

Witness Name: Rachel Elizabeth Lloyd

Statement No.: 1

Exhibits: LL

Dated: 15 November 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF RACHEL ELIZABETH LLOYD

In relation to the issues raised by the Rule 9 request dated 19th June 2023 in connection with Module 2A, I, Rachel Elizabeth Lloyd, will say as follows: -

1. I am Rachel Elizabeth Lloyd (commonly known as Liz Lloyd) of Edinburgh. I was employed as a Special Adviser within the Scottish Government from January 2012 to March 23rd 2021 and from August 2021 to March 28th 2023. Within that role I served as Chief of Staff to the First Minister (Nicola Sturgeon) from January 2015 to March 23rd 2021 at which point I left government to support the 2021 Holyrood election campaign. I subsequently returned to the Scottish Government at the end of August 2021 as Strategic Political and Policy Adviser to the First Minister within the Special Adviser team. I remained in that role until the resignation of the First Minister at the end of March 2023 at which point, I chose to leave government.
2. I was engaged in the response to Covid in the period February 2020 to March 2021. Following that my role in relation to Covid transferred to other special advisers, except for the approach to Covid 19 at COP26 in Glasgow in November 2021 which though primarily led by clinicians and the UN, I provided some communications handling and expectation management advice to.
3. Prior to my appointment as Chief of Staff I had served from January 2012 in a number of Special Adviser roles including as a policy adviser on Finance, Economy and Transport,

and as Depute Spokesperson for the First Minister (Alex Salmond) and adviser on Finance and the Constitution.

4. I have prepared this statement myself, based on my recollection of the time in question. As I am no longer in government, I have not had access to my emails or calendar from the time and have not consulted documentation made available by the Scottish Government Covid Inquiry Unit with the exception of a timeline.
5. Unless stated otherwise, the facts stated in this witness statement are within my own knowledge and are true. Where they are not within my own knowledge, they are derived from sources to which I refer and are true to the best of my knowledge and belief.
6. References to exhibits in this statement are in the form [LL/000-INQ000000].

Role within the Scottish Government

7. The role of a Special Adviser is set out in the Special Advisers Code of Conduct [LL/001-INQ000287765]. This states that Special Advisers “are a critical part of the team supporting Ministers. They add a political dimension to the advice and assistance available to Ministers while reinforcing the political impartiality of the permanent Civil Service by distinguishing the source of political advice and support.”
8. Paragraphs 3,4 and 5 of the Code of Conduct set out the kind of activities that as Special Adviser and as Chief of Staff I would and could undertake and give a good description of the range of functions carried out during the response to the covid 19 pandemic.
9. In addition, a Chief of Staff would have responsibility for oversight of the wider team of Special Advisers, and delegation to and co-ordination of their activities.
10. The Code of Conduct at paragraph 5 also lists activities that Special Advisers cannot take including the authorisation of public expenditure. Special Advisers are not decision takers but support the decision-making process by supporting ministerial thinking and assist in the application, understanding of and communication of ministerial decisions.

Decision making meetings and engagement with other administrations.

11. As part of my role, it would be normal for me to attend in person or remotely decision-making meetings where the First Minister was in attendance. During this period this included the Scottish Government Resilience Room, Gold meetings and COBRA meetings. In addition, I would normally attend Scottish Government Cabinet meetings and when they were instituted at a later stage in the pandemic, I would attend the "four nation calls" normally chaired by Michael Gove or the PM. As I am outside government, I do not have access to my diary from the time and therefore cannot give dates on which I attended, but it would have been normal for me to attend through the period up to March 2021.
12. During this period, I was regularly in contact with my counterpart, Jane Runeckles Chief of Staff to FM Wales, ahead of four nations or COBRA discussions or to simply share information and approaches to issues we were facing. This engagement took place on a semi-regular basis. I also had occasional contact with an adviser to the Mayor of London during the early period of Covid and in particular to share intelligence on the state of the virus. After a few initial conversations with a junior number 10 special adviser there was no continued contact at Special Adviser level as the calls did not deliver meaningful information, influence or action. The relationship with UK Government was primarily led by Chief Medical Officers (CMO), ministers and civil servants.

Initial Understanding and response to Covid - Jan-March 2020

13. My first awareness of Covid 19 came late 2020 / early 2021 as media reports emerged of the virus in China, and subsequently its spread to other parts of Asia and ultimately into Europe including the emergence of covid cases on cruise ships docked around the UK, and its designation by the WHO. The Special Adviser on the Health portfolio attended early SG planning and COBRA meetings during this period and reported back on key issues. My first participation in a major discussion on actions to be taken came through attending discussions between the deputy CMO and the First Minister and Health Secretary following the DCMO's attendance / observance of UK SAGE meetings during this period. This included presentation of SAGE projections on impact including

hospitalisation and loss of life in Scotland, and internal NHS projections on capacity in Scotland. These projections led to discussions on the full range of measures that could be taken and would need to be taken around hospital capacity, resilience, social impact and possible approaches. The First Minister and Health Secretary and Deputy First Minister were engaged in these discussions with clinicians and senior government and NHS officials.

14. To my recollection planning considerations at this time focused on NHS and Social Care readiness including additional hospital capacity, broad discussion of potential non-pharmaceutical interventions (NPIs) and options for managing a pandemic should it arrive in the UK, handling of initial cases and legal powers for action. This included discussion of responses such as lockdowns elsewhere in the world.
15. Whilst limited NPIs and closures were introduced, such as hand washing and restrictions on large events, it was evident through March that more serious action would be required and I recall discussions of lockdown taking place between ministers and with CMO from some point in late February where she advised that 12-16 week lockdowns could be required and that it would be important to implement any lockdown at the right point to suppress the curve (the level of people with the virus) and at a point where the public were aware of why it was being introduced with honesty about how long it could last.
16. It became clear in this period that legislation would be required to enable actions such as the closure of premises or a lock down and that primary legislation was needed at both UK level and Scottish Government level, to enact restrictions that were expected to be necessary. Ultimately initial restrictions were implemented prior to legislation being in place, with it being applied retrospectively.
17. During this time the clear and consistent advice was to follow measures such as hand washing, avoiding indoor crowds and distancing. There were no travel restrictions in place across either the UK or between the UK and EU nations and no restrictions in February or the early part of March on events. I was party to some discussion on the holding of a Scotland 6 Nations Rugby match, with the clinical advice at the time being that it would be better to have fans outdoors in the stadium than mixing in pubs and the

SRU through contact with me arranged for public health messaging to be displayed at the stadium and for promotional messages around public health to issue in advance of the game. Similar events - such as the Cheltenham Festival - were also taking place in the rest of the UK.

18. The subsequent decision to prevent large gatherings by means of withdrawing emergency services support received pushback from key economic and events sectors, represented by SG officials in these areas, on the restrictions on numbers with a lack of appreciation of the severity of what was coming and the need to act. This experience provided an early lesson in the difficulties of balancing the need for action to prevent the spread of covid, with legislative abilities, economic impact and the lack of ability of the SG to mitigate economic impact. This balancing act would crystallise later in the pandemic in working through the reopening of society, closure of hospitality and limits on travel.
19. The initial strategy was one of seeking to contain spread. This was based on advice from clinicians and via the UK Government from SAGE. There was some skepticism in discussions at decision making meetings that measures such as hand washing and distancing were sufficient when other countries in Asia were taking much stricter action, but as above there were also issues to be resolved around the ability to impose a lock down and the clinical advice presented to us did not, as far as I recall, recommend a lockdown as a first step. The slow emergence of cases in Scotland also I think gave a false perception that we were not as impacted as other places, when later research shows it was prevalent from late February, but it is not clear that advisers or ministers could have known that.
20. As I will explain later, Scottish ministers felt a frustration on the quality of advice being passed to them from SAGE and their inability to receive and interrogate the advice directly. For example, discussion of imposing a lockdown intensified when a paper recommending lockdown that had previously been presented to SAGE but had not reached the SG was made public. These concerns over advice led directly to establishing a group of independent advisers to the CMO specifically focused on advice for Scotland and with whom Scottish ministers could interact.

21. I recall participation in UK discussion forums at this point where it was felt that the seriousness of the situation was not fully appreciated at the UK end. It also took time for the UK Government to appreciate that decisions in relation to public health restrictions and the operation of the NHS were devolved with them having to be reminded during inter-government meetings of the limits of their role.
22. The initial preference expressed between all parts of the UK was to seek to act together. The fact Scotland and, I believe, Wales felt hamstrung by the lack of direct scientific or clinical advice, the lack of clarity from the UK Government on any measures it would take to address the economic impact of a lockdown and in the case of the Scottish Government the need to legislate and the delay in UK primary legislation at that early point to impose necessary public health measures - in my view despite discussion earlier in this period between ministers and the CMO in Scotland of lockdown and what it meant - led to a unified approach on the timing of the first lockdown because there were no practical options to act earlier on a separate basis.
23. The intergovernmental system struggled with the intensity of the decision making required with the UK government frequently failing to consult the Scottish or Welsh governments and not responding to proposals from Scotland, Wales or Northern Ireland to act differently. It became clear during this period that a four nations approach was to the UKG one in which the UKG took decisions for England which it expected to be matched in the other three nations, and not one where the views of the other three nations could ever be considered to take prominence over that of the UK Government. Papers for COBRA meetings were circulated very close to, if not at the meetings themselves, and it was clear that UKG had taken its decision prior to the meeting. They were not an effective forum for genuine debate and discussion of next steps and at times felt very performative and scripted from the UK side.
24. Where there was divergence in policy making it was often due to practical rather than clinical or political issues such as different geographies or different school and holiday calendars. However, a clear difference in approach and purpose also existed and widened during the intense periods of Covid, between a Scottish Government approach which sought to minimise covid as far as possible to save as many lives as possible, and a UK approach which seemed less willing to impose necessary restrictions or NPIs.

25. This divergence was not introduced simply for the sake of divergence or as has often been claimed for political reasons but was the result of the advice being received by Scottish ministers and the obligation of the Scottish government to the people of Scotland. The greater proximity between the government and population and the smaller population size also in my view meant the government was more responsive both to issues around the spread of the virus, around community support and around business support than the UK government.
26. Where these differences emerged there were often attempts in advance to persuade the UK Government of the position being adopted for example on face masks, reintroducing subsequent lock downs and travel restrictions, or decisions may be held for a day or two to see if the UKG would shift position before the Scottish Government position, based once it had been established first on the advice of the CMOs independent advisers and later also on advice across the four harms, would be set out. However, there was no obligation to act in consort with the UK Government, particularly if those actions did not, in the view of the Scottish Government sufficiently protect Scotland's citizens or if the UK Government was not prepared to act at the same pace as the UK government.
27. The difference in approach often came through in the tone and seriousness of communications by the First Minister and the Prime Minister, or key spokespeople on media broadcasts.
28. Where divergence became a problem was where the social or economic support required to enable people to comply with NPIs came from the UK Government and it was not following the same approach as the Scottish Government and where the UK Government indicated it wanted to lessen restrictions and indicated so publicly contrary to the advice being received by the Scottish Government, which often created a public expectation of changes to restrictions in Scotland that we were not planning. The former was most evident in autumn/winter 2020 around the application of new lockdowns and the provision of funding for businesses and employees who would be impacted by closure. The refusal of the UK Government to return furlough support for employees impacted by a lock down to its full level delayed the application of new lock downs. That that support only became available at the point where England decided to apply a lockdown shows the difficulties the Scottish government faced in having only some of

the levers. It is not that all nations should have locked down at the same point, as it was right at this point in time to try to support fewer restrictions in areas with a lower prevalence of covid, but that the mechanisms for support should have been available to each government equally for triggering based on prevalence and need. The later issue, of the UK Government indicating a lessening of restrictions contrary to Scottish advice was experienced for example around international travel restrictions, face masks and Christmas arrangements.

29. My advice during this period was on the general tenor of the actions being taken, managing public response and the communication of the actions being taken. I played a role on the FM's behalf in asking clinicians and officials for more and better advice and raising questions on further action and acted as a sounding board /thought partner for the First Minister and others.
30. The response within the Scottish Government to the lockdown demonstrated the ability of government to respond swiftly to difficult situations with, for example, early action to support people in financial or social difficulty, to support charities who could provide support to communities and the establishment of resilience operations and services for those isolating. A lot of this action built on existing resilience networks and structures in place over a number of years to respond to emergency events but was scaled up significantly.

Role in relation to NPIs

31. As explained above, my role is not that of decision maker, nor did I offer clinical advice or provide data to ministers. Special Advisers - as well as supporting the implementation of ministerial decisions - often act as sounding boards for ministers to test decisions, probe analysis and consider how to communicate actions. This is the role I played in the run up to the first lock down.
32. As above ministers and the wider Scottish Government did not seem to be receiving the full advice being considered by SAGE and prior to establishing an independent group, were in hindsight operating at a disadvantage.

33. It became clear to ministers during early March that containment was having a limited impact. The advice of the CMO was also that a long lockdown would be required at an appropriate point. The emergence of unseen (by Scottish ministers) advice to SAGE recommending a lockdown led to increased discussion of when and how a lockdown should take place which the FM, DFM and Health Secretary recognised was required. The lockdown was adopted as the only available means of stopping the spread of the virus, protecting life and limiting the impact on hospital capacity. The goal throughout was to minimise loss of life. Had the advice to lockdown, including the modelling showing the impact been made available to the Scottish Government at an earlier point I believe the lock down would have been imposed earlier.
34. The timing of the second lockdown followed efforts to contain the spread of the virus regionally, limiting the economic, social and other health harms of a lockdown to only those areas with a high prevalence of the virus. Whilst this balancing act had some success in autumn 2020, it became clear it was not sufficient and that a further lockdown at the same time as a vaccination programme, could protect more lives and reduce the impact of Covid.
35. This effort was as a result of the application of a four harms approach which considered social, economic and other health harms alongside the direct harm of Covid to seek to balance decision making on NPIs.
36. I would not say I advised on the adoption or not of specific NPIs, that was for clinicians and officials, but I would have given views at certain points on the interpretation of the data, of public mood and compliance, of communications and where there was politics involved - for example securing the support of other parties or governments or impact on stakeholders such as through border controls - on that aspect.
37. Special Advisers - I, the head of policy and the Health Special Adviser - would also sometimes raise NPIs we saw being introduced elsewhere and question advice on that basis or provide ministers with information to question advice on that basis. The introduction of guidance to wear face masks for example took place at a time where advice was that their impact could reduce compliance with other NPIs, but where we were seeing them be introduced in other places and when it was felt politically that they

could also help to build confidence and provide additional security to those individuals having to interact with others.

38. I refer later to informal communications with the First Minister, this was often a replacement for informal in person discussions when we were not in the same location - thinking out loud about what restrictions were appropriate at what point and how to implement the detail of them.
39. Consideration was given to equalities issues - with a greater focus given to equalities issues later in the pandemic, following the initial lock down, for example the interaction between restrictions and religious observance, exemptions or different approaches that may be required for those shielding or with disabilities, the putting in place of bubbles and flexibilities for new parents, specific campaigns for example on vaccines deployed in ethnic minority communities. It was often the case that a restriction or NPI was applied on a blanket basis and then exemptions were applied, or adjustments made to meet equalities needs. Consideration was also given to income levels and socio-economic circumstances, recognising that in many of Scotland's cities people live without access to private gardens and that one of the first relaxations in lockdown could be the ability to rest/sit in public green space, and that playgrounds should be opened at the earliest opportunity to support children. This approach also led to decisions around whether or not young children were included in the restriction on numbers of people that could gather and whether they could be in physical contact with family members from outside their household given the developmental impacts on children of the pandemic. Whilst consideration was given to equalities issues that consideration often came after the application of the NPI, and it could have been considered upfront, although working at pace could make that difficult and we would often try to signal through the briefing that further guidance for those who required a different approach was being developed. In addition, in communications during this period, we sought to regularly address those who were Shielding.
40. Thinking about what worked well and what could have been improved in this area, as set out above the initial sharing of information from the UK Government to the Scottish Government and particularly SAGE advice which was meant to be for all governments but seemed to be held by the UK Government, on the application of NPIs and measures

to contain and suppress the pandemic did not work well. This improved with demands for increased transparency, the publication of SAGE papers and the establishment of an independent group of Advisers to Scotland's CMO.

- 41. External communications during this period did work well, giving clarity to the public on the expectations on them, creating space for concerns and questions to be raised.
- 42. Communication within Scottish Government and with stakeholders whilst strong and effective under considerable pressure could at times have been improved, particularly around the application of the framework and the application of or lifting of restrictions. Teams within SG did not always appear to be hearing each other, particularly on the interaction between economic and Covid harms, and economic teams did not seem equipped or prepared to explain to stakeholders why certain restrictions were in place and why decisions were taken not to lift them.
- 43. Planning and Strategy was I think as effective as possible during this time period with an unpredictable or unknown, at least initially, virus. Following the application of the first lockdown SG worked to put in place frameworks for decision making, to make these transparent and available to the public and to stick to them as much as possible. I supported officials on preparing these frameworks, helping to determine the balance of priorities between different sectors, and communicating them more widely.

Role in Public Health and Coronavirus Legislation and Regulations

- 44. The content and passage of the Coronavirus Legislation was delegated to the Deputy First Minister and other Special Advisers and I played little role in its design or development.
- 45. I played a broader role, working with officials and advisers (clinical, economic and social) in the development and application of the four harms approach to the framework used for opening or closing parts of society or parts of the country.
- 46. As we worked through the framework to open up society, I provided support for the implementation of decisions taken by the Cabinet, SGoRR or Gold Committees often

liaising between key ministers and officials on the precise detail, supporting ministers in considering analytical information - for example prevalence of covid in different geographies - to make decisions in relation to regulations, and assisting officials in applying decisions and principals to specific situations.

47. I also advised with other special advisers on the political handling of regulations, including supporting calls between the First Minister and other party leaders to provide an opportunity for them to raise proposals and to ask questions before being asked to give their support and on the timing of regulatory changes - for example opening hospitality on a Monday rather than a Saturday in order to better manage the transition.

Role in relation to medical and scientific expertise, data and modelling

48. In relation to the data used I played some role in working with statisticians and communications colleagues to encourage release of data in an understandable form to the public in order to support public awareness of the state of the pandemic and public understanding of the decisions being taken. I also used my role to try to support media requests for greater transparency where it was possible.
49. Within government, I would often interrogate the data being used at the daily briefing to ensure I had a good understanding of it, that any anomalies or issues of incomplete data had been identified and could be explained by those leading the daily briefing and that they were properly briefed on any new data sets being published.
50. I would also review the data used for determining the level at which different parts of the country should be within the framework on restrictions and join discussion with ministers and advisers on those decisions.
51. I played no role in generation of modelling or data - except to pass on requests from ministers or to ask for analyses that I thought would help decision making, though I did consult with officials on the social attitudes polling - titled Public Attitudes to Coronavirus that was conducted regularly and published throughout the pandemic to provide information on compliance, issues of concern and public attitudes all of which helped to build trusted communications.

52. The pandemic demonstrated the ability to devise and deploy new data sources in short time spans with a sufficient degree of confidence, however that did not mean that there were not occasions where additional or more up to date data was requested or would have been helpful but either would not be available or would not be considered to have been checked sufficiently for public use.
53. The concerns I had during this time centred on the initial period and the level of access of ministers in the Scottish Government to the scientific expertise held by SAGE. Ultimately the Scottish Government set up its own independent advisory body to provide advice specific to the Scottish situation, but also due to the challenges of obtaining, interrogating and requesting advice from SAGE as the supposed UK wide body.

Role in Covid 19 public health communications

54. A significant part of my role during this period was to work with the communications and marketing teams within the Scottish Government to support and advise on the communication of key messages during this time. I had considerable experience through my career in communicating key messages to the population as a whole which I used to support Covid communications. In particular I supported the daily media briefings, key note messages to the nation broadcast at key moments, and parliamentary statements by the First Minister. I also supported the teams in honing communication and marketing materials explaining NPIs and restrictions, supporting social solidarity or encouraging behaviour such as getting vaccinated.
55. In relation to the daily briefing, I would lead preparation for the briefing, alongside the Covid Briefing Unit, coordinating issues to be raised, agreeing with the First Minister, based on prevailing information, trends or concerns, the subjects to be discussed at the briefing, working with the FM Speechwriter on the script for the First Minister and contributions from other participants, and attend the pre briefing where issues expected to be raised by media or statistics being issued that day would be discussed with a CMO/DCMO or National Clinical Adviser, the Health Secretary and on occasions the DFM or a supporting Minister along with any emerging evidence in relation to the pandemic, identifying lines to take and issues on which further advice would be requested or on which SGoRR, gold meetings or cabinet might discuss further. After the

initial period I tended to support these briefings Monday - Thursday, with colleagues supporting Friday briefings.

56. Similarly, I would work with the speechwriter on the content of statements to parliament, particularly in working through the covid framework as levels of restrictions changed, additional support was made available, or new areas were identified for attention.
57. I or senior special adviser colleagues would have oversight prior to ministerial clearance of media releases in relation to the raising or lifting of restrictions, changes in guidance or the launch of initiatives such as the app, and would at times support comms officials, CMOs and the NCD in the lines to take for media bids, based on the framework of restrictions set out.
58. These briefings were often influenced by trends in data and clinical information - e.g., if there was evidence of transmission in particular settings or geographies, or for example a need to remind people of alternative means to contact the NHS, of the support available to those isolating, or of the NPIs they should be following. In preparing the briefing we also took account of polling information on the levels of public knowledge, issues of concern for example money, mental health or child welfare, and general mood of the population.
59. Overall, it is my view that the conduct of the Scottish Government's Covid media briefing was successful and had a positive impact in explaining what was being asked and expected of people, supporting them through it and providing clarity where possible to people's questions, often voiced through the media. In particular the briefing helped to build trust with the public by consistently using the same individuals with whom the public could develop a relationship and who they could see trying their best to guide the country through the pandemic. The briefing also allowed people to follow the emergence of new information, to see transparently how and why restrictions changed, and presented an opportunity to directly respond to or rebut issues which might be causing concern, or which were inaccurate. Polling conducted throughout the pandemic showed that the SG was a trusted source of information, in addition discussion with broadcasters provided feedback on viewing figures enabling SG to understand whether messages were being heard.

60. The briefing and set piece addresses to the nation also provided a forum where if decisions in Scotland were different to the wider UK that could be explained directly, including the logic behind the decisions.
61. In relation to public health communications in the form of marketing campaigns, overall the SG campaigns to my mind delivered their objectives of keeping people informed - particularly in the early stages around what was and was not a permissible activity, and then subsequently on changes in levels, local differentiation, support available to people and vaccination. Despite efforts on the SG part there were difficulties co-ordinating with the UK Government. Whilst initial messages were very similar, a decision by the UK Government that was not communicated in advance to devolved administrations, to weaken the key message from Stay Home to Stay Alert, risked people receiving mixed messages and given our public health advice did not support lessening the request of people, the Scottish Government had to work hard with the UK Government, to ensure it did not promote that message in Scottish based media but instead used its resources on messages where we were aligned. Mitigating the impact of UK messaging on which we were rarely consulted in advance took up more time and resource than was ideal.
62. Other potential impacts, such as the resignation of the CMO, who had fronted communications messages were mitigated by rapid action to replace materials with alternative spokespeople. The apology and resignation of the CMO limited the impact of her actions on public confidence in the measures put in place by the government. Equally the clear position from ministers that the rules applied to everyone equally - whether a minister, an adviser, member of parliament or football player /team helped support the social solidarity necessary to maintain confidence in the measures people were taking. Differences in confidence and trust and compliance between Scotland and England around the time of rule breaches by prominent individuals in England I believe demonstrate the impact of that approach.

Informal Communications

63. Decision making took place at Cabinet, SGoRR, COBRA or in Gold meetings, on the basis of papers prepared by civil servants. Clear ministerial direction would be given in these environments. Decisions between these points would be taken as appropriate by

ministers or clinical advisers and recorded in email or meeting minutes. Any role I then had would be in working with civil servants to apply those directions at a very detailed level within the Covid framework.

64. Decision making did not take place via informal means such as Whatsapp or text.
65. At times, normally due to the pace of government at this time and parliamentary deadlines, I might informally consult the First Minister or other ministers for guidance on a set of options in front of her/them. This would often happen as we moved through the framework to lift restrictions and documents were being finalised late the night before or early in the morning ahead of presentation to parliament. This was sometimes done on WhatsApp (with FM) although it may also have been done via a phone call or if we were in the same building then it would happen in person. The use of WhatsApp could easily have been text message except for the poor signal in the basement of St Andrews House. There is no significance to the use of a particular app.
66. Such informal guidance would then be relayed by me to civil servants to give them a steer to help finalise documentation, with the First Minister's office or other ministerial office recording the formal decision in the morning in response to the overnight submission from officials or at times having considered it further providing a different decision. My communications with the First Minister were on my personal phone as they crossed a range of personal and political issues as well as covid. I have provided these messages to the Scottish Government to submit to the inquiry alongside this statement and an accompanying narrative to support the inquiry in determining relevance. I have indicated to the SG that I expect all messages to be submitted [LL/002- INQ000287766]. As can be seen I would also at times use WhatsApp to consult the FM on operational issues which would again be conveyed to FM Private Office for action such as who would attend a briefing or meeting and sometimes just to create a safe space to release tension or to comment on the actions of others, for example UKG. Any other informal communication with advisers or ministers would have taken place on my Scottish Government phone. I do not hold my official Government phone. On leaving government on March 21 and in March 23 I returned my SG phone to the government without deleting any material. I do not have access to it to advise on whether it contains any relevant material.

67. The Scottish Government also holds my emails and calendar from this period. Due to the pace of activities the calendar may not reflect the reality of meetings attended.

Key Challenges and Lessons Learned

68. Decision making at pace, initially on very limited information, in relation to a pandemic whilst also experiencing the impacts of the pandemic was a significant professional and personal challenge.
69. Whilst within the SG teams worked well to meet that challenge the initial uncertainty over any and all information on the virus, the lack of full access to SAGE advice, which was supposed to serve the Scottish Government, and the lack of genuine engagement in four nations discussion by the UK Government were key difficulties that made the situation harder to manage and decisions harder to make than they should have been.
70. In the early days the changing knowledge on the virus particularly how it was spread presented a further challenge.
71. There are many lessons that others are better placed than me to set out in terms of decision making structures, the timing of the application of NPIs and the success or otherwise of the steps taken.
72. I would consider a key early lesson which was acted on swiftly was to have independent advice direct to the Scottish Government on the virus, its presence in Scotland and best practice in tackling it.
73. There are lessons for the future regarding the intergovernmental arrangements and that if powers remain as they are, there needs to be agreement particularly between the Treasury and the devolved governments on support for actions in the event of an emergency or public health crisis, given that the lack of that clarity impacted decision making.

74. I think there is also a key positive lesson from this experience on the value of constant communication with the public, of building trust and of using that to support and maintain social solidarity during such a crisis.

Statement of Truth

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

Signed:

Personal Data

Dated: 15th November 2023