bono basis. I also have been subject to public abuse, death threats and online conspiracy theories."

I was interested to try to understand what those

experiences must have been like, in particular in the context of the responsibility of this Inquiry to try to consider recommendations as to how to encourage people like yourself to be part of advisory groups on a pro bono basis, as you were, to try to maximise the efficiency of any response to a future pandemic.

A. Yeah, it's a really -- it's a tricky area. I've thought about it a lot, I reflect on it in my book. Because I got involved because it was literally about life and death. I got on to the media at a time when I felt that people were confused, they didn't know what to believe, and I knew what experts were doing. Experts were moving their families to remote islands, they were moving to country homes, and they were pulling their children out of school, and they were protecting themselves and their loved ones, yet that message wasn't reaching the public. It seemed to be this divide between what -- not just here, around the world -- experts were doing to prepare and what the general public knew, with governments underplaying it.

And so, yeah, I stepped up and I tried to provide honest information to the public on the risks, on what we knew about it, on what other countries were doing. I tried not to be alarming, I tried to be always factual, but I felt they deserved the same information

that we had and the same chances of protecting their loved ones.

And it's not -- I should say at the time that people did think this was something just about the elderly and it wasn't. I mean, in the United States a quarter of the people who have died are under 65. I have had people my age die in India because they couldn't get to hospital to get fluids and oxygen. This is a serious disease, and I felt like that was why I put myself out there. And it has been rough, I have -- I won't go into it too much, but I have gotten death threats, I've had racism, sexism, homophobia, you name it, xenophobia, and I've taken it because I think the bigger idea is that we try to help each other and do good, and I stay true to that.

But it's not about me any more, because I lead a team of researchers at the university, post docs, PhDs, master's, about 75% are young women, they don't want to go near government service or the media, they've seen too much. And it makes me sad because I've done my tour of duty, I've done my service, my book ends by saying, you know, I'm on to my next things, but who's going to step up next time? And I don't think, seeing how it's gone, that others will be willing to do it, because the cost is high and the benefits are low.

Academia is orientated around the grants you bring in, your research income, your teaching and your publications, what are your citations? That is how you get promoted, that is how you make your career. Sitting on government panels is seen as, you know, great that you've done it; media work is completely seen as irrelevant, I would say. And so why would you do it, given the costs involved?

I did it because we were in a pandemic and people were dying and I just thought it was too important not to speak up. My sister also works on a Covid ward in New York City, she had seen everything before, you know, we were hit slightly after them, and all of that, and I just felt: you've got to speak up if you're going to speak up. But would I do it again? As I said in this thing, I don't know if I would, knowing what I know now. And I don't know -- have solutions. It's not Britain specific. This is true as, I say in my book, of Netherlands, Germany; United States is even worse, there you're afraid of being shot, at least here you're only worried about being stabbed. And, you know, Australia, the same.

So I don't think it's British-specific or UK-specific. This is a general problem now. Also with the online misinformation where people can share

something which gets shared 4,000 or 5,000 times and becomes the truth because it's been shared, I don't know what you do about it. That's, I guess, something I hope I'll learn from you guys, because I'm pretty stuck on solutions. I can see the problem, I just can't see a way forward.

Q. Thank you.

Were you offered support by the Scottish Government to try to deal with these distressing situations in which you found yourself?

A. Yes.

Q. And did you find that adequate?

A. I didn't take it up, actually, so I don't know what was there. I know it was always there, the offer was made, but I think in these kind of instances you just have to kind of stick close to your values, your family, your friends. And, as I say in my book, everyone I've met in person has been absolutely lovely. We can debate -- I think that the line is we can have healthy debate over how you manage a response, what is acceptable loss of life, what are impositions on people's freedoms. But I think when it gets into mud-slinging, you know, name calling, threats, hate speech, that's when it's crossed the line. And I think unfortunately in a democracy you have the healthy debate, but then it moves into

sometimes the more toxic elements of it.

Yeah, most of us academics, we just want to be in our offices reading and writing, and for me being out in the field, so I'll go back to that quiet life and kind of leave this hopefully for the next generation whenever we have our next crisis arrive and help.

MR DAWSON: That seems like a good place to conclude.

Those are my questions, Professor, thank you very much.

There are some additional questions from core participants.

LADY HALLETT: Ms Mitchell.

Questions from MS MITCHELL KC

MS MITCHELL: I'm obliged to my learned friend who's asked a number of questions that Scottish Covid Bereaved wished to be asked.

I am instructed by Aamer Anwar & Company to ask questions on behalf of the Scottish Covid Bereaved.

I appreciate it is difficult, but we're very much limited by time, and quite properly so, so could I ask you simply to try and keep your answers as concise as possible so we can hear what may be important answers to questions that you have.

You wrote a Guardian article, I don't need it brought up, but for the Inquiry its INQ000335963, and in

that article you differentiated between the way the Scottish Government dealt with making decisions and the UK Government, and you said the Scottish Government's approach was different because in making the decision to bring critics into the room this helped diversify the views and avoid groupthink; and I think we've already heard about your lively debates in that regard with someone else who was involved in the process.

How were you aware that there was no one in the UK Government providing these critical views?

I suppose I've listened to your evidence this morning and, in the same way that you were communicating directly with our First Minister, it's probably the case that other scientists were directly communicating with ministers down south; might that be the case?

A. Yes, I guess it's me comparing -- I was on a UK Cabinet Office advisory group as well as -- you know, I was quite critical of both governments, I should say. I did an interview with Politics Scotland on the Sunday, I think March 14th it was or the 15th, and was very critical about how things were going. And the difference, I felt, was that the Scottish advisory group invited me on and said "Stop throwing stones and help us build a response, if you really think you can help",

which is a real challenge. It's easier to be outside throwing stones, I'll tell you that.

Then on the other side, you know, I -- same, you know, push to UK Government, I offered to come in to help, colleagues did as well. I heard the evidence of other colleagues who've sat on SAGE and other groups, and they were kind of more blocked if they felt their message wasn't being heard. And so I feel that was the comparison I was trying to make which is: I thought if someone's saying "That's going off", you can invite them in and say, "Well, how do you think we should make it better?" Then you actually at least get a healthier debate, where I felt that did not happen with the UK Government. On the group I was on, it was very apart from decision-making, we were several layers away.

Q. Well, you may have been so concise you've answered my next question, which is: who were the critics in the room? I suppose your answer to that was "me"?

A. Me and others as well, I mean, you're going to hear from others this week --

Q. Indeed.

A. -- that I know. So I think, yeah, it's a smart lesson in public policy that if someone's criticising you, you get them to help build, because then you get a better response and you also quiet them because they're

responsible as well in terms of trying to do something better.

Q. To provide solutions rather than just point out problems?

A. Exactly, yeah.

Q. I'd like to move on to another question now. This is quite a broad question, but I am going to focus it much more because I fear that if I was to ask you the original question I was granted leave, it's enough for a PhD.

In your evidence this morning you've talked about mistakes at a UK level, and I've noted quite a few of them. If I might highlight those, they include failure to look at other countries, you talk about a lack of humility; cynical fatalism, that we moved too quickly from containment to mitigation; the issue of border measures, you spoke of the examples of other countries, Norway and Australia, limiting influx in testing; you said we were too late in pursuing the testing strategy; that our messaging to go and stop was perhaps not the correct communication; and also failure to have multidisciplinary fields working together, so I suppose cross-pollinate ideas.

Against that background I would ask you to consider -- on the basis, I suppose, that this Inquiry

wants to learn lessons and see how it can do better in the inevitable next pandemic -- what, if any, one mistake was specifically made by the Scottish Government in their handling of the pandemic that we could learn lessons from and do differently in the next one?

A. I think the biggest mistake was around testing, and that affects so many issues, in the February/March period, that we didn't have a testing strategy, capacity, capabilities. I think that, and then linked to that, I would say, I'm thinking of what's kind of devolved, like NHS Scotland, they didn't have adequate PPE. This was a huge issue for at least, like, my medical students who were working on wards and didn't have appropriate protection.

So I would say, I mean, the big lesson -- this is why the countries did start running with testing even from mid-January -- is you need to have a testing system up, because you need to know who's infectious, and if you know who's infectious then you can avoid others becoming infected from that person, and I think we were very late in Scotland as well on that. I guess you'll hear about why, but that I'd say was the biggest failing in the early days.

And can I also offer my condolences to the bereaved and those who have lost loved ones.

MS MITCHELL: My Lady, those are my questions.

LADY HALLETT: Thank you very much, Ms Mitchell. That completes the evidence?

Thank you very much indeed, Professor, very grateful to you. As you may know, I've heard about the kind of abuse that experts like you have suffered, from amongst others Professor Sir Chris Whitty, and it's dreadful. I know how distressing it must be, and as you say the impact on people: why would they bother in future to help the country help prevent future deaths? So it's absolutely distressing and on many angles, but I am afraid you can't look to me for an answer because I've had to put up a similar kinds of abuse and I don't know the answer. So all we can hope is that people like you continue to feel that public service is worthwhile.

So thank you very much indeed.

THE WITNESS: Thank you.

LADY HALLETT: Right, I gather I now have to rise because our next witness has Covid.

MR DAWSON: If I could just explain that the next witness is Professor Andrew Morris. He does indeed have Covid. Fortunately for our purposes arrangements have been made for him to appear remotely. I understand that this means that there'll be around 20 minutes to set that up, and we will return and hear his evidence.

LADY HALLETT: Indeed. I think one also needs to remember, having had Covid more than once myself, one does get very tired. I mean, one thinks one's going to be okay, and I gather the Professor thinks he'll be fine, but I think we need to make sure that we really restrict our questions to those that are absolutely essential.

Very well, I shall return -- you're going to tell me 3.05? I think you are. Yes. I was hoping I might get away with 15 minutes, but I can't. 3.05.

Thank you again.

THE WITNESS: Thank you.

(The witness withdrew)

MR DAWSON: Thank you, my Lady.

(2.45 pm)

(A short break)

(3.05 pm)

LADY HALLETT: Professor, it's rather strange having you on a screen in the witness box. I don't know if you know where you are in our hearing room.

MR DAWSON: The next witness is Professor Andrew Morris, my Lady.

PROFESSOR ANDREW MORRIS (sworn)

(Evidence via videolink)

Questions from LEAD COUNSEL TO THE INQUIRY for MODULE 2A

LADY HALLETT: Professor Morris, I'm really sorry to hear

that you've got Covid, and I imagine how you might be feeling. So we're going to take breaks that you've asked for, but please just say if you find that your brain is getting fuddled, because obviously we don't want to make your condition any worse. So you're in control, okay, just tell me when you need a break.

THE WITNESS: Thank you, my Lady.

LADY HALLETT: We will be taking breaks, if you don't tell us, but just tell me if you need any extra ones.

THE WITNESS: That's kind, thank you.

LADY HALLETT: Mr Dawson.

MR DAWSON: Thank you, my Lady.

Can you hear me okay, Professor?

A. Perfectly.

Q. Thank you very much. If you have any difficulties with hearing me or documents, please feel free to say so, and we'll do the best we can to get through the evidence.

You've provided a number of witness statements to the Inquiry. The first statement is dated 14 November 2023. INQ000346264 should come up on the screen in front of you.

A. I can see that.

Q. That is your witness statement?

A. That is correct.

Q. And as far as you are concerned, do the contents of that

witness statement remain true and accurate as of today's date?

A. They do.

Q. You also provided a questionnaire response dated 17 October 2022 under reference INQ000056491. Is that your questionnaire response dated that date?

A. It is.

Q. Do the contents of that document remain true and accurate as far as you're concerned at this date?

A. They do.

Q. You also helpfully provided us with a Scottish Government corporate statement in your capacity as the chair of the Scottish Government Covid Advisory Group dated 23 June 2023, under INQ000215468. Is that your statement in that capacity?

A. It is.

Q. Do the contents of that statement remain true and accurate as of today's date?

A. They do.

Q. I'd just like to run through some brief details of your history, Professor. You are a medical doctor?

A. I am.

Q. You graduated from Glasgow University in 1987 and pursued a career in hospital medicine as a physician, initially in Scotland and then in Cornwall; is that

correct?

A. Correct.

Q. Later you moved to -- you trained in diabetes and endocrinology as well as clinical pharmacology as a university clinical academic; is that right?

A. That's correct.

Q. And you were initially affiliated with the University of Glasgow between 1990 and 1994?

A. That is correct.

Q. Then the University of Dundee between 1994 and 2014?

A. That is correct.

Q. And while at Dundee you were appointed as a consultant physician in NHS Tayside in 1996 as professor of medicine in 2004 and, latterly, the dean of the medical school at the University of Dundee in 2012, is that --

A. That is correct.

Q. In 2014 you moved to the University of Edinburgh as professor of medicine and vice principal data science, and as an honorary consultant physician in NHS Lothian; is that correct?

A. That's correct.

Q. Is it correct to say, Professor, that your main area of research has been in health data research since 1996?

A. That's correct.

Q. I understand that initially in the field of diabetes you

built multi-professional teams who used information technology and data science, and that perhaps in subsequent years your interest in data science has widened out to -- broadly across different NHS fields; is that right?

A. That is correct.

Q. I understand that you were seconded to the Scottish Government as Chief Scientist (Health), a post about which we have already heard some evidence, three days a week between the years of 2012 and 2017?

A. That's correct.

Q. In that post, you tell us in your statement that you led programmes that used data in a trustworthy way for the 5.2 million citizens of Scotland. I wonder if you could tell us a little bit more about your work relating to data in that position.

A. If one looks at the best health performing -- best performing health systems internationally, they are characterised by whole-system intelligence, the ability to use data to optimise care, to improve public health, to manage the health service, to augment clinical trials, and also to perform new innovative research such as artificial intelligence.

This requires seeing data as infrastructure. In my role as Chief Scientist I worked with partners across

Scotland to develop reliable and trustworthy data infrastructures to enable research at scale on up to 5.2 million people.

Q. Thank you.

When you left that role, having worked on projects relating to data in 2017, can you tell us whether you consider there to be issues, in a broad sense, with the way in which data was accessible relating to health matters in Scotland, and if so what your understanding was of how those issues were being addressed?

A. We made good progress in Scotland in many respects, and that was through collaboration and partnership between policymakers, NHS, academia, and, most importantly, the publics. And that allowed us to create systems of what I call whole-system intelligence.

So we had made good progress in how we collect data, manage it, share it, link it, access and analyse it, and that was used not only for patient care but, importantly, for biomedical research.

However, in my view, we were still in the foothills of where we needed to be, so that those data could be used in a far more agile and real-time way to derive new research insights which could improve people's lives. And I think this was demonstrated -- this was demonstrated at the start of the pandemic: the need to

have this data as infrastructure to create new insights so that information that was useful to policymakers and system leaders could readily be available.

Q. By the time the pandemic started, did these issues, with regard to the ability to be able to use data in an agile and real-time way, still exist in Scotland?

A. There, there -- I think in the pandemic we saw in Scotland examples of outstanding international practice, but there were still issues in terms of the engineering of the infrastructure.

If I may use EAVE II, of which the Inquiry has heard a lot about, EAVE II was a partnership between the University of Edinburgh and Public Health Scotland, led by my colleague Professor Sir Aziz Sheikh, and that derived whole-system intelligence that linked primary care data, vaccination data, antigen status data, hospitalisation and death data, in near real time. And it created new knowledge which had influence internationally on pandemic response.

However, to mobilise EAVE II took from 20 March 2020 to 6 August 2020. That was 137 days. And that was because there were 21 requests for approval required to actually mobilise the data and enable its access for subsequent analysis. So huge potential, but blockages in how, in a trustworthy way, with public engagement, we

can use data at scale, essential for the pandemic response.

Q. If, as I think you are, Professor, you are characterising that period between March and August 2020 as a delay, who was responsible for the delay in allowing access to the EAVE II scientists to that data?

A. So we have governance processes in place, which are right and proper, which review access requests for data. In this circumstance, because the governance processes are fragmented and data is controlled by multiple bodies across any UK health ecosystem, individual approvals had to be made to, I think it was, 21 NHS bodies.

Q. And that process limited the agility, to use your word, in accessing the data which was necessary for this important work?

A. Correct.

Q. Could I just be clear with you, Professor, that when you talk about accessibility of data in this regard, are you limiting your comments to the accessibility of data to academic researchers whose work would assist and augment government response, or are there more general data collection and accessibility issues that apply to everyone, including those decision-makers themselves?

A. I think these are generic issues. However, there is a greater emphasis for access to data for so-called

secondary purposes, of which research is a criterion.
Q. But that research could and did assist with the efficacy of government response in Scotland, and indeed the wider UK, when such access was made available through, in particular, EAVE II; is that correct?
A. That is correct. Though --
Q. The -- sorry.
A. I would suggest what we saw in the pandemic was a unique alignment between policymakers, academics, the NHS and the public, and the very close collaboration and partnership working was essential if we were to understand this new and imperfectly understood virus. And the academic and scientific response was absolutely vital for the policy response.
Q. Is it your position, therefore, that the alignment between these various sectors of the response would have been achieved better had important data been available to that important research at an earlier stage?
A. I concur.
Q. Thank you.
Since 2017, I understand that you have been seconded part-time to be the inaugural director of Health Data Research UK, the national institute of health data science. I wonder if you could explain for us, please, what role Health Data Research UK played in the pandemic

response?
A. Health Data Research UK is one of the medical research councils, five national institutes. It's a slightly unusual institute in that we have nine funders from across the UK, including major charities like Cancer Research UK, British Heart Foundation, plus the health departments in the four nations. Its mission is to unite the UK's health data to enable discoveries that improve people's lives, in anticipation of the need for research and insight to support health system development, design and productivity.
At the start of the pandemic, HDR UK was a young organisation, only 18 months old, but it's -- as a group, because we work in collaboration with over 100 UK organisations, including 38 universities, was that there was a need to sort the data that was relevant to the pandemic.
So the three things we did were firstly to map the data, which included testing, surveillance, healthcare, mortality, non-health data and vaccination data; secondly, to convene the community to encourage collaboration, so that vital research questions relevant to the pandemic response could be answered, for example vaccine safety, efficacy, the effects of the virus on different population groups; and, lastly, we prioritised

research questions to try to answer those questions as soon as possible.
We were invited by SAGE to present twice on this strategy for health data infrastructure, and the outputs were over 330 projects, with 230 scientific publications relevant to the pandemic in the UK and internationally.
So we were a convener to try to work with bodies to sort the data across the UK, working in partnership with NHS, academic and other bodies.
Q. Thank you very much, Professor.
You were a member, as I understand it, of SAGE, which you've just mentioned. Is that correct?
A. That is correct, yes.
Q. And you were in attendance at early meetings of SAGE relating to the pandemic response?
A. My first attendance at SAGE was on 26 March 2020, as I recall.
Q. Yes. That was in the capacity, I think, as the newly appointed chairman of the Scottish Government's Covid Advisory Group; is that right?
A. That is correct.
Q. As far as you were concerned, we've heard some evidence about this already, but at the time when the Scottish group was created, was it expressed to you, either by the Chief Medical Officer of the time, members of both

groups, that there was a level of dissatisfaction about the extent of Scottish contribution, if one can put it that way, to the business of SAGE and its subgroups, including NERVTAG, up to that point?
A. Those were observations that were relayed to me, yes.
Q. What was the nature of those observations? What were the difficulties that had been experienced up to that point?
A. I think my understanding that early on, January and February, Scottish colleagues were observers on some of these groups, and a need was identified to enable Scottish policymakers and ministers to have more direct access to expert scientific advice.
Q. The ministers presumably felt that they had had inadequate access to that advice, although of course there was very considerable expertise on SAGE and its subgroups; is that a fair reflection of the position?
A. I think that is a fair reflection. The expertise and quality of discussion on SAGE and its subgroups were, to my mind, excellent.
Q. I'd like to ask you some questions about the circumstances in which the Scottish Covid Advisory Group came to be put together, and a number of questions about the way in which it operated. But just in terms of trying to understand the way in which it was envisaged

that it would work alongside the work of SAGE, we've seen some evidence of there being some level of reciprocity agreement and some evidence to the effect that the Scottish Covid Advisory Group would continue to consider materials which were made available to it through SAGE, and indeed SAGE's advice. Both as regards the intention at the start and regards the practice of the Scottish group, how did its role sit alongside the SAGE infrastructure, including the SAGE subgroups?

A. When I was appointed to chair the Scottish Government advisory group, one of the very first discussions I had was with Sir Patrick Vallance, because to my mind it was absolutely essential that the work of the Scottish group was complementary and completely integrated with SAGE. Although health is a devolved issue in the UK, and many scientific issues are reserved, science is global. So it was absolutely vital that the Scottish group interpreted SAGE outputs in the context of Scotland.

And in practice I think that's how it worked. At every meeting of the Scottish group we would review SAGE papers, and indeed all members of the Scottish group had access to the SAGE paper repository, and vice versa.

Q. The Inquiry heard evidence in its Module 2 from witnesses including a political expert called Professor Ailsa Henderson that there were limitations as

far as Scotland was concerned on the advice that SAGE could provide, given that it was -- its advice was based predominantly on data which was derived from England. Did this continue to be the position as regards SAGE and its subgroups in the period after the Scottish Covid Advisory Group was set up, and if so to what extent did this reinterpretation of SAGE's position require looking at different datasets from Scotland?

A. My observation was that from March 26th the relationship between SAGE and Scottish participants was excellent. I was a full participant, as was Gregor Smith, Nicola Steedman, and other witnesses you've heard from, including Jim McMenamin and Mark Woolhouse, who you will hear from, had prominent roles in SAGE subgroups. What I also observed was there was an increasing reciprocity (inaudible) data, and I think you heard from Audrey MacDougall, who ran the Covid analytical unit within Scottish Government, and Roger Halliday, and in terms of modelling there was a sharing of methodology and the application of SAGE methods to Scottish data.

So I think we saw a gradual yet constant improvement in that scientific partnership.

Q. Thank you.

You mentioned earlier the conversation you had with Patrick Vallance at around the time of your appointment,

and your desire, and I think his, to try to make sure that these groups would be aligned. Broadly speaking, do you think that that was achieved?

A. I -- my view is that that was achieved, and we saw contributions from Scottish colleagues into SAGE papers, which emphasises that alignment.

Q. Structurally speaking, it seemed to us that the Scottish group had certain components which were equivalent to elements of the SAGE system looked at broadly, but perhaps those components weren't as prominent or as significant.

There were subcommittees of SAGE, including NERVTAG, for example, the New and Emerging Respiratory Virus Threats Advisory Group. Was there an equivalent contributor or body to NERVTAG in the Scottish advisory system?

A. There was not an equivalent subgroup in the Scottish advisory system, but Dr McMenamin was a member of NERVTAG and was able to feed in latest advice and evidence from NERVTAG into the Scottish group. So it wasn't a complete mirroring of the SAGE system and its subgroups, and actually I don't think that would have been appropriate.

Q. In that regard, however, would you consider that the important advice provided by NERVTAG was able to be fed

into the Scottish group through Dr McMenamin and the access to papers of that group?

A. I would suggest that is correct, yes.

Q. There were, of course, other subgroups, including SPI-M and SPI-B, and as you've said already there were members of the Scottish group who sat on those groups. Is it correct also to say that the Scottish system didn't have its own subgroups dealing with modelling and behavioural science in the same way, but achieved inputs through individual contributions, particularly from the likes of Professor Woolhouse in the first case and Professor Reicher in the second?

A. That is correct, and Professor Robertson was also a member of SPI-M.

Q. Yes, so he was another one of the ones who sat across the two groups.

SPI-M were involved in, I think, the creation and interpretation of modelling. Modelling, I think, in the Scottish system, as we've heard from Audrey MacDougall, was done within a unit within the Scottish Government; is that correct?

A. That is correct.

Q. Do I understand it correctly that if, in its deliberations and in the provision of advice, the Scottish group required access to modelling, that it

could access modelling facilities, if that's the right phrase, through this facility within the Scottish Government?

A. That is correct.

Q. Were there any limitations or difficulties with regard to the accessibility of modelling in the Scottish system?

A. Not -- my view is that there were no limitations. The expertise and the work ethic of the analytical unit was exemplary.

Q. Thank you.

As regards the way in which modelling was used in particular, as we're interested in this particular module, to inform advice and ultimately key decision-making, could I look at your personal statement, please, up on the screen, paragraph 176.

(Pause)

It should come up on the screen in a moment.

(Pause)

What you say there relates to the modelling. You say, Professor:

"A key policy challenge we observed was how to communicate uncertainty in exchanges between modellers and politicians -- not only the uncertainty within the models but also the uncertainty of modelling itself.

The C-19AG [the group] therefore attempted to convey this uncertainty through illustrating a range of outcomes and probabilities. This cut across normal advice to Government where a single best prediction is often preferred."

So you're highlighting here, I think, through experience of the group, that there were difficulties in conveying not only the uncertainty of models but within the models that you were actually looking at but also the uncertainty in more general terms of modelling itself, and you came up with this solution.

In this regard, and in light of evidence we've heard that, broadly speaking, modelling was an important part of advisory systems in the pandemic for government decision-making, did you have the impression, did you have any basis upon which to form an impression, as to whether your efforts to try to convey the limitations of modelling and of models had adequately penetrated the thinking of key decision-makers?

A. You should obviously ask that question of the key decision-makers. I think a principle of the group which I reinforced regularly was the need for clear communication of the knowns and unknowns, and to recognise the limitation of science, including modelling. And most importantly that the group should

expect to inform policy and not make policy.

Therefore, communicating uncertainty was a key role of the group, of which modelling was one output.

Q. I think in your answer, if I understand you correctly, Professor, you're emphasising, I think, the second part of the -- that part of the sentence where you're talking about the uncertainty of modelling itself. What was the uncertainty, what do you mean by distinguishing the uncertainty within the models? What caused that difficulty?

A. Well, the **modus operandi** of SPI-M is to work with, I think it's up to 14 groups across the UK who model, and they model independently. But the next step is key: they compare models and they compare the outputs of the models to reach a consensus statement, based upon the modelling that has been -- the modelling outputs that has been accrued. And I think that's what I'm saying in the first part of the statement.

Q. When you talk about these difficulties with the models, you've referred that specifically to the models provided through SAGE, but, as you've told us a moment ago, the analytical hub also provided models for Scotland, is that right?

A. That is correct, yes.

Q. Your job, I think, was to try to provide

an interpretation of all of that modelling that was available through SPI-M and through the Covid analytical hub in Scotland in order to try to provide advice to the Scottish ministers about your views about matters which would assist them in decision-making; is that broadly the process?

A. The responsibility for modelling lay within the analytical hub. However, on presentation of the outputs, there was -- there was often the presentation of not only the Scottish outputs but also comparator SPI-M outputs.

Q. So the analysis, if you like, of the modelling which you did was predominantly related to the Scottish-produced models, but you would refer to SAGE models to assist your analysis and interpretation; would that broadly have been the approach?

A. That is a fair representation.

Q. Because -- sorry.

A. Bearing in mind we had the expertise of people such as Professor Robertson, Professor Woolhouse, who are very expert modellers in their own right, and sat on SPI-M.

Q. Thank you. Because if one were to have relied only on the modelling from SAGE, that would run the risk of falling into a similar problem that I think you have given evidence you understood to be in existence before

the Scottish group was created, such that one would be looking at models based on English data, which might not be applicable to Scotland; is that fair?

A. That is fair.

Q. Thank you very much.

I'd just like to ask you some questions broadly about the circumstance in which you were invited to become the chair of the group in March 2020 and the group came together.

We learned from your statement at paragraph 19 that you were telephoned by the Chief Medical Officer, Dr Calderwood, on 16 March and she asked you to act as independent chair.

Had you worked with Dr Calderwood before, in your government role, perhaps?

A. I was Chief Scientist health in Scotland until 2017. I think I worked with Dr Calderwood in her role as Chief Medical Officer for the last 18 months of my tenure.

Q. Thank you.

Did you have the impression that the formation of the Scottish Covid Advisory Group, or were you given this impression by Dr Calderwood, that was part of a strategy on the part of the Scottish Government to try to take a more autonomous approach to the management of the pandemic?

A. That was not an observation that I made.

Q. What information were you given at the time the group was formed about the Scottish Government's policies with regard to its strategy as to how the pandemic was to be managed?

A. At the time it was formed, we -- please repeat the question. Are you interested --

Q. Yes, I was interested to know whether you were given information about the Scottish Government's strategies with regard to the management of the pandemic in around the middle of March when you were first contacted by Dr Calderwood?

A. So I was not -- at the time of 26 March I was not given personally any information, but that position changed rapidly during April 2020.

Q. So I'm really just interested in understanding the extent to which the strategy at that time was made clear to you and the members, which would be a matter, I would imagine, that would be of assistance in you understanding as to how that strategy should develop.

A. I ... my sense is that strategy was emergent and became more clear in the first two weeks of April 2020.

Q. Did you understand in that period, as your understanding grew, what the Scottish Government's policies as regards its exit strategy from the lockdown was?

A. The group was asked to comment on the lockdown review framework on 12 April 2020, and at that time the group provided advice on to how long the lockdown should be maintained, or whether it should not be maintained beyond 12 April. So we were aware of the policy objectives at that time.

Q. What awareness did you have of the Scottish Government's exit strategy from the lockdown? By which I mean a broad exit strategy, for example "We continue with a lockdown until we get a vaccine" or something of that nature, or what was your understanding of the plan?

A. The ... what I may do is ask for a break in two or three minutes, if that's okay?

MR DAWSON: Absolutely.

LADY HALLETT: I wondered whether you were getting a bit -- would you like to break now? And Mr Dawson will repeat the question when we come back.

MR DAWSON: Of course.

A. I would like to get a glass of water, if that's ...

LADY HALLETT: Yes, I think I share that feeling at the moment. We will break for five minutes, if that's okay? I gather the plan is that I leave but everybody else stays rather than getting lost.

(3.44 pm)

(A short break)

(3.50 pm)

LADY HALLETT: Mr Dawson.

MR DAWSON: Thank you, my Lady.

Professor, just before the short break, I was asking you in that early period as the group was coming together in late March, early April, what information was made available to you about the Scottish Government's existing strategy to exit the lockdown.

A. Yes. Okay, thank you.

In those early days, the group understood the strategy consisted of five things: firstly to suppress the virus through compliance with the physical distance and hygiene measures; secondly, to care for those who need it; thirdly, the need to support people, businesses and organisations affected by the crisis; and, lastly, to -- a phrase I don't like -- recover to a new normal by carefully easing restrictions when safe to do so; and finally, to protect against this and future pandemics.

I think the development of a vaccine to achieve herd immunity was a medium to long-term strategy, so that was my understanding of the Scottish Government strategy.

Our group was request -- was invited to provide comments on that, and we made comments and formal advice to the government on 14 April, which I can -- you know,

I can explain the group's advice at that point, if that was helpful.

Q. If you could, that would be very helpful, thank you, Professor.

A. Yes.

So at that time, we thought it was -- there are four or five key components. We thought it was important to communicate to the publics that we would be living with this virus as best as possible and that elimination was not -- not an option.

Secondly, we emphasised the importance of four nation working that ideally policy objectives across the four nations would be desirable.

Thirdly, the importance of practical guideline to support the public, so the behavioural science dimension, including the importance of explaining to the publics the collective nature of the pandemic response and that we should not squander the gains we've made in combatting the virus.

Lastly, we highlighted disadvantaged groups. Any new strategy needed to really think through the impact on disadvantaged groups or people from ethnic minority backgrounds or homeless people, or people with mental health problems, et cetera.

Q. Thank you very much, Professor.

As far as the disadvantaged groups that you've mentioned were concerned, what material were you given to suggest that an assessment of the likely harms to those disadvantaged groups had been undertaken by that point by the Scottish Government?

A. I don't think we were given any specific evidence at that time.

Q. What, at that time, and going forward in accordance with your group's broad recommendation that disadvantaged groups needed to be considered, what information or data was made available to you in order to support your assessment of what the harms being caused to them were and how best those harms might be addressed in the strategy?

A. The evidence was emergent over the course of the pandemic, and a key group which was discussed not only in the Scottish advisory group but also at SAGE was the impact, the disproportionate impact of the pandemic on ethnic minority groups.

And you may be aware -- well, in Module 2 Professor Kamlesh Khunti was chair of the ethnic minority group at SAGE, and we advised in Scotland in June that a similar focus on the acquisition of data to really define the differential impact of Covid on ethnic minority groups was essential.

Q. So before that advice was tendered in June, that data wasn't sufficiently available; is that correct?

A. I -- I think it was in the process of being accrued, but even today we do not have sufficient efficient capability and ability to differentiate the impact of Covid on specific -- specific groups.

Q. And did that data subsequently become available to the group after the recommendation in June, given your observation that it is still not available to the level you would have expected?

A. Increasingly so. The Scottish Government established a -- it was not related to the Covid-19 group, but an expert reference group on Covid-19 and ethnicity, and that group had the responsibility to look at systematic issues and data issues in relation to Covid in Scotland. It was our recommendation that this was a priority. We didn't execute the work ourselves.

Q. The reason I ask it in that particular field, Professor, is that we are in possession of some evidence from a group, a black and ethnic minority support group in Scotland, BEMIS, who tell us that one of the very problems with that ethnicity subgroup was that the data was not available to be able to demonstrate the particular effects of the pandemic and its response on those groups, such that they required to plead their

case anecdotally. Is this a phenomenon that you would recognise?

A. So I -- I'm aware of that comment, and it is -- it is something that I recognise, yes. And it was actually highlighted by Professor Khunti in his SAGE subgroup.

Q. Indeed.

A. Simple things around coding of ethnicity in many ways are at too high a level to be able to make meaningful conclusions.

Q. I think the broad suggestion was that there were a number of ethnic groups that were grouped together in Professor Khunti's work, such that the right response for different ethnic groups was not able to be reached because the data was too broad. Was that roughly the thrust of it?

A. Correct, insufficiently granular.

Q. Thank you. And of course it would be important, as regards ethnicity, that Scotland's particular circumstances be reflected in local data, because the make-up of ethnic groups in Scotland is different from England and the rest of the UK; isn't that correct?

A. That is correct.

Q. To broaden out the discussion here into areas beyond simply ethnic minorities to other -- the phrase you've used is disadvantaged groups, would you say that this

phenomenon, that we've identified as there being a lack of sufficient data to allow a proper analysis of the impact of the virus and the response measures, applied to other groups that might be included in that broad umbrella? I'm thinking, for example, of disabled groups or other minorities.

A. I think this is a broader problem, I agree.

Q. And so in the pandemic response, there was insufficient data to be able to provide proper assessments of the way in which these disadvantaged groups, as you put it, should be dealt with?

A. That is correct, and that was a component of our advice on 14 April 2020, on the lockdown review.

Q. But did that continue to be an issue throughout the group's continued involvement in the pandemic response?

A. I think that is a fair reflection, yes.

Q. Thank you very much.

You've mentioned 14 April, there was another thing I think happened on that day, you'll no doubt correct me if I'm wrong. We are aware that over the period before your group was put together one of the major issues which had affected Scotland was the number of people infected and who died in care homes, but also people who are cared for within their own home.

What was your understanding at the time the group

was formed of the Scottish Government's strategy to try to protect individual at risk in those groups, in particular in light of documents which were issued, guidance documents which had been issued by PHS in the preceding month?

A. So your question is: what was our understanding of the Scottish Government's strategy --

Q. Position at the beginning. And I'll move on in a moment, I know that there was a deep dive meeting that took place in this area and I'd like to just discuss with you what your advice was as to how it should be developed. But your understanding of the position at the time when the group was coming together in early April?

A. Our understanding was that there was an epidemic within an epidemic, and that there were major concerns about the impact of the pandemic on some of the highest risk individuals who are residing in care homes. Our understanding was that a Scottish Government nosocomial advisory group had been convened, under the leadership of Professor Jacqui Reilly, and that they were defining policy in relation to care homes.

Q. Right. I understand that a deep dive meeting led by the First Minister and the members of your group took place in relation to care homes on 14 April; is that correct?

A. I think that's correct, yes.

Q. If I could just take you to a document, we've struggled slightly to find minutes of that particular meeting or more detailed material, but if I could take you to a document which is INQ000214740, this is a document of the nature of which -- of a nature that we've seen before. It's called, in Scottish Government terms, a SGoRR sitrep which stands for the Scottish Government Resilience Room situation report.

Were documents -- did you get access to documents like this on the group, or is this something that you don't recognise?

A. I do not recognise this specific document.

Q. Okay, but did documents of this nature, these situation reports, were they made available to the group or not generally?

A. I think you will know we had 11 so-called deep dives with ministers. When papers were being prepared and generated by the group, we were given access to those papers, but I'm not familiar with this paper.

Q. No. Just to be clear, this is a paper which is generated not for your purposes or by you, it is dated the day after -- you can see from the top right-hand corner -- the meeting to which I referred. It is a document which contains a vast array of information

that was presented to SGoRR, which you'll be aware is part of the Scottish Government decision-making resilience structure. I simply wanted to take you to page 19, please.

A. It's coming up.

Q. Thank you very much. Excuse me just one second.

(Pause)

You can see, I hope, Professor, there's a big box in the middle which is called -- entitled "What is being done" and a passage has come up which says:

"An FM-led deep dive on care homes was held [on] 14 April. An action plan is being drawn up urgently including the interim CMO letter to care homes, improved information flows, an enhanced focus on prevention and more support for care homes for example on staffing, PPE and testing.

"In discussions between FM, Cab sec and interim CMO, it has been agreed that while it may not be clinically required -- for public confidence -- we will move to a system where any symptomatic patient in a care home will be tested."

We know that an announcement was made subsequently on 21 April that a number of different measures would be put in place with regard to care homes, including the requirement, for someone to be moved from a hospital to

a care home, for them to have two negative tests and various other supervision requirements including an enhanced role for the Care Inspectorate.

Can you assist us, as we are somewhat short on precise information about the deep dive meeting; is this a deep dive meeting that took place with your group?

A. I would -- that's the first time I have seen that document, so I cannot comment on that document.

Q. Of course. I'm simply asking -- I'm trying to use this document to help you orientate in your memory as to whether -- I don't have any better documents to give you, I'm afraid, Professor. But I'm trying to work out whether a deep dive took place with your group on 14 April to discuss care homes?

A. The first deep dive I was involved in was on 8 May, which was a contact tracing deep dive.

Q. Okay.

A. So I did not participate. So that's why I was looking slightly --

Q. Not at all. It's a mystery we're trying to solve ourselves, Professor, so thank you for your assistance. We'll move on, then, if that's not a matter with which you can help us.

Again asking you a question about the period when the group was being put together, what was your

understanding of the Scottish Government's strategy at that time with regard to the management of a possible second wave of the virus?

A. **(Pause)**. My ... my understanding was the Scottish Government's strategy was: to break chains of transmission through test, trace, isolate and support policy; secondly, to protect healthcare workers and continue to manage the epidemic within care homes; thirdly, to enhance constant surveillance and population and sharing of data in real time; continue with the NPI measures and maintain clear and honest communications with the public, including transparency of risk level; and to use lockdowns sparingly. And the anticipation was that the above strategies would buy time to enable the vaccine developments to achieve population immunity through vaccination.

Q. Thank you.

Could I just ask you, there are a number of references in Scottish Government materials to the Covid Advisory Group, they tend to call it the "CMO advisory group", and obviously as we know it was set up and you were appointed as chair by Dr Calderwood. What role did the CMO play in the meetings? In particular, what was the CMO's role in understanding and discussing the advice of the group and then subsequently conveying it

to ministers to assist in their decision-making?

A. The group was established to report through the Chief Medical Officer to Scottish Government ministers and officials. The CMO himself, I think -- I think Dr Calderwood attended three meetings of the group, and I think Professor Smith attended 32 meetings of the group, out of 60 in total.

There was always a member of the CMO's office at every group meeting, for example a DCMO. Advice was always submitted through his office for further dissemination across Scottish Government.

Q. Thank you.

Professor Smith gave evidence to the Inquiry yesterday and he explained that the CMO's role was as principal medical adviser and that in that role, while he held it, and in the role, as is the case with his predecessor, he provided direct advice to key decision-making ministers.

Does the fact that he failed to attend the third, fourth, fifth, sixth, seventh and eighth meeting of your group, should that be taken to indicate to us that he was insufficiently engaging with the expert advice of the group which had been formed by his predecessor?

A. There are multiple demands on the CMO's time. I endeavoured to ensure that any -- following each

meeting I would have verbal communication with the CMO to update him on the group's current thinking and advice.

Q. The group contained a wide variety of experts in various different fields; isn't that right?

A. That is correct.

Q. And in order to engage with that expertise properly or appropriately, it would have been necessary for the CMO to have attended the meetings and listened to the views and expert opinions of that wide variety of experts, would it not?

A. You could conclude that, yes.

Q. Thank you.

As far as the membership is concerned, we have a list of the members, and I've been helpfully provided with statements from the perspective of a number of the members. As regards the selection of the membership, was the membership selected by Dr Calderwood, by yourself, in consultation? What was the process that went into selecting the members of the group?

A. A draft membership was compiled by a deputy director, Ms Naimh O'Connor, in discussion with the Chief Medical Officer and the Chief Scientific Adviser, who at that time was Professor Sheila Rowan. A draft list was then submitted to myself and the CMO and the Deputy CMO,

Professor Smith, for comment.

I only made one addition, who was Professor -- suggested addition, Professor Sir Aziz Sheikh, and I understand the CMO recommended Professor Devi Sridhar join the group, and the Deputy CMO recommended Dr McMenamin join the group.

Key was an interface with the Scottish science advisory committee, which was a standing -- an established advisory structure in Scotland.

Q. Although there is a wide range of academic specialities represented -- public health, epidemiology, microbiology, behavioural science, your own role in data, Professor Sheikh's role in research, et cetera, including a number of representatives of key public health bodies and the medical advisers to the government -- were there any other areas that you felt would be beneficial to have represented in your important work?

A. My reflection is the group was well constituted, and was manageable in size. So I thought that in terms of the disciplines represented, it was good, but I always encouraged group members to look outwith their own speciality, and also outwith Scotland, so that we derive the best scientific evidence and information possible.

Q. The Inquiry has heard significant evidence that health

pandemics can be expected to have a greater impact on those who suffer from pre-existing structural and health inequalities or the most vulnerable in society. Did you consider having members of the group whose expertise was predominantly in those areas and who may have been able to have provided a perspective, which the data perhaps could not, on the way in which the pandemic and its response would affect these groups?

A. I think that is a very valid comment. Not specifically, but I would be confident that Professor Carol Tannahill, who at the time was Chief Social Policy Adviser, has a significant track record in inequalities.

Q. There was no independent representative outwith Scottish Government, however, who provided that expertise?

A. That's correct.

Q. You very helpfully tell us in your statement at paragraph 195 -- I'll just read the short passage out -- that ideally the rapid assembly of the group would have been part of a mature and pre-existing advisory structures with deep integration across the four nations.

Are you reflecting in that, Professor, your view that it would have been better had a group of that nature existed before, as it takes time for a group performing such an important role to embed itself and

therefore perform its function to an optimum level?

A. I think that is a fair reflection, yes.

Q. Did you, at any time during the course of your important deliberations, have access to any information with regard to the position of patients or families of those who had been infected or who had died from Covid?

A. We did not, we were constituted as a scientific advisory group.

Q. Would insight and access to such material have been of assistance to the group's deliberations?

A. I -- I think it would, yes.

Q. Thank you.

A. (inaudible) that we had frontline clinicians on the group who actually provided relevant commentary, expertise and relationships that were valuable in the group's discussion.

Q. Those frontline clinicians, however, were not intensive care doctors or respiratory medicine specialists working at the coalface, if you like, of the response, were they?

A. Tom was, yes, the ...

Q. Tom Evans, perhaps, of the University of Glasgow?

A. Yes.

MR DAWSON: Thank you. I think we're due to take a short break now, Professor.

LADY HALLETT: I just want to check, (a) would you like to have a break, Professor, and (b) if we have a break do you think you could survive another 25 minutes or so? Please be honest.

THE WITNESS: I'm here to serve, so I'll do my very best.

LADY HALLETT: Thank you very much. Right, five minutes.

(4.18 pm)

(A short break)

(4.23 pm)

LADY HALLETT: Mr Dawson, we'll finish at 4.45, come what may; it's not fair on the professor.

MR DAWSON: Absolutely.

I can assure you, Professor, not much further to go, just a few more questions. I'd just like to ask you some questions about some of the operational aspects of the group of which you were chair.

The first relates to the fact that we are aware that, in addition to the advice provided by your group, the Scottish Government received advice from numerous other groups on other policy areas relevant to the Covid response. This manifested itself perhaps most obviously in the period when -- in the summer of 2020, when a number of groups were formed, including the group to which you have already made reference, the group dealing with matters pertaining to ethnicity, but also other

groups which provided advice on other aspects of the pandemic and its effects, including economic and other groups.

Your group had a number of subgroups which looked at particular aspects of the area in which you had an interest. As far as the other -- the groups from other spheres were concerned, would it be correct to understand that you, your group, did not have access to those groups either in the sense of their recommendations and input or, indeed, actual opportunity to discuss the broad response with those groups?

A. That is correct.

Q. There has been some commentary, including from certain members of your group, that it might have been beneficial to be able to understand that, given the fact that the ultimate task of balancing the various harms -- to put it in Scottish Government language -- then fell to ministers which occurred outwith the presence, if I can put it that way, of these expert advisory groups which had been put together for the purpose.

Would it have been beneficial, do you think, to have had some level of access to what other groups were saying so as to be able to provide, from your group's perspective, any input you felt you could to assist with the balancing of various and at times copious evidence

received by Scottish Government decision-makers?

A. I personally subscribe to co-ordination and connectivity of scientific advice. Our group was focused very much on trying to quantify and provide advice on the first two so-called harms. During a pandemic, it was also essential to try and quantify the impact on harms 3 and 4. So I think that convergence of advice givers would have been advantageous, yes.

Q. It's quite clear to anyone wishing to look, Professor, that the group was an expertly constituted group for the purpose of contributing advice in respect of harm 1, namely the harm of the virus and its control. However, you mentioned also that it provided some element of role relating to harm 2, which you will recall related to non-Covid harms, health harms.

Was your group really in a position to be able to provide advice on that aspect of the pandemic, or would that more appropriately have come from other spheres?

A. Partially. Partially. For example, in some of our advice to government in relation to relaxation of restrictions, we provided advice on opening up cancer and other services. So partially, but not predominantly.

Q. Thank you.

We discussed with Professor Sridhar earlier the

period over which she provided advice, either through the group or more directly to decision-makers, and in her evidence she suggested that, given that her focus had been predominantly on harm 1 and an attempt, as you were, to try to minimise and lessen -- lessen infection and minimise the harm of harm 1, that her predominant role in that regard she felt came to an end towards the end of 2020 and that the arrival of a vaccine started a different level of approach on the part of the Scottish Government.

It seemed to us that your group met frequently in the period up to May 2020, but started to meet much more infrequently as the pandemic progressed. By, I think, 2021 there were relatively infrequent meetings, other than in December 2021 where a few meetings were convened to discuss the Omicron threat.

Was it your impression that the influence or importance of your group waned in the period from the summer of 2020 onwards, despite the fact that the pandemic continued to rage in Scotland?

A. That was not my observation. The group was constituted to serve the need of policymakers and ministers, and what I would propose is that the knowledge base and the learning and understanding of key components of the pandemic response was learnt within government and civil

service departments. So it was a knowledge transfer, which in many ways is a good thing.

Q. Such that by the latter half, if one might put it, of the pandemic in Scotland, your group was no longer required; is that what you're suggesting?

A. No, I'm not suggesting that, but I -- our advice was to provide expert advice independently to government, and the frequency of that advice did change over the course of the pandemic.

Q. Thank you.

As regards the way in which advice was commissioned, I think you tell us in your statement, helpfully, that sometimes advice was specifically requested on aspects of the pandemic, for example, as you've said, you gave advice in connection with the extension of the lockdown in early May of 2020, but at other times you suggest that advice was provided by SGCAG on its own initiative.

I wonder if you could help us with the relative balance between advice provided on request and advice provided on the initiative of the group, and in particular areas, if you can recall, where advice was provided in that latter category?

A. So, the group provided 40 formal pieces of advice to government. I would suggest that at least 70% or 80% of those pieces of advice were commissioned. Examples

where there was a spontaneous piece of advice would include, for example, the advice on black and minority ethnic groups which we touched upon earlier; secondly, a paper in August 2020 on risk and risk communication, because we thought that was a key facet for -- of the pandemic which would be very helpful to policymakers; and, finally, a submission on testing very early in the pandemic.

So I think it was about 80% commissioned, but there were at least eight examples of advice where it was spontaneously generated by the group.

Q. Thank you very much.

I think in passing we mentioned earlier the period of the summer of 2020. There are a number of documents which deal with the issue of a subject we have an interest in, which is broadly defined under the banner of zero Covid for the possibility of eliminating the virus.

The group provided a number of papers and considered this issue in a number of places, including in an advice paper under the subtitle "Long term strategy" -- which, for the purpose of the transcript, is INQ000217685 -- where it said that:

"There is a need for greater overall clarity as to whether the approach that the government is pursuing is

still one of containment or elimination. Clarity as to what extent our approach will continue to be broadly aligned with that being pursued by the UK Government is important as elimination would require UK-wide strict border controls (currently centred on self-quarantine). These would be needed for arrivals from every country with COVID-19 -- likely to be a large number in the foreseeable future. The Group considers this cannot be a Scotland only aspiration, and that the aim is to suppress the virus to as low a level as possible."

There are also some minutes from a meeting which took place on 13 April -- which, again for the benefit of the record, is INQ000217503 -- in which there is reference to there having been a minority view of the group that a zero Covid approach, the objective to eliminate the virus, not merely to suppress it, should be considered. It states that:

"However, a zero Covid strategy in Scotland was unlikely to have been sustainable because of essential travel to and from Scotland, consistently with the other paper."

Can I take it, then, Professor, that the view of the group that a zero Covid strategy, defined in that way, was unattainable in Scotland given its circumstances?

A. That is correct. I had the privilege of challenging --

I had the privilege of convening a group with a great diversity of scientific viewpoints, and that is a good thing, when a new challenge arises. However, I think we've explicitly stated there that a minority view on the group was that zero Covid might be attainable. The majority view of the group was that maximal suppression was the only viable strategy.

Q. Do I take it that the minority view was represented by Professor Sridhar?

A. I -- you may. You may conclude that, yes.

Q. Yes, we've heard evidence from her just today about her views on that. I'm interested in knowing whether that minority was a minority of one or whether there were others who were of a similar view to her?

A. From recollection, it was a minority -- minority of one.

Q. Thank you.

Did you have direct access via messaging or emails or phone calls to ministers who made decisions about the pandemic, including the First Minister?

A. Did you use the word "informal" there?

Q. I'm talking about any means by which -- I'm using "informal" to try and include a number of different possible ways of communicating, but I wish to include phone calls, emails, text messages and the like.

A. When we established this group, I was very keen to

remind members that our job was to inform policy, not make it, and I was also very clear about how we should interact with colleagues.

So the five ways which the First Minister may have seen outputs of our group were: firstly, the response to commissioned advice; secondly, the advice on our own initiative; thirdly, the comments we made on policy documents before publication; fourthly, the deep dives, so I would have -- I would chair the deep dive meetings with the First Minister and the Cabinet, I chaired 11 of those, of which the First Minister was present at nine; and lastly, I provided an informal SAGE update after each SAGE meeting. I had no other direct contact with any minister.

Q. Do I take it from what you said that you were keen to counsel members of the group that, in order to maintain independence, that those methods that you have mentioned should be the only means by which their advice be communicated to ministers?

A. That was my recommendation. I remember at the first meeting of the group I suggested we should be useful rather than famous, because the blurring of science and policy can be unhelpful.

Q. Thank you.

Were you aware, while you chaired the group, of any

of its members having any such direct communication routes to ministers?

A. No, I was not.

MR DAWSON: Thank you.

My Lady, those are the questions which I have for the professor.

LADY HALLETT: Thank you very much indeed.

Thank you so much, Professor. Thank you for all the work that you did, and your colleagues did, during the pandemic, and thank you for enabling us to stick to our timetable. I do hope you recover soon and you don't suffer any long-term consequences.

Thank you very much indeed.

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

(The witness withdrew)

LADY HALLETT: Right. So it is 10 o'clock tomorrow?

MR DAWSON: Thank you, my Lady.

LADY HALLETT: Thank you.

(4.40 pm)

(The hearing adjourned until 10 am on Wednesday, 24 January 2024)

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