

Witness Name: Michael Matheson

Statement No.: 1

Exhibits: MM

Dated: 08 November 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MICHAEL STEPHEN MATHESON

In relation to the issues raised by the Rule 9 request dated 16 June 2023 in connection with Module 2A of the Covid-19 Public Inquiry, I, Michael Matheson, will say as follows: -

- 1 I am Michael Matheson of the Scottish Parliament, Edinburgh EH99 1SP. I am currently the Cabinet Secretary for NHS Recovery, Health and Social Care within the Scottish Government. I have been in that position since March 2023. I have held ministerial positions since 2011 and my portfolio areas cover a number of different areas including health, justice and national infrastructure. 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.
- 2 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.
- 3 References to exhibits in this statement are in the form [MM - INQ000000].

Background, qualifications and role during the Covid-19 pandemic

- 4 From the 26 June 2018 to 19 May 2021 I was the Cabinet Secretary for Transport, Infrastructure and Connectivity. From the 19 May 2021 I had a portfolio change and I became the Cabinet Secretary for Net Zero, Energy and Transport. I was in that

position until March 2023 when I became the Cabinet Secretary for NHS Recovery, Health and Social Care. My new portfolio brought together cross government responsibility for coordination of net zero policy, encompassing transport, environmental protection, energy and COP26 delivery.

- 5 Between January 2020 and April 2022, my role largely involved engaging with the transport sector to adapt to new restrictions being imposed during the Covid-19 pandemic. I was regularly engaging with the rail, bus, ferry and aviation industries around social distancing, restricting passengers and protecting staff while maintaining essential services. A key part of my role also included securing skeleton services to ensure essential workers were able to travel for work. I also considered financial challenges being presented by the transport sector and ensured financial mechanisms were in place to enable the transport sector to continue to support their staff and deliver services.
- 6 I was also closely involved during this time period in the ferry sector, particularly with introducing measures for the island communities. One measure included restricting ferry travellers to island residents to stop an influx of visitors to the islands who were trying to escape restrictions in cities. Within the aviation sector, via my officials we would liaising with Logan Air to ensure transport of critical medical equipment, and transport of patients which required critical treatment from the islands. My role also included liaising with company directors of transport companies as a result of the financial challenges which emerged due to the Covid-19 pandemic. My team looked at providing financial support to enable transport companies to support their staff and ensure they had access to the specialist medical advice as needed and mitigation measures for their staff. I was responsible for engaging with stakeholders in the transport industry, which included regular meetings with officials, along with clinical advisors to explain travel measures and restrictions which were in place due to the Covid-19 pandemic.
- 7 As Transport Secretary during the Covid-19 pandemic, I was regularly briefed on the state of the pandemic through cabinet meetings led by the First Minister and the Cabinet Secretary for Health. Clinical advisers were often also involved, with specific input from the Chief Medical Officer.
- 8 A separate group was set up during the Covid-19 pandemic. This was an economy group of ministers bringing together the First Minister and cabinet secretaries that had the economy as a part of their portfolio. It was chaired by the Economy Secretary. It

met on a weekly basis. My role as part of this was to provide an update on transport industry. Examples of topics which came up during these meetings include manufacturing issues or emerging risks for the economy. Later in the Covid-19 pandemic, I was also asked to liaise with and provide updates to the group on Grangemouth Oil Refinery. It was crucial at this time to ensure fuel security, and there was a real threat of the refinery becoming "locked in" due to the loss of business resulting from the Covid-19 pandemic. A large part of my role in this group involved providing updates on Grangemouth Oil Refinery.

- 9 In May 2021 my portfolio changed and I was appointed Cabinet Secretary for Net Zero, Energy and Transport. From around June of 2021 I was asked to attend the Covid-O meetings, which was effectively a four nations ministerial meeting to discuss international travel restrictions, including pre-departure testing and managed quarantine arrangements. Prior to my attending the meetings I believe that the Health Secretary had attend the Covid-O meetings. I would normally attend these meetings with official support and the Chief Medical Officer for Scotland. The meeting would always be chaired by UK ministers and start with a briefing update from the UKHSA followed by input from various UK Ministers and then ministers from devolved nations.
- 10 My role during this period was to largely deal with the practical introduction of the agreed measures on international travel. This would involve the introduction of new travel regulation for international travel. Prior to attending the Covid-O meetings I would be provided with a briefing from officials on the SG position based on the latest data and any reports received from the UKHSA. The Scottish Government position taken for these meetings was usually informed by input from the First Minister and Health Secretary. During the course of the meeting I would provide the view of the Scottish Government on the actions that should be taken.
- 11 The main area of concern during this period was the risk of new variants and the possibility of vaccine escape. The UKHSA would provide data on the state of the pandemic internationally and the emergence of new variants. When threats of new variants began to emerge, I would receive briefing from officials on the potential implications this would have for travel. This would normally be informed by the Chief Medical Officer, Deputy Chief Medical Officer, the national clinic director.
- 12 Beyond the groups and committees mentioned above, 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. I do not recall playing

a role in decision making within other devolved administrations, the UK Government or local authorities within Scotland.

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

- 13 I first became aware of Covid-19 in my official capacity in January 2020. I recall a comment made during a Cabinet meeting in early January about a health situation emerging in China. It was noted that it was being monitored and the Cabinet Secretary for Health was keeping a close eye on it. The first occasion I recall being formally briefed on Covid-19 was on 10 March 2020 when Catherine Calderwood, the Chief Medical Officer, provided a detailed briefing in Cabinet about an emergency pandemic and the implications of the developing situation [MM/001 – INQ000238706]. We were also briefed on some of the actions which will be required.
- 14 My impression of the Scottish Government's initial response to the Covid-19 pandemic was that the threat of a pandemic was taken seriously. As the broader knowledge around the nature of the threat of the Covid-19 pandemic developed, and a clearer understanding was provided by clinicians, there is no doubt that the Scottish Government appreciated the urgency of the situation and made preparing for the pandemic a central focus.
- 15 I had no involvement in and was not involved in the response to the events on 26/27 February (NIKE conference) and 8 March 2020 (Scotland v France match at Murrayfield).
- 16 My understanding from very early on in the Covid-19 pandemic is that there was a divergence in the approach to the pandemic between the Scottish and the UK government. There was a desire within the Scottish Government from a very early stage in the pandemic to take a health-based approach and respond quickly into a lockdown. After conversations in the Cabinet, I was left with the impression that there was a level of frustration within the Scottish Government about the speed at which measures to address the pandemic were being implemented in the UK Government. I believe a lot of ministerial time was taken up engaging with and addressing issues relating to divergence. The Scottish Government had a desire to move into lockdown quickly. However, from the outset the Scottish Government had a desire to respond on a four nations basis.
- 17 I believe the central factor which distinguished the approaches of the Scottish and the UK Government in this early stage of the Covid-19 pandemic was the economic impact

of restrictions. When I attended Covid-O meetings it would appear that UK government ministers held competing views around aspects of the restrictions with health ministers focusing on the clinical advice while other ministers expressing concern at the economic impact of restrictions. The Scottish Government, by contrast, took a much more clinical approach which prioritised protection of health. Over time, the Scottish Government made more decisions based on what it considered was appropriate for Scotland, informed by factors specific to Scotland.

- 18 I was aware of the concept of 'herd immunity' through media speculation from comments made by the UK Prime Minister at the time considering it as a strategy for responding to Covid-19 in the initial period of the pandemic. I recall thinking at the time that it was a very reckless approach. I do not recall the Scottish Government ever considering 'herd immunity' as a strategy for responding to the Covid-19 pandemic.
- 19 Looking back on the Scottish Government's initial strategy, I believe as soon as the nature of the threat was apparent, the Scottish Government moved as quickly as it could. With hindsight, I believe the Scottish Government should have moved earlier to introduce lockdown arrangements, but it did not have the necessary infrastructure in place to do so in Scotland. The lead clinical advice group, the UK Health Security Agency, was not Scottish, it was a pan-UK group which provided essential medical advice. I also believe it would have been difficult to take decisive action earlier for political and practical reasons. For example, without the necessary clinical data it would be difficult to explain to the public and other economic stakeholders why Scotland was in lockdown while the rest of the UK was 'business as usual.' Another example which illustrates the lack of infrastructure available is related to international travel. Rules which the Scottish Government wished to implement, such as travel restrictions or quarantine hotels, could be evaded by flying to a destination in England and travelling to Scotland. A lack of infrastructure to mitigate situations like these curtailed the Scottish Government's ability to introduce restrictions outside of a four nations basis.
- 20 I did not provide any advice or play any part in decisions made in relation to how Scotland should respond to Covid-19 between January 2020 and March 2020 on the use of lockdowns to limit the spread of Covid-19, initial strategies including community testing, surveillance of Covid-19, moving from 'contain' to 'delay', the discharge of patients into care homes and guidance and advice to health and social care providers. Any advice I provided during the initial phase of the pandemic was around travel restrictions. This would be in the form of a note or an update to the First Minister as to how a travel related problems was going to be addressed.

- 21 In terms of areas which worked well, I believe the transport industry as a whole responded very well. Railway, bus, ferry and aviation companies and organisations did a great job at keeping essential services running during the pandemic. They also did a good job at prioritising routes into hospitals at key times and ensuring continuous services during this time.
- 22 In terms of obstacles during this initial period of the pandemic, I believe there was a need for the Scottish Government to provide clear clinical advice to the transport industry. There was a need to communicate clearly about why certain decisions being made. There were times when advice would to be communicated to stakeholders in the absence of clinical advisers. Ministers were tasked with explaining clinical advice which was outside of their skillset. It would have been helpful to have more clinical advisors in general who could help communicate with the public and industry stakeholders, such as a clinical advisor on transport, who would always be up to date on travel advice from a clinical perspective.

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

- 23 The Scottish Government adopted a national lockdown strategy for responding to Covid-19 in March 2020 as a result of clinical advice received at the time relating to the contagious nature of Covid-19 and the uncertainty of its impact. It was a health-based decision to move into a lockdown, informed by knowledge relating to other parts of the world which were further ahead in pandemic development.
- 24 I was not directly involved in the decision to implement a national lockdown in Scotland in 2020 or 2021 but I believe the Scottish Government moved as early as it could to implement lockdown measures. Although it wanted to move earlier, these were very uncertain and exceptional circumstances. There was also a lot of uncertainty internally within the Scottish Government surrounding the parameters of decision-making. There were concerns about whether the Scottish Government had the powers to enforce a lockdown earlier than the UK Government, there was uncertainty about public reaction, there were also concerns about persuading the UK Government to move quicker in implementing a lockdown. The Scottish Government wanted to work on a four nations basis, and I believe earlier implementation of a lockdown would have been difficult for the Scottish Government to implement outside of a four nations approach.
- 25 I do not recall playing any role in reaching decisions concerning the imposition of, easing of, or exceptions to national lockdowns, working from home, self-isolation

requirements or the closure of schools and education settings. I was made aware of the decision to go into a national lockdown through the cabinet.

- 26 My only involvement in decision making in local and regional restrictions in response to the Covid-19 pandemic was in relation to issues surrounding travel routes and local and regional restrictions. My decision-powers were very limited in this regard.
- 27 I was also briefly involved with facilitating the use of face coverings and reduction of person to person to person contact or social distancing in the transport sector. I was engaged with Police Scotland and British Transport Police on compliance with these rules on public transport. Data on compliance was collected, mainly by Scotrail, and used to understand public compliance with these rules.
- 28 I was involved in decision making around the use of border controls. I played a role in decisions around the application of international travel restrictions and implementation of managed quarantines later in the pandemic, around summer 2021. My officials engaged with border control officers and their teams in ensuring the implementation of quarantine facilities.
- 29 With regards to the Scottish Government's consideration of the appropriate type and duration of NPIs, I believe the primary concern for the Scottish Government was always health, which was frustrating for industries which were impacted. The other issue which the Scottish Government became sensitive to was public tolerance to NPIs. In my view these were the stronger factors in decision making relating to the type and duration of NPIs which were considered. Wider economic factors were considered only after health and compliance were sufficiently considered.
- 30 I did not play a role in the Scottish Government's consideration of 'at risk' and other vulnerable groups in its decision making. I believe the Scottish Government tried its best to consider those individuals who required to shield and those who were more susceptible to the virus, such as older individuals. I believe the Scottish Government became more sensitive to other vulnerable people as the pandemic went along. I cannot comment on whether this was sufficient consideration as I cannot make an assessment on that.
- 31 In relation to NPIs, I believe there were obstacles relating to information sharing between the Scottish and the UK governments. It seemed to me that information from the UK government was not shared with the Scottish Government in a timely manner. For example, when countries were being put onto a quarantine list for international

travel, and information was received about these updates from the UK Health Security Agency, it was apparent that the UK Government had access to this information before it was provided to the Scottish Government. This also led to disconnected communications to the public. For example, a list of countries for quarantine would be communicated by the UK Health Security Agency on Friday. The Scottish government would announce the rule on the Friday or Saturday, but the UK Government would sometimes not announce it until Monday. From my experience of attending Covid-O meetings, it was apparent that there was a lot more focus on economic factors within the UK government than the Scottish Government, which prioritised health factors when considering NPIs. There were significant tensions playing out between the Scottish and UK Governments as a result. I believe the NPIs I had direct involvement with worked well.

Divergence

- 32 In my view, the Scottish Government's approach to the Covid-19 pandemic began to diverge from the UK Government in the very early stages of the pandemic. As I have previously mentioned in this statement, I believe this was a consequence of the Scottish Government prioritising a health-based approach to responding to the pandemic, whereas economic impact played a significant factor in the UK Governments consideration. I would describe the divergence at this early stage as relating to the pace of responding to the Covid-19 pandemic. The Scottish Government preferred to move into a lockdown quickly. Once the country went into the first national lockdown, it seemed that there was more consistency between the approaches of the Scottish and UK Government and that health was driving the approach across the UK at that stage.
- 33 I became increasingly aware of divergence in 2021, as this tension between economic and health factors became apparent. It appeared to me that an economic approach was taking priority over health. The approaches of the Scottish and UK Governments were diverging naturally at this point. I believe divergence was necessary and appropriate for Scotland due the difference in approaches to the pandemic. It is difficult for me to comment on the timeliness of divergence. I do not recall playing a role in divergence adoption, as my role largely involved implementation of decisions relating to transport and travel, particularly international travel.
- 34 I believe the divergent approach worked well in the case of managed quarantines. The Scottish Government implemented managed quarantines initially, to discourage

international travel in light of the threats of new Covid-19 variants being transmitted as a consequence of international travel. There was very strong clinical advice in support of managed quarantines and in light of this a Scotland-only approach was adopted. The Welsh government also supported this approach at the time. In the end this pushed the UK Government to implement a unified approach to managed quarantines.

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

35 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. I do not believe it is appropriate for me to comment on decisions made in this regard.

36 My only comment in relation to provision of medical advice would be that I had concerns that I was not receiving timely access to advice and data on international travel provided by the UK Health Security Agency in the same way UK Government ministers were, which prevented the Scottish Government from understanding the full scientific picture early.

Role in Covid-19 public health communications

37 My only role in Covid-19 public health communications related to transport and international travel restrictions. I ensured that transport providers were being updated on rules on restrictions and social distancing. As part of responsibilities overseeing international travel, I would also provide press advice about countries being added to a quarantine list. I was not involved in public health communications relating to Covid-19 beyond this.

38 I believe that the Scottish Government did a good job when it came to deploying clinical advisors to communicate with the public. The Clinical Director, the Chief Medical Officer and the Deputy Chief Medical Officer all played a key role in providing communication to the public.

39 I believe when senior officials responsible for implementing rules do not comply with these rules, it undermines public trust and confidence. I recall an incident involving the Scottish Chief Medical Officer, Catherine Calderwood breaking travel restrictions. I believe this was handled well, as she accepted her mistake, stepped down from her position and a new Chief Medical Officer was shortly appointed. By contrast, I recall the news coverage in 2021 of the then-chief adviser to the Prime Minister Dominic

Cummings, breaking travel restrictions. I believe that incident was more significant in undermining public confidence, largely due to the way it was subsequently handled, including denials from Mr Cummings that he had broken any rules and other politicians expressing support for Mr Cummings. This event had negative impact on the public's confidence of the government's pandemic response. I believe this affected both the UK and the Scottish Government.

Role in public health and coronavirus legislation and regulations

- 40 My primary role in the Coronavirus (Scotland) Act 2020 involved participating in committees covering international travel restrictions and related regulations. I provided written evidence and oral evidence to the Scottish Parliament, including the Covid Recovery committee, on these topics which informed the drafting of the Coronavirus (Scotland) Act 2020 [MM/002 – INQ000249291 and MM/003 – INQ000249292]. I did not play a role in the drafting of the legislation or regulations beyond this, nor did I provide any oral or written evidence to the UK Parliament.
- 41 My general sense of the legislation was that it worked well. The legislation was flexible, and it could be applied quickly. From the perspective of rules on international travel and restrictions, the legislation worked well. I believe the rules were proportionate and the sanctions imposed were sufficient. I do not have direct and relevant knowledge of drafting emergency legislation so I cannot comment on improvements which could have been made to increase the effectiveness of the legislation.

Key Challenges and Lessons Learned

- 42 I do not recall participating in any internal or external reviews or lessons learned exercises.
- 43 In terms of lessons learned, I believe the Covid-19 pandemic highlighted the importance of trust between the various government administrations. It also highlighted the need for governments to work in partnership to collectively address the impact of the pandemic. It highlighted the need for the respective governments to effectively and timeously share information. Pandemic planning in the UK should take place on a four nations basis, with better communication and coordination.
- 44 I believe a key challenge during the pandemic was the divergence in the approach between the Scottish Government and the UK Government. I have detailed my views on divergence during the Covid-19 pandemic earlier in this statement.

Informal communications and Documents

- 45 I recall only one instance of using WhatsApp to discuss information relating to Covid-19 between January 2020 and April 2022. During four nations calls I was part of a WhatsApp Group which included myself, the Chief Medical Officer and my private secretary. The WhatsApp group was called "Covid O' Ministerial". As the four nations meetings were held online, the only purpose of this WhatsApp Group was to enable communication between the Scottish representatives during the meeting [MM/004 – **INQ000249293**]
- 46 Other than this, I do not recall using informal messaging platforms, texts or messages to discuss information or advice relating to Covid-19, record views or make decisions about the Scottish Government's response to Covid-19. I am not aware of any other group chats used to communicate about such decisions.

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

MICHAEL MATHESON

Dated: 08 November 2023