

Witness Name: Colin McAllister

Statement No.: 1

Exhibits: CM

Dated:

UK COVID-19 INQUIRY

WITNESS STATEMENT OF COLIN MCALLISTER

In relation to the issues raised by the Rule 9 request dated 20th June 2023 in connection with Module 2A, I, Colin McAllister, will say as follows: -

1. I am Colin McAllister of St Andrew's House, Regent Road, Edinburgh, EH1 3DG.
2. I am employed as a Special Adviser in the Scottish Government and was appointed in accordance with Part 1 of the Constitutional Reform and Governance Act 2010. As such, I am a temporary civil servant.
3. I have prepared this statement myself by reference to records and material provided to me by the Scottish Government.
4. 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.

Background, qualifications and role during the Covid-19 pandemic

5. I have spent the majority of my career in communications, primarily in the public sector and politics, having originally trained as a journalist.
6. As a special adviser, my role is to add a political dimension to the advice and assistance available to Ministers unavailable to them from politically impartial civil servants. As such, while I am subject to the Civil Service Code, the Special Adviser

Code exempts me from the requirement that civil servants should be appointed on merit and behave with impartiality and objectivity, or that they need to retain the confidence of future governments of a different political complexion.

7. I am able to convey to officials Ministers' views, instructions and priorities, including on issues of presentation, taking account of any priorities Ministers have set; request officials to prepare and provide information and data, including internal analyses and papers; hold meetings with officials to discuss the advice being put to Ministers; and review and comment on – but not suppress or supplant – advice being prepared for Ministers by civil servants.
8. The Code of Conduct for Special Advisers specifically excludes Special Advisers from asking civil servants to do anything which is inconsistent with their obligations under the Civil Service Code or behave in a way which would be inconsistent with standards set by the Scottish Government; authorise expenditure of public funds or have responsibility for budgets; exercise any power in relation to the management of any part of the Civil Service, except in relation to another special adviser; or otherwise exercise any statutory or prerogative power.
9. I am currently serving as Chief of Staff to the First Minister.
10. I was first appointed as a Special Adviser in October 2008, serving until 2011. I was appointed again in October 2012, serving first as Deputy Head of Policy, from July 2013, then as Head of Policy, a role I held until I was appointed as Chief of Staff on 16 June 2021. Upon the election of the current First Minister in March 2023, I was reappointed as Chief of Staff.
11. My duties as Head of Policy – the role I held for the majority of the specified period – included acting as political policy adviser to the First Minister, and other Ministers, providing strategic advice to the First Minister, Cabinet Secretaries and Ministers on major policy initiatives and political issues facing the Scottish Government, helping to ensure the Government's individual policy initiatives reflect the Scottish Government's priorities and objectives, leading the First Minister's Questions (FMQ) briefing process on behalf of Special Advisers, deputising for the Chief of Staff in their absence and in responding to emerging high profile and crisis situations, providing leadership and guidance to policy Special Advisers and

ensuring the policy Special Advisers team collectively provides the required support to Scottish Ministers.

12. For that section of the specified period for which I was Chief of Staff (16 June 2021 to 18 April 2022), I continued with the duties above; however, in addition, I took on including overall responsibility for all Special Advisers (other than the First Minister's 'Strategic Policy and Political Adviser', Liz Lloyd).
13. In my role, I was not a member of any specific decision-making committees, groups or forums dealing with the Scottish Government's response. I would attend meetings to support Ministers as required, for example, meetings of the Scottish Cabinet and Scottish Government Resilience Room (SGoRR) and would contribute where political advice was sought but was not a member of such groups.
14. In the initial phase of Covid-19, broadly from the start of the specified period to early April 2020, I engaged primarily on issues around education. For example, I was party to discussions about the potential closure of schools, colleges and universities; the impact on the exams processes; and the preparation of the First Minister for media conferences.
15. Once work began on detailed plans for how Scotland would make decisions on easing restrictions and on the phasing of that easing, my focus included this work. This included inputting into the production of strategic documents such as 'Coronavirus (COVID-19): Scotland's route map through and out of the crisis' [CM/001 - INQ000131072] and its supporting materials. I also continued to be regularly – perhaps once or twice per week – directly involved in the preparation of the First Minister for the routine media conferences she was undertaking.
16. My focus remained on a combination of education and the easing of restrictions through the summer and autumn of 2021. I attended a range of formal and informal meetings to discuss the progressive easing of restrictions, the creation and implementation of the levels system (the system whereby different geographic parts of the country with different levels of Covid-19 had different sets of restrictions applied to them), the publication of the various frameworks (and related materials), the preparation of Ministerial parliamentary statements and the ongoing media briefings by the First Minister and other Ministers.

17. From mid-December 2021, increasing concern about rising Covid numbers and the ongoing debate over the planned Christmas easing of restrictions, shifted my focus to these issues.
18. In the absence of the then Chief of Staff, I led the Special Adviser involvement in the announcement of increased restrictions (on mainland Scotland) from 26 December 2020 and the second lockdown from 4 January 2021, attending the relevant Cabinet and SGoRR meetings and helping the First Minister prepare for the announcement of the restrictions.
19. Across the specified period, I occasionally supported the First Minister when she attended virtual meetings with other UK administrations. This included, in the run up to the second lockdown, the virtual meetings with UK ministers and UK scientific advisers (I believe this was on Saturday 19 December 2020), as well as the semi-regular 'Four Nations' meetings hosted by UK Secretary of State Michael Gove (which I believe was intended to be fortnightly but in practice occurred as required). I do not recall contributing directly in any of these meetings.
20. In relation to communications with other administrations, I had some limited communication with Special Advisers in Wales, primarily telephone calls with the then Education Special Adviser in the Welsh Government, Tom Woodward, around the easing of restrictions in education settings. These were informal sharing of information and experience to help guide our own (and their) plans.

Initial understanding and response to Covid-19 (January 2020 to March 2020)

Initial Understanding and readiness

21. I first became aware of Covid-19 as a result of media reports in mid-January to mid-February 2020.
22. During the early part of the period January 2020 to March 2020, I was not involved in the Scottish Government response to, or even particularly aware of, beyond media reports, the disease.
23. My primary source of awareness of the disease and the issues relating to it came from my role in preparing the First Minister for First Minister's Questions. This

involved overseeing written briefing that was provided and leading a discussion with the First Minister and officials on subjects likely to come up during the weekly Parliamentary exchanges.

24. As February turned into March, I also became aware of an increasing frequency to colleagues' and ministers' being briefed on the disease and, with each meeting, the tone of colleagues after the meeting becoming more serious. I was informally briefed by Special Adviser colleagues on at least one occasion (I believe in March) on projections for the number of UK deaths from Covid.
25. This level of involvement did not allow me to form a view on Scotland's level of preparedness.
26. I was not aware then or now of any meetings regarding the Nike Conference in Edinburgh on 26/27 February 2020 ahead of it taking place.
27. While I expect I was generally aware Scotland would play France in the Six Nations rugby at Murrayfield on 8 March 2020, I was not aware then or now of any relevance to or discussion of it in relation to Covid-19 before it went ahead (or indeed after).

Initial Strategy and decision making

28. My impression was that the response to Covid-19 was led by clinicians at a UK level. For example, I recall (but cannot provide a precise date for) colleagues attending a briefing to Ministers by (then) Deputy Chief Medical Officer Dr Gregor Smith. He was reporting back to Scottish Ministers on UK meetings that he had attended as an observer on behalf of Scotland. This appeared at the time to be the typical approach whereby the key meetings and / or decisions were clinician-led at a UK level with information sharing for Scotland for the purposes of implementation. My understanding was that there was limited or no involvement and that, as an observer, Dr Smith was not able to speak or ask questions in these UK-level meetings.
29. My understanding of the UK strategy at this point was one of containment and prevention, with an emphasis on quarantining those effected or exposed while the wider population took reasonable precautions such as washing hands properly and

frequently. I was not aware then nor believe now that there was a separate Scottish approach to Covid-19.

30. There was no discussion I was aware of regarding the concept of 'herd immunity'. I only became aware of the term through media reports.

31. As February turned into March, the issue of Covid-19 came more and more to the fore and featured to greater and greater degrees in FMQ preparations.

32. I do not believe that, as January and February 2020 progressed, Scotland had its own infrastructure for the provision of high-quality advice in place to enable it to do anything other than reply on the UK level infrastructure.

33. My recollection is of a single source of clinical advice, represented in Scotland by the Chief Medical Officer but representing a single UK clinical view on how best to respond to Covid-19. Ministers were intent on following the best medical advice but, with only one source to draw upon representing one view of the right response, Ministers had no reason to diverge from the recommendations being presented to them.

34. As such, I did not provide advice to ministers on the use of lockdown, initial strategies to respond to Covid-19, the move from 'contain' to 'delay', the discharge of patients into care homes, or guidance and advice to health and social care providers.

35. The only occasion where I recall I shared my view with Ministers was, ahead of the decision to lockdown in March 2020, when I discussed the implications for schools with the First Minister. I cannot be precise as to the date but believe it was in the week before lockdown was announced. I expressed the view that the situation was becoming ever more serious, particularly in light of the reports from Italy, and, if things continued to escalate, school closures seemed possible and that this would be deeply disruptive to the process of the certification of awards by the Scottish Qualifications Authority (SQA).

36. My recollection is that the First Minister had not, at that point, formed a final view on whether school closures would be necessary but shared my concerns.

37. On one occasion during this early period, I also provided (unsolicited) advice to the Chief Executive of the SQA. I believe this was on the same day I was informally briefed on the projection of likely deaths. I telephoned to share with her my concern that there may be extended school closures. I expressed the view that the SQA needed to rapidly consider how to respond to such closures. The Chief Executive seemed surprised by my view and expressed the view that she was not anticipating either extended school closures or significant disruption to the exams process.

Role in relation to non-pharmaceutical interventions

38. My understanding, then and now, of the decision to lockdown in March 2020 was that it was based on clinical advice that the only way to avoid very large numbers of cases, leading to large numbers of deaths both from the disease itself and from the impact on the health service of being overwhelmed, was to lockdown.

39. At the time, it felt as though the situation had escalated incredibly quickly. As an illustration, the Scottish Government's Budget for 2020-2021 was published on 6 February 2020, around only 7 weeks before the first lockdown. It does not contain the terms "Covid", "Covid-19", "coronavirus" or "pandemic". It simply was not a factor.

40. As such, I did not think then that government, either in Scotland or UK-wide, was moving with anything other than incredible speed.

41. I am aware of arguments made since that an earlier lockdown may have been better. As far as I am aware, however, no clinical voice expressed such advice to any Scottish Minister at the time.

42. In the absence of that view being expressed to Ministers by credible clinical voices at the time, I cannot see on what basis Ministers could have taken a decision to lockdown earlier.

43. In relation to the second lockdown, there was clearly much greater debate. Concern had been growing for some time over rising numbers of Covid cases. Alongside this was a greater awareness of the negative impacts – not least on health – that lockdowns themselves imposed. Whereas the decision ahead of the first lockdown seemed entirely based on clinical advice that said, in terms, that

lockdown was now the only choice available to Ministers, ahead of the second lockdown, there was a greater awareness of the balance of harms and a greater range of voices, both in public and in private that expressed relevant views.

44. This debate progressed through the latter half of December 2020, with Scottish Ministers determined to follow the best clinical advice but not unconscious to the harms lockdown imposed.
45. It is my recollection, however, that the clinical advice once again, in terms, became definitive that only a further lockdown would prevent a catastrophic loss of life.
46. In relation to the provision of information, data, analysis or advice on lockdowns, restrictions more generally, working from home, social distancing, isolation, face-coverings or border controls, my role was initially specific to presentation and communication and did not include inputting into the decisions themselves. For example, I inputted into the presentation of the various key publications, the accompanying graphics, short guides, media releases, parliamentary statements, and media statements.
47. This was driven by the near total consensus amongst political parties on Covid-19. That consensus meant that there was little need for “political” advice.
48. From, broadly, the summer of 2020 onwards, there was a shift in the political reaction to Covid-19 and, as the summer progressed, the consensus ended.
49. Bearing in mind the need to legislate with regard to many Covid-19 restrictions, the need for political advice, particularly in relation to whether and how to achieve a majority of members of the Scottish Parliament voting for the legislation and, sitting behind that parliamentary process, political advice on the wider public debate on issues, grew. That advice came from Special Advisers including myself.
50. In this context, political advice became more necessary as the requirement to maintain broad public support and a clear parliamentary majority in favour of legislative measures was necessary (recalling that the Scottish National Party did not have a majority of seats in the Scottish Parliament at this point in time and relied upon the support of other parties to pass legislation).

51. Beyond this, on occasion I also communicated the First Minister's requirements regarding timescales, advice and the substance of decisions to lead officials. This was limited to occasions where speed was essential and I was physically present with the First Minister. This function was more usually carried out by her Private Office.
52. In relation to decisions on 'at risk' groups, I recall this being a recurring topic of discussion between clinical advisers, the First Minister and other Ministers. The position of specific 'at risk' groups was frequently raised, for example, by the Chief Medical Officer and / or members of Cabinet during the discussion of Covid-19 that was a standing item on the Cabinet agenda during the specified period. In preparing for her daily media briefing, I routinely witnessed the First Minister and her clinical and scientific advisers discuss the impacts on 'at risk' groups. While I did not input into such decisions, given the frequency and prominence of the issue in discussions I witnessed, I believe they were factored into decision making appropriately.
53. In relation to areas that worked well, I believed then and now that the coordination of Scottish Government officials with the wider public sector, including local government, worked well with key groups able to directly feed into decision making. For example, the presence of key clinical voices alongside Police Scotland, local Government and wider Scottish Government officials in the SGoRR meetings provided rounded advice to Ministers from all perspectives.
54. As noted above, there was an absence of broad Scotland-specific clinical / epidemiological advice in the early phase of the pandemic.
55. I would also note that the differences in approach to the exit from the first lockdown and the second lockdown reflect the experience gained and lessons learned. The creation to the 'Four Harms' system – whereby restrictions were considered against four specific 'harms' of health impact as measured by risk of transmission; impact on the NHS, social care and wider public health; the societal impacts of restrictions; and the impacts on health and society of economic restrictions – with the accompanying advice infrastructure aided ministers in their decision making. It was also beneficial in explaining and communicating decisions. By having a clear,

rational approach that could be consistently explained, it aided compliance among the public even where individuals may have disagreed with the specific decision.

Divergence

56. As noted above, divergence between administrations came after the introduction of the first lockdown.
57. It stemmed, in my view, from two factors: the broadening of the advice received by Scottish Ministers; and the abandonment of the primacy of clinical advice – the ‘health-first’ approach – by UK ministers.
58. On the former point, the formation of a Scotland-specific Covid-19 Advisory Group in mid-March 2020 was the first time I am aware of that a broader, non-UK source of advice was sought.
59. This complemented the increase in public advice all governments were now able to access. Put simply, the world’s leading clinicians and epidemiologists were now on television and in the print media on an hour-by-hour basis with different views. This exponential increase in the knowledge base of everyone meant that the single view presented to Ministers by pre-existing UK-level advice structures was no longer the reality.
60. In relation to the position of UK ministers, my understanding of the period in the run up to the first lockdown is that clinical advice had primacy. Essentially, a ‘health-first’ approach was being taken by all administrations.
61. As that first lockdown eased, it became clear that decisions were being taken – and public statements being made – that placed other factors higher in some UK ministers’ priorities. One example would be the “Eat out to help out” campaign which seemed firmly to communicate the primacy of economic factors over health concerns. In contrast, Scottish Ministers remained clearly and explicitly committed to a ‘health-first’ approach. My understanding is that the same was true of Welsh Ministers.

62. As such, in this regard, it is not correct to frame this issue as 'Scotland's divergence'. In reality, it was the UK government that broke the consensus on this 'health-first' approach.
63. This breach of the 'health-first' consensus was reflected in the party-political sphere where issues of economic impact were championed by the Conservative Party in Scotland. This formed part of the breakdown in the preceding political consensus noted above.
64. This divergence did not extend to all issues. On the question of international travel for example, irrespective of the positions expressed publicly on what should happen, divergence was not practically possible for the Scottish Government without the cooperation of the UK Government which was not forthcoming. In the absence of that cooperation, while Scotland technically had public health powers that could be used, as I understand it, to require testing and/or quarantining of arriving passengers, it was not practically possible to implement these. For example, public health authorities would not be able to identify those passengers who had arrived in the UK at an airport outside of Scotland and then immediately transferred to a flight into Scotland. Without practical information and cooperation, the powers Scotland technically had, could not, in practice, be used effectively.
65. This was particularly obvious in relation to restrictions on economic activity. The relative imbalance in fiscal powers meant that Scotland did not have the powers to offset economic losses and thereby the harms imposed by economic restrictions. This changed the balance of harms. Had the fiscal powers existed to allow the Scottish Government to be able to introduce, for example, a furlough scheme in late 2020, this may have shifted the balance of harms in favour of greater restrictions earlier.

Medical and scientific expertise, data and modelling

66. In relation to the consideration of non-pharmaceutical interventions, I did not provide, facilitate or enable access to medical or scientific advice, data, or modelling. This was done by relevant clinical advisers, scientific advisers and specialists.

67. My role, on occasion, did include passing on Ministers' requests for material or feeding back on decisions. This role was primarily undertaken by the First Minister's Private Office but, where my proximity to the First Minister made this the most efficient means of communication, for example in period between Cabinet meetings and statements to parliament given on the same day where Cabinet had delegated the final decision on an issue or issues to the First Minister, I occasionally undertook this role.

68. I do not have any specific view on areas which worked well, issues, obstacles or missed opportunities and, beyond my comments at paragraphs 32, 33, 34, 55, 58 and 59, have no comments to offer on adequacy of information and advice, information sharing and communication, coordination or strategy and planning.

Public health communications

69. I inputted on occasion into aspects of the presentation of public health communications material and, on occasion, suggested material that could help with the political or public debate at a given moment in time. For example, when key strategic framework documents setting out the levels system (explained above at paragraph 55) were being prepared, I commented on the documents' ease of understanding to the lay person, on presentation of graphics within the documents, accompanying social media posts, draft parliamentary statements and associated materials, such as media releases.

70. I supported the First Minister in her media briefings – sharing this duty with clinicians, officials, and the Chief of Staff among others – which were some of the more significant opportunities to communicate public health messages.

71. These briefings were widely held to be highly successful for their consistency, openness of approach and authenticity.

72. Such briefing helped maintain public confidence in the advice being communicated. Breaches of that advice – or of restrictions – by public figures undermined that confidence.

Public Health and Coronavirus legislation and regulation

73. I had no role – beyond the input into strategic advice noted above – in coronavirus or public health legislation, other than, briefly, being asked by Scottish Government officials to sign off the text of regulations before they were sent to Ministers for agreement. I did not consider this to be something it was appropriate for me to do and asked that officials simply sent the regulations to Ministers, copying me for information. As such, I have no comments to offer on what worked well, issues, obstacles or missed opportunities, including on the proportionality of the regulation and their enforcement or improvements that could have been made to effectiveness or public compliance with the legislation and regulations.

Key Challenges and lessons Learned

74. I have provided no oral or written evidence to the Scottish Parliament, any of its committees or any committee of the UK Parliament.

75. I have not contributed to any internal or external reviews or lessons learned exercises.

76. In relation to key issues and junctures, to the extent that I have any to offer, these are set out in the body of my evidence above.

Informal communications and documents

77. I did not make any significant use of platforms such as WhatsApp for work purposes. While occasional chat messages were exchanged between colleagues, to my knowledge substantive government business was not conducted on such platforms.

78. The reason for this was largely the close physical proximity to the First Minister of the key voices in decision making. She was in near daily personal contact with them as a result of the daily media briefings she undertook. As a result, issues were largely discussed in person or via video meeting platforms where people were not physically in the same space. There was no need for WhatsApp-type messaging.

Statement of Truth

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

Personal Data

Signed: _____

Dated: _____ 18 October 2023 _____