

Witness Name: Mairi Gougeon

Statement No.: 1

Exhibits: MG

Dated: 25 October 2023

## **UK COVID-19 INQUIRY**

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### **WITNESS STATEMENT OF MAIRI GOUGEON**

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**In relation to the issues raised by the Rule 9 request dated 16 June 2023 in connection with Module 2A, I, Mairi Gougeon, will say as follows: -**

1. I am Mairi Gougeon of the Scottish Parliament, Edinburgh EH99 1SP. I am currently the Cabinet Secretary for Rural Affairs, Land Reform and Islands within the Scottish Government. I have been in that position since May 2021.
2. I have prepared this statement myself by reference to records and material provided to me by the Scottish Government. I have also received assistance from the Scottish Government Covid Inquiry Information Governance Division to enable the statement to be completed.
3. 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**

4. I have been in the Scottish Government since June 2018 when I became the Minister for Rural Affairs and the Natural Environment. From December 2020 to May 2021, I was the Minister for Public Health and Sport. In this role I was responsible for decision making in the fields of testing for Covid-19, dentistry, sport and physical activity, sexual health, diet and healthy weight, and other health care related matters. I would be provided with advice and recommendations on which to base decisions. On my

appointment in December 2020, Covid-19 testing was becoming increasingly available to the public in various settings and my role involved overseeing the testing programme and further roll-out of testing.

5. I attended committee meetings of the Scottish Parliament, but I do not recall providing oral evidence specifically relating to Covid-19 during my time as Minister for Public Health. I attended monthly Health and Social Care Management Board meetings with the Former Cabinet Secretary for Health and Sport, Jeane Freeman, and other key officials within the health portfolio. I attended in a listening capacity, feeding in as and when appropriate. I held fortnightly meetings with NHS board chairs and monthly meetings with Public Health Scotland, these were regular meetings to highlight and discuss any issues or matters arising.
6. I do not recall being present at any other decision-making committees, groups or forums dealing with or impacting the Scottish Government's response or communication of Covid-19 in my role as Minister for Public Health. I do not recall playing a role in decision making within other devolved administrations, the UK Government or local authorities within Scotland.
7. I am providing this statement primarily in my capacity as the Former Minister for Public Health and Sport between December 2020 to May 2021. In this role I held responsibilities which included responding to the Covid-19 pandemic.

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

8. Between January 2020 and March 2020, I was the Minister for Rural Affairs and the Natural Environment and as such was not directly involved in health-related policy and decision making at that time. I do not recall the exact point at which I became aware of Covid-19 in my professional capacity.
9. During this initial period of the Covid-19 pandemic, I believe the Scottish Government appreciated the seriousness of the threat of Covid-19 and prepared to the best of its ability based on the information it had at the time.
10. I was not involved in nor was I aware of any discussion within the Scottish Government surrounding the NIKE conference in Edinburgh on 26/27 February 2020 or the Scotland v France Six Nations rugby match at Murrayfield on 8 March 2020.
11. My understanding of the Scottish Government's initial strategy to the Covid-19 was to keep the public safe and limit the spread of the virus. To my awareness 'herd immunity'

was not considered as a strategy by the Scottish Government for responding to Covid-19, however, I was not involved in, or have knowledge of, what matters were considered as part of discussions or decision making at that time.

12. As I was not directly involved in decision-making in this initial period of the pandemic, it is difficult for me to comment on whether the Scottish Government should have made decisions more independently from the UK Government.
13. Between January 2020 and March 2020, I did not provide any advice to the First Minister, other Scottish Cabinet Secretaries, Ministers, Scottish Government committees or its advisers on the use of a lockdown to limit the spread of Covid-19, community testing, surveillance of 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. My role at the time did not involve any decision making in these areas.
14. As I was not directly involved in decision-making in this initial period of the pandemic, it is not possible for me to comment on the information sharing, communication, strategy and planning, information sought and received or coordination with teams and relevant departments.

#### **Role in relation to non-pharmaceutical interventions ("NPIs")**

15. I was not involved in the Scottish Government's decision to adopt a national lockdown as a strategy for responding to Covid-19 in March 2020. Reflecting back with the benefit of hindsight now, it is my view that a lockdown should have been implemented at an earlier stage.
16. I was not involved in the Scottish Government's decision to implement further lockdown measures in January 2021. It is my view that the lockdown in 2021 was introduced at the appropriate stage to prevent further transmission and harm from the spread of Covid-19.
17. In my capacity as Minister for Public Health and Sport, I do not recall having a role in reaching decisions concerning the imposition of, easing of, or exceptions to national lockdowns, local and regional restrictions, working from home, self-isolation requirements, the closure of schools and education settings, the use of face-coverings or the use of border controls.
18. My key responsibility was to oversee the delivery of the testing programme, the continued roll-out of testing and then developing a new testing strategy, based on

emerging evidence and advice. This was a key intervention to find and prevent further transmission of the virus. I was involved in decision making to allow the safe continuation of those services and activities within my portfolio, for example, the resumption of certain sports and physical activities and the number of people permitted to attend funerals. I would be provided with information, advice and recommendations from officials and clinicians to inform such decisions. I would feed into information being provided to Cabinet on those areas within my portfolio, such as on testing, guidance for funerals and sport, within the strategic framework. For key decisions such as changes to the testing strategy and the resumption of certain activities such as professional football, further approval was sought from the Cabinet Secretary for Health and Sport and the First Minister.

19. In my experience as Minister for Public Health and Sport, when the Scottish Government made decisions about the type and duration of NPIs, it considered a number of factors in line with the four harms – the impact on people's health, the impact on health and social care services, the impact on our society and our economy. However, I believe that the Scottish Government was very concerned about the impact on public health, and this remained the overriding consideration during the response to the Covid-19 pandemic. I do not recall playing a role in these factors being weighed in Scottish Government decision making beyond officials providing me with recommendations based on these factors which I would consider.
20. The Expert Group on Ethnicity was established to provide advice to the Scottish Government on the impacts of Covid-19 on ethnic minorities because it was recognised that those from ethnic minority communities were being disproportionately impacted by the pandemic and this therefore necessitated more data gathering and issues raised given greater consideration. From what I recall in my time in public health, I believe the impact on 'at risk', vulnerable and those with protected characteristics was a consideration in any decisions being made, featuring in impact assessments undertaken and communications. An example of this from my portfolio would be the publication of the updated testing strategy [MG/001-INQ000245024], and publication of an Impact Assessment on the key pillars of Test and Protect [MG/002-INQ000147449].
21. I believe that the Scottish Government, and those Ministers involved in key decisions at all stages of the pandemic, were taking decisions on the best available science, information and advice that was available at the time. A network of scientific advisors with clinical expertise existed across Government and advice or submissions to

Ministers laid out the evidence base with any options or recommendations made building on this advice. As Minister for Public Health, I felt I was sufficiently able to access the information I needed, at the time, to make decisions. I believe the coordination of the teams within my portfolio worked well. I received daily updates from directors, had fortnightly calls NHS board chairs, meetings with Public Health Scotland as well as stakeholders from across my portfolio. This regular communication ensured that there was good coordination with the different areas which formed part of my portfolio, as well as ensuring issues were identified, highlighted and communicated at an early stage.

22. I believe that public communication during the pandemic worked well with the First Minister's regular briefings, providing the most up-to-date information and advice in a clear and effective way. However, as the nations of the UK started to diverge in policy and therefore the messages being communicated, I believe this would have made the situation less clear for members of the public.

### **Divergence**

23. I believe the decisions the Scottish Government took were based on the best scientific information and evidence available at that time, in line with the Framework for Decision Making and approach set out in that document. Reflecting on my time in public health, I did not feel that the Scottish Government was taking decisions too late, instead trying to take early action to prevent further transmission and harm caused by Covid-19.
24. I believe the divergence between the Scottish Government and the other three-nations in response to the Covid-19 pandemic was both necessary and appropriate. The Scottish Government has a responsibility to take decisions that are in the best interest of the Scottish people. However, the Scottish Government did not have the complete freedom and flexibility to implement different measures because of financial constraints. The Scottish Government could not unilaterally decide to continue with furlough, as an example, because furlough was a reserved matter and contingent on the UK Government continuing the financial support for it. UK Government decisions in relation to expanding or reducing testing also had an impact in Scotland, affecting the available resource we would receive.
25. In my view, the ability to take the decisions most appropriate for the situation of the pandemic in Scotland was vital and meant that the Scottish Government could

implement restrictions based on the evidence provided and in line with its own Framework for Decision Making [MG/003 – INQ000131025].

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

26. The positions I held within the Scottish Government between January 2020 and April 2022 did not involve consideration or decision making related to medical and scientific expertise or data and modelling.

**Role in Covid-19 public health communications**

27. One of the areas which fell within my portfolio as Minister for Public Health was testing. I played a role in approving communications and marketing toolkits for the rollout of asymptomatic test sites, as well as feeding into other communications campaigns relevant to my portfolio. This involved approving messages that would be communicated through Scottish Government social media channels. The aim of the campaigns was to ensure that information and advice was disseminated widely and communicated in a clear way to the public. To enable this my team made use of the Scottish Government communication platforms, press releases as new test centres opened for example, liaising with the media, health boards and other relevant bodies to disseminate information and guidance to the public about testing as quickly, concisely and clearly as possible.
28. In terms of public health communications during Covid-19, as stated before in this statement, I believe the First Minister's daily briefing was a real strength of the Scottish Government's approach because the First Minister would always be present, and the briefings were consistent. I believe issues emerged where measures started to diverge between different nations of the UK which could lead to confusion in the messages being communicated.
29. I believe that alleged breaches of rules and standards by Ministers, officials and advisers had a big impact on public confidence and trust. People were being asked to sacrifice a great deal throughout the course of the pandemic and expected to comply with stringent rules and regulations. People missed spending time with loved ones, often at the most difficult time in their lives because of the restrictions set by the Government. Ministers, officials and advisers should always lead by example, especially when the restrictions being imposed had such a significant impact on people's lives, such as those put in place during the Covid-19 pandemic. I believe people would be less likely to comply with rules and regulations when they see those

in Government and involved in decision making, breaching those same rules and regulations.

### **Role in public health and coronavirus legislation and regulations**

30. Across each of my ministerial roles between January 2020 and April 2022 I recall considering the review of regulations and legislation in the context of my portfolio areas. I would have made decisions regarding whether certain restrictions or measures should continue to be extended or suspended, depending on the state of the pandemic at that time. For example, the regulations in my own portfolio area would be highlighted, together with evidence, advice and recommendations as to whether or not they should be extended or suspended, and I would be asked if I agreed with the recommendations based on the information provided.
31. I believe the public health and coronavirus legislation and regulations were proportionate at the time they were enacted. The legislation and regulations implemented were based on the best information available at the time and were regularly reviewed to ensure they remained proportionate. I believe clear communication and transparency of decision making increased the effectiveness and public compliance with legislation and regulations. While communication was largely consistent and clear, decisions were being made rapidly and situations could change at short notice which could make clear communication more difficult. The public need to understand which regulations are in place, the evidence underpinning those decisions and therefore why they should be adhered to.

### **Key Challenges and Lessons Learned**

32. I provided written evidence to the Scottish Parliament's Health and sport Committee on the impact of Covid-19 on sports clubs and other local recreational facilities. I do not recall providing oral evidence to the committee on Covid-19 related matters. I provided a statement to the Scottish Parliament on the Scottish Government's update to the Testing Strategy. I do not recall providing any oral or written evidence to committees of the UK Parliament in relation to Covid-19. I do not recall taking part in any internal or external reviews or lessons learned exercises.
33. Some of the key challenges of the pandemic have been identified earlier in this statement, such as the limited financial powers of the Scottish Government inhibiting decision making and mixed messages to the public from different measures and communications from each Government. Undoubtedly there were significant

challenges in the first phase of the pandemic, for example, there was limited testing and tracing capacity making it more difficult to find and stop transmission of the virus. Testing did develop over the course of the pandemic as more rapid tests became available and capability increased. While in the early stages of the pandemic daily testing capacity was only a few hundred tests, latterly this had increased to the hundreds of thousands.

#### **Informal communications and Documents**

34. WhatsApp or other messaging platforms were not used to make decisions or record views relating to Covid-19 across any of my roles during the specified period. All decisions were taken and communicated through official Government channels and recorded accordingly.

#### **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:** 25 October 2023