

Witness Name: Linda Bauld

Statement No.: 1

Exhibits: LB

Dated: 16 November 2023

## **UK COVID-19 INQUIRY**

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### **WITNESS STATEMENT OF LINDA BAULD**

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**In relation to the issues raised by the Rule 9 request dated 25 July 2023 in connection with Module 2a, I, Linda Bauld, will say as follows: -**

1. I am Linda Bauld, Chief Social Policy Adviser to the Scottish Government. I was appointed to this role on an interim basis from 27 September 2021, following the retirement of my predecessor Professor Carol Tannahill, and then for a period of 3 years from 1 April 2022. I undertake this role on a part-time secondment basis from my academic post at the University of Edinburgh. I am a Fellow of the Academy of Medical Sciences, Royal Society of Edinburgh, the Royal College of Physicians of Edinburgh, the Academy of Social Sciences and the Faculty of Public Health.
2. I hold the Bruce and John Usher Chair in Public Health in the College of Medicine at the University of Edinburgh. Within public health my primary area of expertise is in the prevention of non-communicable diseases (NCDs). NCDs include conditions such as cancer, diabetes, respiratory diseases, cardiovascular conditions etc. The majority of studies I have led or been involved in focus on behavioural interventions for disease prevention with a particular focus on smoking but I have also conducted studies on alcohol, drugs and preventing overweight and obesity. In some cases the studies have involved counselling and pharmacotherapy for behaviour change and in other cases focused on environmental factors such as the influence of the price, availability and marketing of products. I have also been involved in behavioural research focusing on health

information and communication campaigns in public health. Prior to being seconded to Scottish government, for seven years I was seconded part time to Cancer Research UK (CRUK) where I held the CRUK/BUPA Chair in Behavioural Research for Cancer Prevention.

3. This Witness Statement relates to the matters addressed by the Inquiry's Module 2A, which is examining the Scottish Government's core political and administrative decision-making in response to the Covid-19 pandemic between 21 January 2020 and 30 April 2022.
4. In the preparation of this statement, in addition to my personal papers, I have referred to records and material provided to me by the Scottish Government. I have received assistance from the Covid-19 Advisory Group (C19AG) Secretariat to access documents held by the Group and its sub-groups. I have also received assistance from the Scottish Government Covid Inquiry Response Directorate.
5. I have answered the questions put to me by the Inquiry to the best of my ability. Where I am unable to answer the question posed, for example because the question falls outside my area of expertise, or the events took place before I took up my post as Chief Social Policy Adviser within the Scottish Government, I have informed the Inquiry of this and the reasons why, in accordance with the instructions outlined in the Rule 9 request of 25 July 2023.
6. 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.
7. References to exhibits in this statement are in the form [LB/number - INQ000000].

**A. Sources of advice, medical and scientific expertise, data and modelling**

**a) My roles and responsibilities**

8. I was initially appointed to the Chief Social Policy Adviser (CSPA) role on an interim basis from 27 September 2021, following the retirement of my predecessor Professor Carol Tannahill. The interim appointment was made without competition by agreement with the Civil Service Commission to provide time for Scottish Government to run a fair and open competition for the role. I was appointed to the role following an external competition for a period of 3 years from 1 April 2022, on a part-time secondment basis from my academic post at the University of Edinburgh.

9. The Chief Social Policy Adviser:

- provides ministers with expert social and behavioural science advice;
- promotes evidence-based policy making and the contribution of research within and outside government to effectively deliver outcomes;
- supports a cross-government approach to recovery from the Covid-19 pandemic;
- chairs relevant committees and advisory groups; and
- leads the Office of the Chief Social Policy Adviser that contributes to analysis, research and policy making across government, particularly relating to supporting communities and addressing inequalities.

10. It would be for Professor Tannahill to describe her responsibilities but when I took on the role of CPSA I had a short period of handover with her. At that stage I took on some of her key duties on the basis of the time I had available for the role. Professor Tannahill was employed full time as CPSA (at least leading up to the period when I joined Scottish Government) and my secondment is for three days per week.

11. Professor Tannahill was chairing two of the subgroups of the C19AG and I took over as chair of these groups when she retired. This was the advisory sub-group on education and children's issues [LB/001 – INQ000326415] and the advisory subgroup on universities and colleges [LB/002 – INQ000326369]. In addition, within the SG's 'Four Harms' process for assessment used to establish when coronavirus restrictions could be safely lifted, Professor Tannahill had particular

responsibility for understanding and reviewing evidence, and providing advice regarding, harm three - societal harm. She was a member of the Four Harms group, and I joined that group when she retired to contribute in particular to discussion and advice on societal harms. The terms of reference of the Four Harms group are provided [LB/003 – INQ000280694]. Professor Tannahill also led a small team of researchers in the Office for the Chief Social Policy Adviser who conduct various pieces of analytical and social research work across government. I also took on responsibility for leading that team when she retired.

12. With regard to the role I played in responding to the Covid-19 pandemic and more recently in Covid recovery, further detail is provided in the paragraphs below.

#### The Scottish Government Covid-19 Advisory Group ("C19AG")

13. The Scottish Government C19AG was formed in March 2020, I joined it as a member in September 2021 - initially as an invited attendee for the September 9th 2021 meeting then as a full member after I took up the Chief Social Policy Adviser role.

14. I was also chair of two C19AG subgroups. Firstly the advisory sub-group on education and children's issues. This group first met in June 2020 and I chaired it from September 2021 until its last meeting in March 2022. Secondly the advisory subgroup on universities and colleges that was formed in May 2021. I chaired it from September 2021 until its last meeting in June 2022. The terms of reference for both groups are provided [LB/001 – INQ000326415] [LB/002 – INQ000326369].

#### Four Harms Group

15. Serving as a member of the 'Four Harms Group' that was convened as a forum for discussing the various harms and potential responses. This group was not a decision-making body but was convened to help develop material to support Ministers' decision-making in Cabinet. This group met weekly (most weeks) from

October 2020 to April 2022 and I joined it in September 2021. The terms of reference are provided [LB/003 – INQ000280694].

#### Standing Committee on Pandemic Preparedness

16. I have also been involved as a member of the Standing Committee on Pandemic Preparedness since its first meeting in August 2021. This group was established to bring together scientists and technical experts to advise the SG on the future risks from pandemics and to ensure that Scotland is as prepared as possible for these. The terms of reference are provided [LB/004 – INQ000346403].

#### Covid-19 Learning and Evaluation Oversight Group

17. Following the October 2021 publication of the Covid-19 Recovery Strategy [LB/005 – INQ000131075] (that set out actions to address inequalities made worse by Covid, make progress towards a wellbeing economy and accelerate inclusive person-centred services) I took on the role of chair of the Covid-19 Learning and Evaluation Oversight Group whose aim is to bring together evidence to inform Scotland's recovery from Covid-19. This group continues to meet at the current time (September 2023) and the terms of reference are provided [LB/006 – INQ000280699].

#### Covid-19 Adaptations Expert Advisory Group

18. I also serve as a member of the Covid-19 Adaptations Expert Advisory Group although have only been able to attend a portion of its meetings. The role of this group is to consider and make recommendations on interventions and innovations that will build resilience to Covid-19 and other infections in the built environment in non-clinical settings. It met from September 2022 to June 2023. The terms of reference are provided [LB/007 - INQ000147406].

#### **a) Principles/policy behind the use of medical/scientific advice in the Scottish Covid-19 pandemic response**

19. In terms of the principles and policy behind the use of medical and scientific advice in the response to Covid-19 in Scotland, the main aim that guided core decision-making within the SG during the pandemic was to minimise the harm that Covid-19 would cause. A decision-making approach was developed to try to achieve this known as the 'four harms'. The first harm was direct health harms from Covid-19, the second other health harms; the third societal harm; and harm four was economic harm. This is outlined in the Covid-19 Framework for Decision-Making published in April 2020, provided [LB/008 - INQ000131025].
20. Medical and scientific advice was provided through a variety of mechanisms including the C19 Advisory Group and its subgroups. The C19 Advisory Group also referred to advice from the UK level Scientific Advisory Group on Emergencies (SAGE), as well as other sources of evidence and information - for example from the World Health Organisation and international scientific networks.
21. I can't recall the First Minister or other individuals involved in core decision making in Scotland having used the specific phrase 'following the science'. However I was aware, including before I joined the SG, that Ministers were receiving scientific and medical advice from the C19 Advisory Group and they were drawing on that advice to inform their decision-making. The minutes of the C19AG were published on the Scottish Government website and I can recall that information relating to this advice was communicated in media briefings including regular press conferences.
22. I am not aware of specific evidence that has assessed whether the extent to which the Scottish Government was following scientific advice shaped public confidence in the management of the pandemic. There are research findings, including from the Covid-19 social study conducted by University College London (funded by the Nuffield Foundation, the Wellcome Trust and UK Research and Innovation) that asked the general public about their 'confidence in government' from the end of March 2020 to March 2022, reports provided [LB/009 – INQ000280700] [LB/010 – INQ000280701]. This found that confidence in the Scottish (and Welsh) governments was consistently higher than in England. However, the survey question did not specifically assess the extent to which that confidence was shaped by public perception that governments were following scientific advice.

23. It will be recognised that as I worked as an adviser and civil servant during part of the pandemic there are a number of questions posed by the Inquiry in relation to political decision making which I am not best placed to provide views on. The policies that underpinned the Scottish Government's approach to the management of the pandemic are set out in a series of policy documents and guidance that I understand have been made available to the Inquiry.

**a) Informal decision making and communication**

24. In terms of informal decision making and communication relating to advice provided to SG, I am only able to comment on the period after I joined as CPSA, from September 2021.

25. For the groups I was a member of that provided advice relating to the management of the pandemic (the groups I list above at paragraphs 13 to 18), meetings were conducted via MS Teams (and Zoom in the case of the C19AG). These were formal meetings, and minutes were recorded for each group. These minutes have been provided to the Inquiry by my colleagues.

26. In relation to how these minutes were created, I have seen the statement of 23 June 2023 from the Chair of the C19AG [LB/011 - INQ000215468] which provides copies of the minutes, meeting papers and advice produced by the Group. I can confirm that the minutes were not verbatim and, while they did not usually attribute views to individuals, both the minutes and the formal advice produced by the Group did record instances of differing views within the Group where a consensus was not reached. This is also the case for the subgroups I chaired and the other groups I was a member of.

27. There was a 'chat' function used during all these meetings in addition to group members verbally contributing. It is my understanding that the chat functions on both Zoom and Teams were only used to create minutes of the meetings and these minutes have been subsequently saved on corporate electronic records management system eRDM. Zoom meetings would have not been hosted off SG systems and therefore messages have been created on a non-Scottish

Government service provider, the Scottish Government cannot recover or retain messages which may have been deleted. In relation to Teams chat, the Scottish Government retention/deletion policy will clear all Teams messages after 5 days when Microsoft will process the deletion. Any Teams messages pre-April 2022 will have been permanently deleted and unrecoverable.

28. Records of key conclusions reached at group meetings, and all formal advice produced by the C19AG and its subgroups were maintained by the Secretariats of these groups, in line with SG policy. Routine deletion of meeting 'chat' also followed standard practice.
29. Comments in meeting 'chat' functions informed discussions and contributed to the effectiveness of the process. While those comments were not retained, the outcome of discussions and any conclusions reached on advice were properly recorded.
30. The only informal meetings I took part in related to the subgroups I chaired. These focused on agenda planning and to discuss the chairs brief. There were also informal 'wash up' meetings following most of the formal meetings. These agenda planning and wash up meetings were between the secretariat of each group and me as chair and did not involve other subgroup members. These informal meetings were not minuted, but they were procedural and were not an advice function. They were for the formal group meetings' planning purposes.
31. As far as I am aware, there was no Whatsapp group for the C19AG or any of the other groups I was or am a member of relating to management of the pandemic. Other than the 'chat' function during C19AG meetings and subgroup meetings and the Four Harms meetings, I was not involved in informal messaging relating to advice to be provided to SG on the response to Covid-19. I did exchange text messages with group secretariats where needed to alert them to the fact that I may be late to a meeting or to check meeting details. I also had text message exchanges with some academic colleagues who were also members of the C19AG during this period but these were unrelated to any policy advice (instead focusing on University business) and have not been retained.



**a) Scottish Government Covid-19 Advisory Group and SAGE**

32. The role of the C19AG was to advise the Scottish Government on the scientific and technical aspects of the pandemic. The membership of the Group and the advice it produced reflected that role. The Group's remit, membership and the
33. advice it produced have been made available to the Inquiry in support of the Chair of C19AG's statement, dated 23 June 2023 [LB/011 - INQ000215468]. This is also the case for the subgroups I chaired [LB/002 - INQ000326369] and [LB/001 - INQ INQ000326415] and the Four Harms group [LB/003 – INQ000280694].
34. In terms of the breadth of advice provided to the Scottish Government, I refer to evidence I gave to the Covid-19 Committee of the Scottish Parliament on May 7th 2020, early in the pandemic. The transcript of this is provided [LB/012 – INQ INQ000280702]. At the time I was aware of the membership of the C19AG but not a member of it and said (see page 40 of the transcript):

*“Given that the committee has given me the opportunity to contribute as an academic, the only other thing that I will emphasise is that we have outstanding colleagues in our universities and research institutes in Scotland who can support parliamentarians and Governments to make good decisions. We provide information and findings, but you and your colleagues make the decisions. There might be a wider group of researchers and others who would be keen to contribute to Scotland's effort in this space.*

*In the committee's report and notes about this discussion, there should be an open question about whether we are using all the different types of expertise that we need. As we move forward, our economist colleagues are thinking about welfare, infrastructure and transport issues. All that expertise will be needed, because a whole system approach is required to address the pandemic.”*

35. In our future pandemic preparedness work as part of the Standing Committee on Pandemics (“SCOP”) we propose links to many relevant academic groups and experts to provide as wide a forum of advice as possible to address future health threats. For example, in SCOP (the interim report from SCOP is provided **LB/013 -** INQ000103004]) we have a number of themes. For the behavioural

science and community engagement theme, Professor Steven Reicher and I (who are members of SCOP) have met with a broader group of social and behavioural scientists on several occasions to help inform SCOP's recommendations. This includes some academic disciplines that were not included in the C19AG such as anthropology, political science and sociology. In the final report that SCOP will produce, I currently anticipate that a future Partnership for Pandemic Preparedness (called a 'centre' in the interim report – but subsequent discussions suggest 'partnership' or 'network' may be a better name) will set out how a broad range of disciplines and groups will be connected to the Partnership and stand ready to provide advice when future health threats emerge.

36. In terms of UK level advice structures, I was and am not involved in SAGE. I am aware, however, that their membership (as in a list of members and their register of interests) and advice (in terms of publicly available minutes of meetings) was not transparent at the start of Covid-19. Concern about this was expressed by a number of my academic colleagues in Scotland and England.

37. Prior to joining SG, in June 2020 I was as a witness to the Scottish Affairs Committee of the House of Commons. The transcript of that meeting is provided [LB/014 – INQ000346396]. In relation to SAGE in the very early days of the pandemic I noted:

*“The big issue that we have had is that the evidence that was being fed into SAGE early on was not transparent at all. Key scientific advisers and people working within the Scottish Government were not able to see transparently the kind of advice that SAGE was providing. That was a big problem, and it has changed now.”*

38. In relation to the C19AG in Scotland, there was a substantial breadth of expertise on the group that was appropriate for dealing with a pandemic of the nature of Covid-19, and the membership and meeting minutes of the group were publicly available from the outset. However, as I have explained above, in considering future pandemics it may be important to draw on an even broader range of expertise and this is something we are actively discussing and advising on in the work of the Standing Committee on Pandemics.

## Sub-groups

39. I can also comment on the subgroups of the C19AG that I was involved in. As I said in my statement of 8 February 2023 [LB/015 - INQ000130142], for the children and young people and universities and colleges subgroups:

*“my role as chair involved helping to develop the agenda for each meeting with the subgroup secretariat and ensuring the views of all members were taken into account and relevant evidence (for example, data on direct and indirect effects of the pandemic and relevant guidance and regulations on children, families, young people and education staff, and evidence drawn from the academic literature, engagement with stakeholders and other sources) was considered. It also involved providing advice on managing the pandemic in the education sectors and settings which was then provided to the main C19AG and to Ministers. I was not commissioned to conduct research to inform the work of the advisory groups. Instead my role was to be familiar with the latest data and relevant research that was conducted by others and discuss it within in the groups to inform advice.”*

40. The subgroups were constituted separately because, although early learning centres, schools, colleges and universities are educational institutions and have similarities in how they operate, particularly in terms of classroom activity, there were a range of distinct aspects of post-school settings with regards to the Covid-19 pandemic that created a need to establish both the Advisory Subgroup on Education and Children’s Issues and a separate Covid-19 Advisory Subgroup on Universities and Colleges. However, given those similarities, it was important that links between the groups were maintained to ensure a consistency in the advice provided, which was supported by having the same Chair for both groups as well as an overlap in group membership. This is reflected in the Terms of Reference for the universities and colleges subgroup [LB/002 - INQ000326369] which describes the relationship between the two subgroups stating, *‘The subgroup will have an overlap in membership with both the Covid-19 Advisory Group and Covid-19 Advisory Subgroup on Education and Children’s Issues to help ensure consistency of advice’.*

41. The subgroup on education and children's issues was convened in order to increase capacity to provide consistent, rapid, regular, and more granular scientific advice on education and children's issues to support the development of guidance on the safe re-opening of schools and ELC settings (sub-group terms of reference and remit is provided [LB/001 – INQ000326415].
42. Subgroup advice was used by Ministers and officials in order to support operational decisions about the delivery of education throughout the various stages of the pandemic.
43. The Education and Children's Issues subgroup's advice was published regularly on the Scottish Government website alongside regular summaries of the latest evidence on the state of the epidemic. In my view, the ability to articulate an evidence-base helped to build public confidence in the policy decisions being made (published papers and evidence summaries are provided) [LB/016 -INQ000346389], [LB/017 – INQ000346390], [LB/018 - INQ000346391] and [LB19 INQ000346392, LB19a INQ000346393]
44. The advice provided on higher education was in the form of minutes of the subgroup meetings and in a series of Guidance Notes, provided:
- Plan for Covid Risk reduction in the next academic year. (15.06.21). [LB/020 - INQ000346375] [LB/021 - INQ000346376]
  - Further advice on preparations for the start of the 2021/22 academic year (10.08.21) [LB/022 - INQ000346380]
  - Winter preparations for the 2021/22 academic year (02.11.21). [LB/023 - INQ INQ000346382].
  - An early stage response to the Omicron variant of concern.(10.12.21). [LB/024 - INQ000346386].
  - Adaptation to help manage the next phase and future phases of Covid-19. (07.02.2022). [LB/025 - INQ000357296]
  - Wider Harms of the Covid-19 pandemic on learners, students and staff. (14.03.22) [LB/026 - INQ000357297]
45. The process entailed the advice being provided by the subgroup and subsequently considered by the Covid-19 Advanced Learning Recovery Group

(CRG) which was chaired by the Minister for Higher Education, Further Education, Youth Employment and Training. The CRG included membership from Universities Scotland, Colleges Scotland, NUS, EIS and the Scottish Funding Council and had the role of providing leadership and advice to Ministers in developing the Scottish Government's strategic approach to the pandemic in post-school education (the CRG's Terms of Reference are provided) [LB/027 – INQ000280698].

46. Both groups typically met on a fortnightly basis, but on alternate weeks so that the work of both groups could be aligned and complement one another in an environment where the pandemic landscape was evolving at pace. This helped enable a rapid response and a change in Covid Guidance where required.
47. At subgroup meetings, together with their own expertise, members also provided relevant documentation to support the group discussions. Examples include:
- Public Health Scotland briefing on long Covid - July 2021 [LB/028 - INQ000346377]; and
  - University of Strathclyde Newsletter: Example of testing communication - Meeting 15 - 12 January 2022 [LB/029 - INQ000346387]
48. The secretariat also provided relevant documentation for subgroup meetings, and where appropriate produced discussion papers that would draw on relevant evidence to provide members with information for the discussions. Examples include:
- Omicron Scenario Planning [LB/030 – INQ000346385]
  - Supporting and Promoting a Covid-Safe Environment [LB/031 - INQ000346388]
  - Mitigations in Universities and colleges during 20-21 Academic Year. [LB/032 - INQ000346378].
  - Self-Isolation in Universities and Colleges together with Ventilation as a Mitigation for the 21-22 Academic Year [LB/033 - INQ000346379].
49. Public Health Scotland also provided a literature scanning report for each meeting of the subgroup on Education and Children's Issues which had the following

research question “What is the current knowledge about Covid-19 and children and young people?”. It had the following agreed inclusion and exclusion criteria:

Inclusion criteria:

- Studies undertaken in Europe, North America, New Zealand or Australia
- Studies that report outcomes related to children and young people up to age 18 years living in community settings
- Studies that report transmission of Covid-19 in settings relevant to early learning and childcare, primary or secondary level schools
- Published in English
- Published or updated between [the date of the last literature scanning report and the next]

Exclusion criteria:

- Studies relating to further or higher education settings
- Papers that report modelling studies
- Studies that examine the clinical manifestations, diagnosis or treatment of Covid-19 in a paediatric population
- Articles which are commentaries, editorials, position statements, letters, news articles or opinion pieces
- Guidelines for schools or ‘hints and tips’ for teachers
- Study protocols

50. There was also a Covid-19 and education surveillance report produced for each meeting of the Covid-19 Education Recovery Group (CERG) which was also considered by the subgroup at each meeting. I believe that minutes of all subgroup meetings and advice provided have been provided to the Inquiry.

51. While the subgroups were active, a range of stakeholders were engaged to contribute their insight and evidence. Those stakeholders were selected on the basis of the topics that were most relevant to that particular phase in the pandemic.

52. For example, when the sub-group were undertaking work aimed at providing advice on the wider harms of the pandemic a series of separate meetings were

arranged with representatives from universities, colleges, students, trade unions and community learning and development, where stakeholders provided oral and written evidence. Following on from those meetings, an advice note was produced which was published on Scottish Government website. Examples of evidence supplied by stakeholders includes;

- Submission to Education Committee by National Union of Students Scotland - Meeting 13 - 7 December 2021 [LB/034 - INQ000346384].
- Community Learning and Development Sector Response to Questions on Learners and Consideration of Wider Harms - Meeting 12 - 23 November 2021 [LB/035 - INQ000346383].

53. In addition, both I as chair and other members of the advisory subgroup on education and children's issues regularly attended CERG meetings (which were made up of key stakeholders including the Convention of Local Authorities (COSLA), Scottish Qualifications Authority (SQA), Educational Institute of Scotland (EIS), Association of Headteachers and Deputies in Scotland (AHDS), National Parent Forum of Scotland (NPFS), UNISON, Scottish Youth Parliament, and the Association of Directors of Education in Scotland (ADES)).

54. The subgroups meetings were supported by presentations of the latest pandemic data provided by the Scottish Government and Public Health Scotland as well as feedback on relevant discussions or advice from the C19AG which considered advice from SAGE, WHO and other national and international organisations. Given the breadth of knowledge within the sub-group membership, and otherwise available to the subgroup (including through the secretariats and other Scottish Government officials in attendance), this allowed evidence to be drawn from a wider range of sources. This approach aimed to mitigate the inevitable uncertainties in the understanding of the virus given its unprecedented nature and the constantly evolving pandemic landscape. In practical terms, it is unlikely that commissioning further research would have helped the sub-group in its role of providing advice to Ministers as decisions needed to be made at relatively short notice and not within the time it normally takes to complete a piece of research.

55. An example of the data that was regularly presented to the subgroups is the Modelling Weekly Update (e.g. for Meeting 9 - 12 October 2021, provided [LB/036 - INQ000346381]).

56. The subgroups advice informed the iterations of the Scottish Government's Covid-19 guidance on reducing the risks in educational settings, which set out the measures that local authorities, schools and universities should have in place to mitigate the risks of the pandemic. The way that subgroup meetings were scheduled in tandem with CERG and Covid Advanced Learning Recovery Group meetings, enabled advice to be considered and acted upon by the Scottish Government throughout the period that both groups were in operation.

57. There was only one occasion where the education and children's issues subgroup's advice did not result in a change to the mitigations in place in schools. That was in October 2021, when the subgroup advised an easing of some mitigations. However, the subsequent epidemiological data showed that the sharp decline in case rates that the subgroup had observed showed signs of levelling off in some age groups. The SG took the decision to pause the easing of mitigations for a short period to enable a greater proportion of secondary school pupils to take up a Covid-19 vaccine that they were eligible for at the time. A statement to that effect from the CMO was added to the published sub-group advice, provided [LB/037 – INQ000280692].

#### Operation of advisory structures

58. I was asked why I stated, in my statement to the Inquiry dated 8 February 2023 [LB/015 - INQ000130142], that provisioning advice and recommendations to the Scottish Government in my role as a member of C1AG and chair of two of its subgroups "was still challenging" from September 2021. In this response, I was intending to convey that it was still challenging because we were still in the pandemic from September 2021 and protective measures were still in place. In particular, I was reflecting on when the Omicron-driven wave of infections began in the autumn of 2021. Prior to infections rising due to Omicron, it had been hoped that there would be a continued shift away from emergency measures required during the pandemic and a much greater focus on Covid recovery, including the



work I was involved in to support the Covid Recovery Strategy and the learning and evaluation oversight group I chair to support recovery. Although that work did continue to progress, infections and hospitalisations due to Omicron required a continued pandemic response as well as reviewing and updating guidance. From my own perspective I tried to balance these dual priorities (advising on ongoing pandemic response, and advising on recovery from the pandemic) and progress both, as did many other colleagues. But there were ongoing consequences, for example with ongoing reduced levels of face to face education for further and higher education students and those in community learning and development (CLD) settings, and for footfall and trading for businesses, for example. In advising on education in particular, I tried to mitigate these challenges in my advice to SG (provided in partnership with subgroup members and Four Harms group members). This was done by convening evidence we had about the impact of these harms (such as CLD providers not having access to venues to deliver face to face teaching, or some University students being disadvantaged by still having only online learning as the pandemic eased) and making the case for proportionate measures to allow these sectors to continue to function and operate as safely as possible for both students and staff.

59. In relation to personal and working relationships between advisers and decision-makers in SG, my perspective, from the time I joined the government in September 2021 was that the structures were embedded (including advice structures via the C19AG and its subgroups) and relationships well established. I was able to take on my predecessor's responsibilities in relation to advising on the pandemic response and maintain positive relationships that she had built, as we had a period of hand over that I mention above. By the time I joined SG, there was an established system to communicate to the public, adapt public health measures to respond to the evolving pandemic and in particular to deliver the vaccine programme and encourage uptake for those eligible. This system was working as effectively as possible during this period of ongoing pandemic response.

60. In relation to the C19AG and its subgroups, The C19AG Chair's Statement [LB/021 - INQ000346376] sets out the means by which the Group provided advice to

Ministers and Government officials, including at meetings with Ministers, known as 'Deep Dives'. I believe that copies of the advice issued by the Group have been passed to the Inquiry. In relation to my own role since joining SG I can note that I have not attended or observed any Cabinet meetings related to the pandemic response. I attended Scottish Government Resilience Room ("SGoRR") meetings held in the autumn/winter of 2021/22 (relating to the Omicron-drive wave of infections) and, as noted above, I was a member of the Four Harms group. In relation to SGoRR and the Four Harms my role was to provide advice on the latest data and insights related to societal harms (including on education). This advice was intended to inform measures as we moved out of the emergency phase of the pandemic and worked to put a greater focus on Covid recovery. My perception is that I was able to convey evidence particularly relating to societal harms (Harm 3) and that this evidence was taken into account by decision-makers and informed decisions.

61. The Chief Scientific Adviser ("CSA"), Chief Medical Officer ("CMO") and Deputy CMOs were members of the C19AG. The National Clinical Director was not a member of the Group but did attend some meetings as an observer. The C19AG Chair's Statement [LB/011 - INQ000215468] provides details of the process followed by the Group in relation to differing opinions when offering advice.
62. The C19AG aimed to present concise and clear advice which summarised and reflected the currently available scientific evidence; as far as possible in plain English. I was asked by the Inquiry if there was risk of information overload, or repetition for key decision-makers. There was a great deal of information for advisory group members to absorb and interpret, and to convey to decision-makers. A lot of this was complex evidence but the C19AG tried to convey as clearly as possible what was known and what was not known at key points.
63. The role of the C19AG and its subgroups was to advise on the scientific and technical aspects of the pandemic. The Group was not involved further in decisions made by the Scottish Government, which took account of a wider range of considerations. Advice from the Group was considered by the Scottish Government as part of the Four Harms process that was intended to take account

of a wider range of considerations. This was explained to me by the secretariat when I joined and from my point of view there was no confusion between the advisory group's role (providing scientific and technical advice) and policy decisions - the decisions were made by Ministers not the advisory group or its subgroups. As far as I am aware, the Group's consideration of the science was not affected by the devolution settlement. The C19AG Chair's Statement [LB/011 - INQ000215468] notes that devolution was not an issue for significant discussion.

64. The terms of requests for advice received by the C19AG were examined by the secretariat and were adjusted where necessary, following discussion, to ensure that they focused on the scientific and technical aspects of the pandemic that were within the Group's remit.
65. The C19AG Chair's Statement [LB/011 - INQ000215468] describes the wide range of data and other information available to the Group, and I have described earlier in my statement how data and dashboards informed advice from the two education subgroups. The data was not real-time but was as up to date as possible within the limitations of the data systems and the developing understanding of the pandemic. Those limitations needed to be borne in mind when drawing any conclusions from the available information. The C19AG Chair's Statement also describes the process for setting meeting agendas.
66. I did not observe that any single scientific discipline dominated the C19AG, or that epidemiological modelling played too prominent a role in advisory group discussions in Scotland during the time that I was a group member. As noted above, prior to joining SG, in June 2020 I was as a witness to the Scottish Affairs Committee of the House of Commons [LB/014 – INQ000346396]. I noted that there was a perception of a dominance of certain disciplines but my statement on dominant disciplines referred to SAGE at UK level, not the C19AG in Scotland (see Q178 in the transcript):

*"I think you need an interdisciplinary expertise. This crisis is wide-ranging and has multiple different aspects, as you know. Clearly there has been advice from virologists, modellers and clinicians, and they have been very dominant. That is*

*very important, particularly early in the pandemic, as is genetic research, as we need to understand the virus and how it is being transmitted. Then we also need behavioural expertise, and I think there has been that on both the Scottish group and SPI-B, which is one of the SAGE expert groups.”*

67. Over the course of the pandemic the C19AG was not subject to any external assessment or peer review. The Group’s membership drew on a diverse range of expertise, experience and interests that was intended to mitigate against any tendency towards ‘groupthink’ as did the status of the Group’s membership. The majority of members, including the Chair, were independent of Government. The C19AG Chair’s Statement [LB/011 - INQ000215468] makes clear that membership of the Group was not intended to interfere with the freedom of members to hold and express their own views and that the Government publicly stated that they valued that independence of views.

68. In addition, scientists (including Sir Jeremy Farrar and Sir David Nabarro, for example), who were independent of the Group, participated in the ‘Deep Dives’ arranged by the Group to brief Ministers on scientific issues related to the pandemic (as discussed above at paragraph 59).

69. I did not observe that there were any decisions in relation to which medical and scientific information or advice or data modelling was not sought but which ought to have been sought by the Scottish Ministers during the period from September 2021 when I joined the C19AG and Scottish Government. I am aware that on a number of occasions the Group produced advice on its own initiative.

70. I was not involved in attending or interacting with SAGE or its subgroups. My understanding is that the C19AG Chair’s Statement [LB/011 - INQ000215468] sets out the relationship between the Group and SAGE. It makes clear that the C19AG benefitted from significant advice on the fundamental science of Covid-19 provided by SAGE and that SAGE advice was held in high regard by members of the C19AG. The C19AG Chair’s Statement provides details of how the Group dealt with international evidence and evidence from elsewhere in the UK, across the four Nations.

71. If resources had been available, and if the scientists and clinicians on the group had been seconded full time, then issues could have been examined in even greater depth. On the other hand, full time secondments for the independent members of the group would have taken away from their other important roles in addressing the pandemic within the NHS and in contributing to, or leading, important surveillance and research related to Covid-19. I don't think funding issues directly affected advice structures, not least because the time provided by independent (academic/clinical etc) members of the C19AG and its subgroups was provided pro bono and without cost to the Scottish budget.

72. In my view and from the time I joined the C19AG, the procedures for preparing and communicating medical and scientific advice to inform core decisions made by the Scottish Government in connection with the management of the pandemic were fit for purpose. The C19AG drew on a wide body of information in formulating its advice including from the members of the group who attended SAGE (and/or its subgroups) at UK level. Reflecting on how these advice structures operated is relevant to future pandemic preparedness. This is part of the focus of the work of the Standing Committee on Pandemics in Scotland. Its interim report, provided [LB/013-INQ000103004] highlights that 'strengthened scientific advice and structures, and citizen engagement' are a focus for the committee and further recommendations will be set out in its final report.

73. During the time I was on the C19AG and directly involved in providing advice on pandemic response, advice structures were working as well as possible and Ministers were listening to that advice. How this advice was used in decision making (for example at Cabinet) was not something I was privy to. I was not a member of any four nations government groups nor responsible for liaising with officials in the other nations on pandemic response.

**B. Initial understanding of and responses to Covid-19 in the period from January to March 2020**

**a) Initial understanding of the nature and extent of the threat**

74. It will be recognised that, given I came into post as CPSA in September 2021, there are a number of questions posed by the Inquiry which I am not best placed to provide views on. This includes the period from January to March 2020. However, in response to some of the specific topics noted, I would offer the following comments.
75. I first became aware of Covid-19 from media reports of the outbreak in China and when the World Health Organisation declared it a public health emergency of international concern in January 2020. As I wasn't involved in any advisory capacity or otherwise in the early months of the pandemic, I did not have any information at the time other than what was publicly available in order to evaluate the threat it posed to Scotland.
76. My understanding of the epidemiology of SARS-Cov-2 and Covid-19 developed gradually and was reliant on publicly available sources including early studies and reports, and how developments were reported by the World Health Organisation and other agencies. This included on routes of transmission, growth of transmission, the R rate, incubation period, the duration of infectivity, infection fatality rates, disease severity and the groups most affected. As a public health specialist I was able to follow and interpret relevant new reports, data and commentaries from researchers and relevant agencies around the world, and I did spend a lot of time early in the pandemic familiarizing myself with new information as it emerged. From mid-March 2020 I began to accept requests from the media to give interviews to help the public understand what was happening, using my research background to absorb as much information as possible and my knowledge of different research methods and different types of data to assess the quality of material as it emerged into the public domain. My understanding of the evolving pandemic was also assisted by being an academic in a large public health research organisation, the Usher Institute at the University of Edinburgh. Some of my colleagues had conducted studies or been involved in outbreak response for previous epidemics such as swine flu and Ebola, or were involved in research on influenza or other respiratory pathogens. I was able to ask them questions in University meetings about how scientific understanding was developing.

77. In addition the Director of our Institute, Professor Sir Aziz Sheikh, asked me on March 22<sup>nd</sup> 2020 to work with the Usher Institute communications team to set up a series of webinars on how different countries around the world were responding to the pandemic and to share the experience of conducting research relevant to Covid-19. The first of these took place on March 27<sup>th</sup> 2020, with the Dean of the Saw Swee School of Public Health in Singapore and the last (the 24<sup>th</sup> in the series) on 16<sup>th</sup> December 2020, focusing on Pakistan and Bangladesh. Each webinar is still available to watch online on the Usher Institute's webpages and further detail is provided [LB/038 – INQ000346397]. These webinars also helped build my understanding of the evolving epidemiology of Covid-19 throughout 2020.

78. I was not involved in advising or working with the Scottish Government in January and February 2020 and therefore did not have a good understanding of what information was available to them at the time. It is inappropriate to ask me to comment.

79. In relation to advisory structures in Scotland in the early months of the pandemic, my understanding is that the Scottish Government established the C19AG as soon as was practically possible, but ideally it should have been in place even earlier. The optimum approach would have been to have an existing advisory structure for pandemic response that could have been immediately activated at Scotland level to complement UK level advisory structures. In my work as a member of the Standing Committee on Pandemics in Scotland, maintaining advisory structures so that they can be immediately activated when new threats emerge is something the group have discussed, is mentioned in the interim report [LB/013 - INQ000103004] and will be covered in more detail in the final report.

#### **b) Pre-lockdown response**

80. During the pre-lock down response period (up to mid March 2020) I was, as noted above, not involved in any relevant advisory structures and did not communicate with any government officials or politicians at the time. I am aware of an extensive amount of commentary and reports in the media and elsewhere since then, arguing that the response was too slow across the UK and that although some

measures were announced in Scotland slightly earlier (for example cancelling mass events) the difference to UK level decisions was just a matter of days. There have also been scientific articles published that indicate there was already widespread community transmission of SARS-Cov-2 by the time containment measures were applied. Countries that took earlier action to limit community transmission did avoid some of the Covid-19 mortality that we experienced in the first wave in Scotland and the UK.

81. The Scottish Government's strategy regarding the need to prepare for a second wave from the outset of the pandemic was appropriate, in my view, as subsequent waves did emerge. It's also part of good public health practice, as history tells us from epidemics and previous pandemics that waves of infection are likely, particularly in the absence of effective therapeutics or vaccines.

82. The inquiry has asked about my understanding of the term 'herd immunity'. Herd immunity (or population immunity) refers to protection from an infectious disease. The protection is conferred by previous exposure (prior infection) and/or vaccination. I was not a member of C19AG at the time of the development of the Scottish Government's initial strategy or subsequent strategy for preventing a 2<sup>nd</sup> wave. I cannot comment on the extent to which this concept was discussed by the group or whether advice was provided on this issue. I have, however, seen the C19AG Chair's statement [LB/011 - INQ000215468] where he notes that the notion of herd immunity was one of many issues discussed by the C19AG, but that the Group did not provide formal advice on the issue.

### **c) Testing**

83. Testing is an important element of the public health response during infectious disease outbreaks, as is contact tracing. I was aware of the importance of this from early in the pandemic and it was highlighted as a key component of response in many of the countries who shared their experiences with us in the Usher Institute webinars I convened from March 2020 (as discussed at paragraph 76 above).



84. The approach to testing and tracing developed over the course of the pandemic in Scotland. My understanding for the period prior to me joining SG was that there was limited lab capacity in Scotland to test samples in the early months of the pandemic. This lack of capacity significantly hampered the ability to identify who had the virus or understand the extent of community transmission. The upscaling of PCR testing including via the UK Government Lighthouse Labs (one of which was located in Glasgow) was key, as was the development of contact tracing in the initial period to contact tracing at scale. Subsequently, lateral flow devices permitted self-testing and rapid results although with lower sensitivity than PCR testing. In future pandemic preparedness it will be important to be in a position to upscale the testing and associated contact tracing response (contract tracing is only possible when testing is available) more rapidly than was initially the case for Covid-19 in Scotland.

85. SG convened a scientific advisory board on testing as a subgroup to the C19AG in April 2020. This group was responsible for reviewing emerging testing evidence and providing advice to the main C19AG, through the Chair. I was not a member of the advisory board on testing. However, I did attend one of their meetings before joining Scottish Government, specifically to discuss a study on asymptomatic testing of University students and staff ('TestEd' – see provided two academic papers from this study [LB/039 – INQ000346398] [LB/040 – INQ000346399]). This meeting was held on March 23<sup>rd</sup> 2021 and papers from this meeting have already been provided to the inquiry along with all the other papers from this subgroup.

**C. Decisions in relation to non-pharmaceutical interventions (“NPIs”)**

86. I refer in my response to the remit of the C19AG that I joined in September 2021. The Group was not involved in consideration of the wider issues. The C19AG Chair's Statement [LB/011 - INQ000215468] sets out how the Group addressed the provision of advice on NPIs. All of the advice provided by the Group has been made available to the Inquiry. Advice from the Group was considered by the Scottish Government as part of the Four Harms process that took account of a wider range of considerations. I also only joined the Four Harms group in September 2021 so was not involved in providing advice to inform the Scottish

Government's approach to NPIs prior to that period. I believe that minutes of all the Four Harms meetings have been made available to the Inquiry. The C19AG Chair's Statement states at paragraph 32-38 as follows:

*"The C19AG provided advice on a number of NPI related issues, including advice on Lockdown, Schools, Care Homes, Face Coverings and Physical Distancing. The process followed by the C19AG for providing formal advice on NPIs was no different from any other advice provided by the Group. As already explained, the advice was provided in writing, identifying any points where there was not a consensus view, and minutes published. In every instance, the Group provided advice rather than made decisions. Decisions on NPIs were made by the Scottish Government, as was the case for other issues. All of the advice provided by the Group can be found in the return: Scottish Inquiry - Tranche 6 - Scottish Government Covid-19 Advisory Group.*

*On all occasions the advice provided by the C19AG reflected the best understanding of the position at the time the advice was given.*

*For NPIs as for other areas where it was asked to provide advice, the C19AG considered the scientific and technical concepts and processes that were key to understanding the evolving Covid-19 situation and potential impacts in Scotland. This included some consideration of the potential impact of proposed measures as part of the wider consideration of scientific evidence. The C19AG was not involved in impact assessments for policies and/or decisions of the Scottish Government.*

*The most significant impact of the land border with England is that it sets the limit of devolved powers. In general, it was not an issue for significant discussion, other than in relation to advice on travel, where the land border was considered among other factors to inform the Group's advice. Advice on travel and borders was provided to Scottish Ministers on 28 January 2021, [AM/0007-INQ000147323].*

*As previously indicated, all decisions on NPIs were made by the Scottish Government. The role of the C19AG was to advise. The reasons for that advice*

*are set out in the advice provided, and were always informed by the position in Scotland. The notion of herd immunity was one of many issues discussed by the C19AG. The Group did not provide formal advice on this issue and did not make decisions about the Scottish Government's strategic response to Covid-19.*

*The C19AG provided advice on the scientific and technical aspects of the pandemic and not on funding. The Chief Economic Advisor for Scotland had no role in formulating the advice provided by the C19AG.*

*The C19AG's remit was to advise the Scottish Government. It had no role in relation to the UK Government. The Group did not formally track decisions made by the UK or Scottish Governments on NPIs or decisions made in relation to Northern Ireland or Wales or in relation to advice given by SAGE. Where the C19AG was made aware that a decision had been made by the UK Government which was relevant to advice being provided by the C19AG, that would have been reflected in advice given by the Group to the extent that it was relevant to the situation in Scotland."*

87. The Inquiry has also specifically asked about NPIs in relation to the education sector. I have covered how advice was provided by the subgroups I chaired on schools and ELC, and Universities and Colleges, earlier in my statement at paragraphs 40 to 56. Other specific points on NPIs raised by the Inquiry and not covered in the responses above pre-date my involvement in advising SG.

#### **D. Decisions relating to the first lockdown**

##### **a) The imposition of the national lockdown in March 2020**

88. I do not have sufficient information to comment on decisions relating to the first lockdown. I also note that the C19AG first met on 26 March 2020 and did not provide advice on the introduction of the first lockdown.

##### **b) Continuation of the first lockdown**

89. In relation to the continuation of the first lockdown, I refer here to historical material from the C19AG that I have been provided with - this was before I joined the group. The formal advice provided by the Advisory Group has been made available to the Inquiry.

- On 14 April 2020 - the C19AG provided advice to support review of restrictions then in place in Scotland.
- On 16 April 2020 - After reviewing the lockdown with all nations in the UK, the decision was made to extend it for another three weeks until 7 May;
- On 21 April 2020 the C19AG responded to four questions from the First Minister which looked at the level of cases needed to begin easing restrictions, and the impact different approaches could have.
- On 28 April 2020 the C19AG provided preliminary advice to Minister on five scenarios relating to changing lockdown control measures.
- On 4 May 2020 the C19AG provided provisional advice on the Scottish Government's draft Framework for Decision Making.
- On 5 May 2020 the C19AG provided advice on outdoor transmission.
- On 7 May 2020 - Extension of the lockdown restrictions in Scotland for another three weeks, with indication they could be changed if there is evidence it was safe to do so;
- On 8 May 2020 the C19AG held its first deep-dive event with Ministers, looking at the science and evidence base for contact tracing.
- Also on 8 May 2020, the group responded to a request to review and provide advice on drafts of:
  - 'Education Recovery Group – Phased Reopening and Physical Distancing in Schools and ELC Settings – Infrastructure and Organisation'
  - 'EXCELLENCE AND EQUITY DURING THE COVID 19 PANDEMIC: A strategic framework for the reopening of schools and early learning and childcare provision in Scotland'.

90. In terms of lessons learned by me, I was not advising government at this time, or involved in any studies on Covid-19. However, colleagues who were involved at the time, and are now members of the Standing Committee on Pandemic Preparedness will be contributing their experiences and we can draw on them in SCOP.

**E. Decisions relating to easing the first lockdown in the period from 29 May 2020 to 7 September 2020**

91. I was not involved as a member of the C19AG or in any advisory capacity during this period as the first lockdown was eased from 29 May 2020 to 7 September 2020. I can only respond to this question in terms of the advice that I understand the advisory group provided at the time. Formal advice provided by the Group has been made available to the Inquiry.

- On 15 May 2020 the C19AG led a deep-dive for Ministers on shielding and protection of vulnerable groups.
- On 21 May 2020 the group provided advice on in response to questions regarding the islands.
- On 21 May 2020, the Scottish Government published a more detailed four-phase "route-map", laying out the order in which restrictions would be relaxed. The details of these plans were revised on 18 June (phase 2), 2 July (phase 2), 9 July (phase 3) and 20 August (phase 3), as further evidence emerged of the effectiveness of restrictions on reducing transmission.
- On 29 May 2020 the C19AG held another deep-dive event for Ministers which looked at the important role of NPIs, as part of a package of interventions, and the key importance of surveillance.
- On 2 June 2020 the C19AG provided advice on the review of lockdown in care homes.
- On 5 June 2020 the C19AG held a deep-dive briefing for Ministers on monitoring the pandemic and thresholds for change.
- On 12 June 2020 the group responded to a request for advice on medical and non-medical face masks in different settings.
- On 15 June 2020 C19AG provided advice on the draft plan for phase 2.
- On 23 June 2020 the group provided advice on out-of-school care.
- Also on 23 June 2020 the C19AG issued advice on the strategic uses of testing to CMO titled 'Who and how to test in Covid-19'. This was co-produced by the C19AG and David Crossman, Chief Scientist (Health) on behalf of the Scientific Advisory Board on Testing, which he chaired.

- Also on 23 June 2020, the Advisory Sub-Group on Education and Children's Issues, chaired by the Chief Social Policy Advisor (my predecessor, Professor Carol Tannahill) held its first meeting. As I noted earlier in my response, the sub-group was established to provide rapid, regular and more granular scientific advice on education and children's issues to support the iterative development of guidance.
- On 25 June 2020 the C19AG issued advice to CMO on reducing risk and improving outcomes from Covid-19 for minority ethnic and religious communities.
- On 29 June 2020 a deep-dive session was held for Ministers covering physical distancing and superspreading.
- On 2 July 2020, the C19AG published two pieces of advice on physical distancing and on superspreading.
- On 3 July 2020 the C19AG provided advice in response to a request from the First Minister for quick advice on any immediate learnings from the situation in Leicester (the first time during the pandemic that local restrictions had been imposed) and comments from the UK Secretary of State for Health and Social Care about children being "highly impacted".
- On 7 July 2020 the C19AG provided comments on the phase 3 plans.

92. The Inquiry has also asked if I had any views on the 'Eat Out to Help Out' scheme introduced by the UK Government in the summer of 2020 and that Scotland was 'virtually Covid free' at that time. My personal recollection from this period was that available data on positive cases in Scotland showed lower levels of infection in the community than earlier in the pandemic. These data on positive cases were by then publicly available online and included in press conferences provided by the First Minister. However the virus was still circulating. While I understood the purpose of 'Eat Out to Help Out' in terms of assisting hospitality businesses who had been badly affected by closures, there was still a risk to more vulnerable groups from more people mixing in hospitality venues or elsewhere, particularly as this was the period before vaccines became available.

#### **F. Decisions relating to the period between 7 September 2020 and the end of 2020**

93. I was not involved in advising SG during this period. There are records of the advice provided by the C19AG during this period and copies of these papers have been provided to the Inquiry.

#### **G. Decisions relating to the second lockdown (January 2021 to 2 April 2021)**

94. I was not involved in advising SG during this period. There are records of the advice provided by the C19AG during this period and copies of these papers have been provided to the Inquiry.

#### **H. Decisions relating to the period between April 2021 and April 2022**

95. I was not involved in advising SG during the period from April to the end of August 2021. There are records of the advice provided by the C19AG during this period and copies of these papers have been provided to the Inquiry. Responses are provided in relation to the period from when I joined SG and the C19AG.

##### In relation to September 2021 to April 2022:

96. At the September 9<sup>th</sup> 2021 C19AG meeting it was noted by analytical colleagues (the modellers who presented at our meetings) that there were real challenges in building the COP26 event into modelling given the exceptional nature of the event. As a result, the C19AG did not provide any advice specific to the risk of transmission at the COP 26 summit which took place in Glasgow between 31 October and 12 November 2021.

97. In addition, the C19AG did not provide advice on changes to the traffic light system or on rules regarding Covid tests for returning travellers in September 2021.

98. In relation to when I first received information about the Omicron variant, I can confirm that I was aware that NERVTAG (UK level advisory committee) considered the Omicron variant at a meeting on 25<sup>th</sup> November 2021. A note of that meeting was provided to the C19AG. We discussed it at a meeting on 2 December 2021. The C19AG held two further meetings in December 2021 to

discuss the Omicron variant. The papers and minutes these meeting have already been provided to the inquiry.

99. The materials considered by the C19AG for its meetings in December 2021 in which we considered existing evidence on the Omicron variant have been provided to the inquiry. The advisory group did not make decisions or set the strategy for the government's response, as has been noted elsewhere in my statement.

100. At the C91AG meeting on December 3<sup>rd</sup> 2021, the group was made aware that a Cabinet paper was being prepared for consideration by Ministers on December 7<sup>th</sup>. Likewise the Four Harms group were given an outline of information available on the Omicron variant at its December 3<sup>rd</sup> 2021 meeting and the variant and responses to it was also discussed in subsequent meetings during December. Minutes have been provided to the Inquiry. An extract from the December 3<sup>rd</sup> Four Harms group meeting [LB/041 – INQ000346369] includes:

*“Working from the assumption that our recommendation is that given the current state of the epidemic as a whole (including Omicron) our baseline measures remain necessary proportionate and justified. However, work needs to be taken forward to encourage people to comply with the measures along with the increased roll out of booster vaccines and encouragement on testing before socialising, shopping etc. The Cabinet paper should also contain a package of contingency measures which have been impact assessed from a 4 harms perspective and good enough to be implemented after the Cabinet meeting if required”*

101. At the same meeting the minutes outline that careful consideration of balancing the four harms in applying any additional protective measures (closure of any premises, physical distancing etc) was key. For example in relation to Harm 3 and schools and Universities it was noted:

*“Linda Bauld informed the group of the anxiety in the Advisory sub-group with regard to the accumulation of harms. Schools want to be reassured that any requests for closures are in line with the requirements for the rest of society. If there are restrictions added to other parts of social and economic life what are*



*the implications for schools. The group heard that the WHO position is still any closure of educational facilities should only be considered when there absolutely no other alternatives and that would apply to the extension of holidays. The harms to children benefit from schools being open and any decision to extend should not be taken lightly. Thought needs to be given to how we can increase vaccine uptake for those who are school aged.*

*Discussions around further and higher education continue to be difficult. If digital learning is extended in to the next semester there could be a considerable accumulation of harms – which shouldn't be underestimated. Discussions are ongoing with COSLA about non-essential local government services.*

*Graeme Logan advised the group that any consideration of extension to school closures should only be included on the lockdown list it would be extremely difficult to justify the closure of Schools when pubs and similar places remain open. A statement to Parliament on 14 December will highlight the impact of the disruption to education on literacy and numeracy levels. An extension of the school holidays could leave some vulnerable children at extreme risk."*

102. During the Four Harms meeting on December 17<sup>th</sup> the further rise in Omicron cases was discussed and a Cabinet paper was being prepared that would consider options for additional protective measures in higher risk settings and to potentially re-introduce some forms of physical distancing in particular settings, alongside continued emphasis on rolling out booster vaccinations. Minutes are provided [LB/042 – INQ000346370], [LB/042a – INQ000346371], [LB/042b – INQ000346372], [LB/042c – INQ000346373] and [LB/042d – INQ000346374]. There were then additional protective measures applied in some settings over a period of a few weeks following a decision by Cabinet to re-introduce these on a temporary basis.

103. During the meeting on 14<sup>th</sup> January 2022 it was noted that 'positive signs emerging, reinforced by triangulated data showing that Omicron is less severe' and despite the highest ever hospital occupancy but positive signs in terms of a downward trajectory in terms of case numbers. This was the period when it became clearer that temporary protective measures taken to address Omicron

could be lifted and also that the public were less worried about Omicron. Minutes are provided [LB/042 – INQ000346370].

104. During the meeting on 21<sup>st</sup> January it was noted that most additional protective measures applied to deal with Omicron as a more transmissible variant were to be lifted on January 24<sup>th</sup> and relevant data supported the lifting of these.
105. The Inquiry also asked whether a further 'lockdown' or restrictions should have been implemented in response to the emergence of Omicron. The C19AG did not provide advice on this issue but measures were discussed at the Four Harms group meetings as noted above. Further detail contained in the minutes of these meetings that have been provided to the Inquiry. Careful balancing of different harms and also the very good progress of the vaccination programme did not support 'a further lockdown'. Additional measures were introduced in response to Omicron in December and January 2021. These were temporary and intended to avoid closing premises, including schools. Minutes and advice from the C19AG, its subgroups and the Four Harms Group for this period have been provided to the inquiry.
106. In terms of lessons learned, I would note that this was a time when we had a highly transmissible variant that temporarily stalled progress in consistent easing of all protective measures. However, good uptake of the vaccination programme and ongoing surveillance, plus protective behaviours by the public meant that this was a very different situation from earlier in the pandemic and fewer NPIs were required. I would characterise this period as one where accumulated evidence about Harms 3 (societal) and 4 (economic) was very much coming to the fore. Despite large numbers of hospitalisations and substantial pressure on the health and care system it was essential to try and continue to make progress towards emerging from the most difficult phases of the pandemic. What I observed and participated in (in my advisory role) was an attempt at careful balancing of harms and assessment of a range of different types of data and evidence to inform advice to decision-makers within government.

## **I. Care homes and social care**

107. I am not able to comment on the issue of care homes or social care as I was not involved in providing advice relating to these sectors, including during my time as CSPA from September 2021.

## **J. Borders**

108. Most of the advice on borders and travel was provided before I joined the C19AG and SG. However, I can refer to the discussions at the C19AG from December 2021 and February 2022 that covered travel regulations. The group noted in its December 2<sup>nd</sup> 2021 meeting [LB/043 – INQ000218231] and [LB/044- INQ000218270]:

*"Travel regulations may slow but not stop the spread of Omicron in the early stages but, when community transmission takes hold, cease to be a necessary measure." and "impact of travel regulations is likely to be trivial shortly."*

109. In our February 3<sup>rd</sup> 2022 meeting the group noted:

*"The reaction to Omicron indicated there was scope for improvement, around the imposition and then particularly relaxation of border controls – though we need to consider the need for ongoing surveillance at borders."*

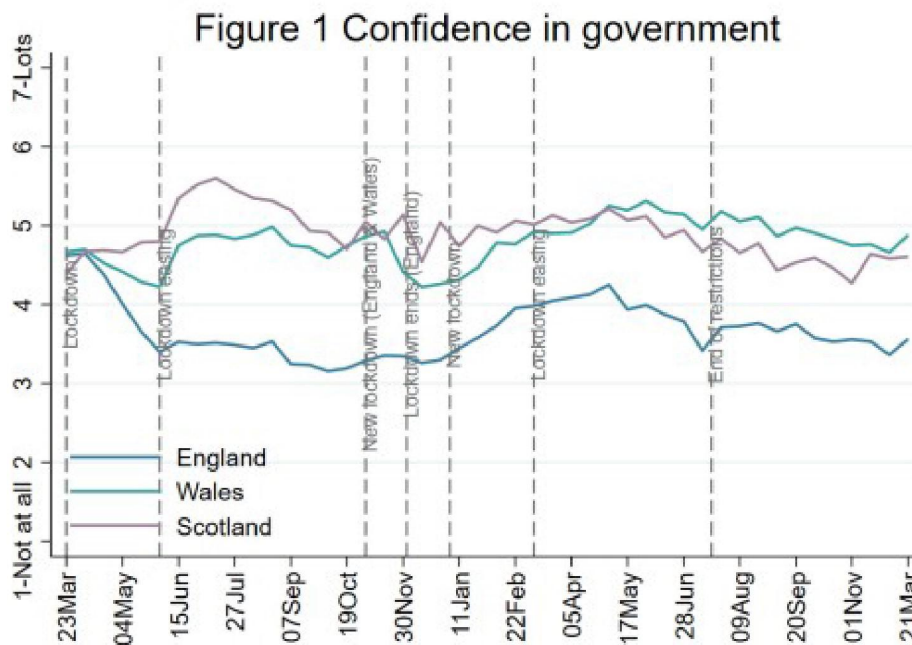
110. During the period I was advising government, restrictions were not in place on travel although some protective measures (such as Covid-19 testing for airline travel) were retained as well as surveillance. As the C19AG discussions on travel regulations reflect, restrictions on travel were not deemed to be effective during the Omicron wave(s). An important lesson from the pandemic relating to travel and borders overall is to identify when measures to limit travel will have an impact in reducing transmission and disease and when they will not. My own view is that these were appropriate early in the pandemic. The countries that applied them prior to community transmission being well established did see health protection benefits from them. However, travel restrictions became less useful through time and particularly during the Omicron wave where community transmission of Omicron was established in a number of countries and the vaccine uptake in Scotland had been high among the groups most at risk.

## **K. Covid-19 Public Health Communications**

111. Public health communication is an integral part of pandemic response. For most of the period covered by Module 2A I was not advising government and therefore only observed the SG's strategy with regard to public communication and messaging. My personal view prior to joining the C19AG and SG was that this approach had strengths and weaknesses. In the early stages of the pandemic it could be argued that messaging was clearer as the 'stay at home' advice was something the public understood and this is reflected in publicly available studies such as the Covid-19 Social Study I have referenced earlier in my statement. An additional advantage was that this advice was fairly consistent across all four nations, which is relevant because people in Scotland were viewing UK media (that primarily emphasised UK government advice) as well as Scottish media (where SG and Public Health Scotland advice was emphasised). As the pandemic continued, however, this advice and also the approach to NPIs varied across the four nations. This made it harder for the public to understand. As I participated in interviews with the media intending to help the public understand the latest developments and also evidence, I was aware of this complexity.
112. However, differing application of NPIs and guidance were within devolved powers and therefore it is understandable that there were differences between the four UK nations, even if it meant communication became more complex.
113. I did not provide advice to SG on public communication and messaging prior to September 2021, and after that period my advice was primarily limited to discussions in the Four Harms meetings where we did discuss public opinion polling conducted by YouGov on behalf of SG. Any comments I provided in Four Harms meeting on this, particularly when considering Harm 3 (societal harm) were to emphasise that it was important for SG to take into account the views of the public and how these shifted over time and could, therefore, affect compliance with NPIs and vaccine uptake.
114. As noted by the advisory group chair in his earlier submission to the Inquiry [LB/011 - INQ000215468], the C19AG did not play a direct role in public health communications in Scotland during the pandemic. In addition (and this includes during my time on the group) it did not prepare or approve any public health

communications in relation to steps being taken in Scotland to control the spread of SARS-Cov-2, or explaining NPIs or campaigns to limit transmissibility. Advice given by the C19AG to the Scottish Government may have included advice on effective communication with the public in broad terms, where that was relevant and this is covered in the minutes of the C19AG provided to the Inquiry.

115. I note earlier, at paragraph 22, the publicly available data on public confidence in government from the Covid-19 Social Study conducted by researchers at University College London. Figure 1 provided below is a summary figure from page 5 of the last report in the series of 105 reports published [LB/045 – INQ000346400]. This figure covers the period from March 2020 to March 2022.



116. From the Figure above you can see that public confidence fluctuated through time and was highest in the summer of 2020 and lowest in the autumn of 2021. Public confidence was higher in both the Welsh and Scottish governments than the UK government throughout the period covered by the surveys.
117. I was asked whether there were guidance or rules imposed by SG on advisers to try and regulate the way they behaved in order to maintain public confidence in the government response. When I joined the C19AG it was explained to me that

members were able to engage with the media and provide interviews and comments covering their own views and several members of this group did do that throughout the pandemic. In terms of my role as a secondee to Scottish Government, this was covered by the civil service code.

118. There were breaches of Covid-19 regulations or guidance by government advisers, officials and politicians during the pandemic. My own view is that these did undermine confidence in the management of the pandemic, at least in the case of significant breaches. It is important to refer to evidence on this where it is available. One example includes a peer reviewed journal article (Fancourt, D., Steptoe, A., & Wright, L. (2020). The Cummings effect: politics, trust, and behaviours during the Covid-19 pandemic. *The Lancet*, 396(10249), 464-465.) provided [LB/046 – INQ000346401]. The authors found that in England confidence in the government to handle the pandemic decreased soon after it was reported in the media in May 2020 that Dominic Cummings, a senior aide to the British prime minister, had broken lockdown rules. They noted that this “Cummings Effect” was unique to England, as Scotland and Wales experienced no similar decrease. There were breaches of Covid-19 regulations in Scotland by advisers and politicians but I am not aware of studies that examined changes in trust in government or compliance as a result of these breaches.
119. In terms of improvements that could be made to public communications for future health threats, this is something we have considered as part of the work of the Standing Committee on Pandemics, although not in depth. Our interim report, [LB/013 - INQ000103004], provides considerations and initial recommendations. The elements relevant to communication can be found in the appendix to the interim report from page 13 to 15 [LB/047 - INQ000346402]. There will be further detail on some aspects of this in the final report, which is still being worked on. In particular the proposed future ‘Centre for Pandemic Preparedness’ (which will probably be a ‘partnership’ or ‘network’ rather than centre) will have a communications workstream that an inform both SG and Public Health Scotland (and other relevant agencies’) public communications in future epidemics or pandemics.

## **L. Public health and coronavirus legislation and regulations**

120. The C19AG's remit was to provide scientific and technical advice which did not include advising on legislation or criminal sanctions. The Four Harms group did provide advice that was intended to inform decision-making and I contributed to providing that advice from September 2021. The areas we covered are included in the minutes provided to the Inquiry.

## **M. Key challenges and lessons learned**

121. The initial question posed in this section referred to the Chair of the SGCAG – I was not the Chair of the group and this should be noted by the Inquiry. Throughout my statement I have reflected upon key challenges/issues and lessons learned and I refer the Inquiry to my comments on these matters above.

122. I was asked by the Inquiry if SG had asked C19AG members to provide feedback on their involvement in the group. During the last formal meeting of the group there was some reflection, captured in the minutes provided to the Inquiry, but more importantly most of this group are now also members SCOP which is very much about lessons learned. In addition, the minutes of the two subgroups I chaired will note that we asked for feedback on how the groups had functioned and on the effectiveness of the advice functions and this should be reflected in the minutes already provided to the Inquiry.

123. I was asked by the Inquiry why the members of C19AG were not involved in any lessons learned exercises undertaken by the Scottish Government. From my perspective, the creation and ongoing work of the Standing Committee on Pandemics is very much a 'lessons learned' exercise. We have been meeting since August 2021 and there has been extensive work that will culminate in a final report in the coming months. The membership of the SCOP (listed in the Terms of Reference) includes many members of the C19AG [LB/004 - INQ000346403].

124. It was a privilege to be a member of the C19AG and to chair two of its subgroups from September 2021 until the spring of 2022. My personal view is that all of us who participated in the groups did so in order to try and provide technical and

scientific advice that would assist in the pandemic response. I would serve on such a group again if asked, as I regarded it as a duty as a public health professional to contribute at a time when our training and expertise was needed.

125. I was asked by the Inquiry about any appearances at parliamentary committees related to Covid-19. Transcripts of the two evidence sessions I participated in for two parliamentary committees (the Covid-19 Committee of the Scottish Parliament, and the Scottish Affairs Committee, both in 2020) are provided [LB/012 - INQ000280702] [LB/014 - INQ000346396]. The Covid-19 Committee questions focused on a range of issues related to the early months of the pandemic, and the Scottish Affairs committee was particularly focused on the devolved nature of public health in Scotland and the relationship between the UK Government and the Scottish Government.

126. I was asked in this section, but I have already referred to it earlier in my statement, about my involvement in the Standing Committee on Pandemics (SCOP). I have been a member of SCOP since it first started meeting in August 2021. It continues to meet and the final report is due in the coming months. The SCOP has a number of themes it is focusing on, and behavioural interventions and community engagement is one of these, a cross-cutting theme that will be relevant to a number of its recommendations. To inform this theme Professor Reicher and I have met with a subgroup on several occasions (made up of other academics with expertise in behavioural science and engagement) and this subgroup helped us shape the pages 13 to 15 of the appendix to interim report provided [LB/047 - INQ000346402]. This did not comment on the effectiveness of the core decision-making of the Scottish Government in its management of the pandemic. Instead it focuses on preparedness for future health threats including pandemics.

**N. Communications and records**

127. I can confirm that I do not hold any informal or private communications such as WhatsApp group or text messages about the UK/Scottish Government's response to Covid-19. I also do not hold any additional email communication, advice, briefings, presentations, analyses or notes in my CPSA or C19AG member roles



about the UK/Scottish Government's response to Covid-19 beyond that already provided to the Inquiry by the Scottish Government in the form of meeting minutes, correspondence and papers. I confirm that I do not hold any voice memos from the time period. I do hold a handwritten notebook from the period when I joined the Scottish Government (from September 2021 to August 2022).

128. I have also provided to the Inquiry copies of all articles I wrote for the Herald Newspaper that relate to Covid-19. I served as a guest columnist for the paper between March and August 2021. I have provided three further academic journal articles co-authored by me on Covid-19, in addition to the two from the TestEd study discussed at paragraph 84 above.

129. The Inquiry has asked for copies of my media appearances, insofar as they were relevant to the core decision-making of the Scottish Government, and as referenced in my witness statement dated 8 February 2023 [LB/015 - INQ000130142]. I can confirm that I do not hold personal copies of my media appearances. I have consulted the University of Edinburgh press office regarding this matter, who have informed me that their media tracking service only retains records for a limited time. They have confirmed that they only have records of appearances dating back to May 2022. The University of Edinburgh press office can provide further details regarding the retention of these records if required.

### **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:\_\_\_\_\_16 November 2023\_\_\_\_\_