

Witness Name: John R. Swinney

Statement No.: 1

Exhibits: JS

Dated: 05 May 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF JOHN SWINNEY MSP

In relation to the issues raised by the Rule 9 request dated 27 March 2023 in connection with Module 1, I, John Ramsay Swinney, will say as follows: -

1. I am John Ramsay Swinney of the Scottish Parliament, Edinburgh, EH99 1SP. I am currently the Member of the Scottish Parliament for Perthshire North. I have been a Member of the Scottish Parliament, firstly for the North Tayside Constituency from 1999-2011 and then for the Perthshire North Constituency from 2011 - date. I previously served as the Westminster MP for the Tayside North Constituency from May 1997 to June 2001.
2. I served as Cabinet Secretary for Finance and Sustainable Growth in the Scottish Government from May 2007 to May 2016, Cabinet Secretary for Education & Skills from May 2016 to May 2021 and as Cabinet Secretary for Covid Recovery from May 2021 – March 2023. I also served as Deputy First Minister in the Scottish Government from November 2014 to March 2023.
3. This Witness Statement relates to the matters addressed by the Inquiry's Module 1, which is examining the UK's preparedness, resilience and planning for a pandemic between the following two dates: 11 June 2009 and 21 January 2020. During this period, my Ministerial responsibilities that appear most relevant to this part of the Inquiry included managing the public finances under the control of the Scottish Government, allocating Budget provision for public services, and participating in, and ultimately leading as Deputy First Minister, the Resilience function of the Scottish Government.

4. I have prepared this statement myself by reference to records and material provided to me by the Scottish Government, including submissions provided to me by Scottish Government officials, Minutes of Meetings of the Scottish Government and records of the conduct of Scottish Government business and appropriate assistance to enable the statement to be completed. References to exhibits in this statement are in the form [JS/number - INQ000000].
5. Unless stated otherwise, the facts stated in this witness statement are within my own knowledge and are true. Where they are not within my own knowledge, they are derived from sources to which I refer and are true to the best of my knowledge and belief.
6. As I indicated in paragraph 3 above, during the period of focus of Module 1 of the Inquiry, my responsibilities as Deputy First Minister involved participating in, and ultimately leading, the Resilience function of the Scottish Government. There were essentially two key elements to this function.
7. Firstly, the Resilience function provided a central capacity within the Scottish Government to lead preparations for, and frequently to deliver executive management, of Resilience operations. The central team would work with other parts of the Scottish Government, and with partner organisations such as local authorities and public bodies, to ensure appropriate consideration was undertaken of potential risks to be addressed and for preparations to provide the necessary management of incidents when they took place. The resilience incidents that were handled would range across flooding, transport disruption, winter weather, ash clouds, industrial disputes and significantly for the purposes of this inquiry, handling the Covid-19 pandemic. The Resilience function would work closely with, for example, Transport Scotland and Local Authorities if there was a winter weather incident. In the case of the pandemic, the Resilience function worked closely with Ministers and Officials in the Health and Social Care Department and within NHS Boards but increasingly with other portfolios within the Scottish Government as the impact of the pandemic took its course.

8. The practical nature of this work was advanced through the Scottish Government Resilience Room (SGORR) and would be conducted at Ministerial and at Official level. SGORR is a relatively small team of officials within the Scottish Government that provides a central co-ordinating facility in the event of resilience incidents and supports Ministers in delivering leadership in such incidents. During an incident, meetings would be held to co-ordinate actions and officials would follow up such actions. Ministerial discussions would invariably be chaired by the First Minister, by me or by a senior Cabinet Minister and Official level discussions would be led by a relevant Director General (DG) in the Scottish Government.
9. The second element of the Resilience function was the necessary activity in planning the Resilience capability of Scotland. This approach was taken forward by the Scottish Resilience Partnership (SRP), which brings the Scottish Government together – at official level - with senior personnel from a range of different organisations including the Society of Local Authority Chief Executives (SOLACE), Police Scotland, Scottish Fire and Rescue Services, NHS Scotland, Scottish Environment Protection Agency and others. The SRP would meet on a periodic basis to supervise the preparation for resilience activity. This would include developing the Scottish Resilience Plan/Framework and liaison with the three Regional Resilience Partnerships that co-ordinate the work of Local Resilience Partnerships operating at local level across 32 local authority areas in Scotland. It would also undertake lessons learnt reviews of the handling of previous resilience events to strengthen planning and capacity and would lead exercises to prepare for future eventualities.
10. I believe these two elements of our Resilience approach – the operational focus of SGORR and the strategic focus of the SRP – have been critical strengths in preparing Scotland to deal with incidents such as the pandemic. SGORR had developed significantly as a reliable and dependable grouping with expertise in handling resilience incidents. This provided Scotland with a central resource that could bring together learning from previous incidents to inform handling of the pandemic. The SRP created a forum in which a shared understanding of resilience challenges could be developed amongst key partners in delivering any

response and such knowledge could be shared widely across organisations to enhance preparedness.

11. I would periodically engage with the Partnership to provide strategic guidance on the expectations and priorities of Ministers in developing our approach. This input would reflect the engagement of Scottish Ministers with any UK four nations approach and any specific priorities for Scotland.
12. In the period running up to January 2020, the preparations for a pandemic were taken forward in Scotland as a combination of participation in the four nations activity across the UK and specific applications of this approach to the distinctive health and social care arrangements that reflected the devolved governance arrangements. This combination would be reflected, at a four nations level, in the Scottish Government's participation in the formulation of the *UK Influenza Pandemic Preparedness Strategy* (2011) [JS/001 – INQ000102974], the cross government Pandemic Flu Readiness Programme and the work of the Additional Deaths Advisory Group alongside the work in a devolved context on the Resilience Partnership activity, Excess Deaths Planning, Critical Services Infrastructure sustainability and Scottish Government business continuity. These forums were established to undertake planning on key practical issues relevant to a potential pandemic.
13. The approach of the Scottish Government would best be summed up as a pragmatic way of co-operating on a four nations basis where this made the appropriate practical sense and developing an approach in Scotland that reflected distinctive existing ways of working and service planning. A relevant factor in that decision-making would also be the efficient use of public expenditure to maximize benefit to the public. For example, if more value for money could be achieved by Scotland participating in a four nations procurement exercise for Personal Protective Equipment (PPE) then the Scottish Government would opt to take part in such an approach.
14. The Scottish Government took part in two key relevant exercises in terms of pandemic planning; Silver Swan in 2015 and Exercise Cygnus in 2016, reports

provided [JS/002 – INQ000103012] and [JS/003 – INQ000103011]. A further Scottish Government led Exercise Iris in 2018, report provided [JS/0004 – INQ000103013] had relevance to pandemic preparations. Generally, there was a focus within Government on undertaking this preparatory work and in implementing the conclusions especially in developing local pandemic plans that would be required.

15. The Scottish Government established a Flu Readiness Programme Board, which was jointly chaired by the DGs for Health and Social Care and Justice. The involvement of the DG Justice in this work was crucial as that postholder provided the senior leadership in Resilience and this created a link to the Resilience capability within the Scottish Government. This Board worked to develop preparedness across six work streams on Health and Social Care, Legislation, Excess Deaths, Sector Resilience, Communications and Scottish Government preparedness. Some of this work was not completed due to the onset of the pandemic but the preparatory work was undoubtedly beneficial in improving the level of preparedness in the Scottish Government. This work assisted the Scottish Government and our partners in considering issues that would have to be resolved should a pandemic occur and to put in place practical interventions that assisted preparedness.
16. In 2018 the Scottish Government produced the first Scottish Risk Assessment (SRA), provided [JS/0005 – INQ000102940]. This document complemented the UK National Risk Assessment, but set out to give guidance should Scotland be affected differently by particular risks. This might be the case in relation to winter weather or flood risk for example. The SRA identified a “disease-influence type disease (pandemic).” The intention was for the SRA to continue to develop in the light of changing events and knowledge about possible threats and an updated version was planned for development as the Covid pandemic emerged.
17. The SRA was produced after widespread engagement with partners, consistent with the partnership approach set out in para 9 of this statement. This involved undertaking research on potential threats that may have to be managed, evaluating risks, assessing capacity to handle such incidents and engaging with

partners on likely responses. The SRA would also be developed through consideration of the statutory obligations of the Scottish Government in terms of equalities and other factors to ensure any response gave proper consideration to pre-existing inequalities.

18. In preparing for the eventuality of a pandemic, the Scottish Government would reflect this need within its policy and financial decisions through the annual Programme for Government and the Annual Budget. Specific measures of public sector reform were advanced and expectations were set out in the Budget process of what commitments should be delivered.

19. Over this period, a number of reform programmes and initiatives were undertaken by the Scottish Government with the objective of improving collaboration within the public sector which would be a key element of any pandemic preparedness. The Christie Commission on the future delivery of public services in 2010, final report provided [JS/0006 – INQ000131076], created a focus on overcoming traditional public sector organisational boundaries and encouraging greater attention to improving outcomes for society. The Christie Review was commissioned by the Scottish Government to review the public sector landscape in Scotland with a view to maximizing efficiency and effectiveness in a period of rising demand for public services and acute constraint in the public finances. The Review was led by the late Campbell Christie, former General Secretary of the Scottish Trades Union Congress and brought together a broad range of expertise from the private, public and third sectors.

20. The Public Bodies (Joint Working) (Scotland) Act 2014 established joint boards to aid Health and Social Care integration at local level which intensified the focus of public services in working together to improve outcomes for citizens. This reform greatly enhanced the ability of previous fragmented services to work together in a more holistic fashion. This Act made a significant contribution to pandemic planning by drawing together the work of the health and social care sectors into a more cohesive single network. This created a more integrated

approach to leadership and management across the NHS and local authorities that had not been as effective before the passage of this Act.

21. The *2015 Review of Public Health in Scotland: Strengthening the Function and re-focusing action for a healthier Scotland* [JS/0007 - INQ000102990] made recommendations to strengthen leadership of public health issues in Scotland which resulted in the establishment of Public Health Scotland, which drew together health intelligence, protection and improvement expertise in a single body with joint accountability to the Scottish Government and the Convention of Scottish Local Authorities (COSLA). Health intelligence involves the gathering of necessary data to assess health challenges in our society. Health protection involves formulating the thinking necessary to ensure the wider health of the population is supported and health improvement draws together the expertise to deliver necessary improvements. This reform further strengthened the expertise available to decision makers in Scotland and meant there was a shared understanding of the information and data necessary to manage the pandemic.

22. In my view, this was a very significant reform which gave greater strength to Scotland's pandemic response. As there was shared confidence between Scottish Government and Local Authorities on the challenges that had to be faced, significant efficiency in decision making was gained and where necessary and appropriate, effective and considered decisions could be implemented across a range of areas in Scotland based on the input from Public Health Scotland. The reform created an authoritative source of information for all public and private sector leaders in Scotland and had been the product of a shared approach to the development of this capacity since the Public Health Review in 2015. This greatly assisted pandemic management.

23. In relation to Budget decisions in connection with pandemic preparedness, the Scottish Government allocated consistent and sustained increases to health and social care funding over the entirety of the period of scrutiny by the Inquiry in Module 1. The Scottish Government took a Budget policy decision to pass on to the Health and Social Care system in Scotland the consequential funding arising from changes to comparable funding in England through the Barnett Formula.

This produced consistent increases in funding for the Health and Social Care system and resulted in real terms increases over this period. The extent to which funding was available for investment in the health and social care system has to take into account the overall context of public expenditure during this period under scrutiny which was a period of significant constraint. The Scottish Government had to make its Budget decisions largely within this context of austerity, although some greater flexibility to raise more revenue emerged after the passage by the UK Parliament of the Scotland Act 2016. This flexibility was used as much as it was possible to do so within a sustainable fiscal context. If public expenditure had been set at higher levels then there is the potential for more resources to be available to support greater levels of pandemic preparation. Choices about additional resources for pandemic planning would have had to be considered against an extensive range of other pressing, competing financial demands and proposals from across different policy areas and from Parliament. An assessment of value for money considerations would also have to be undertaken. If there had been a demand for the Scottish Government to hold contingency resources to support a pandemic response, the structure of the Fiscal Framework within which the Scottish Government operates would have to be considered. The Fiscal Framework, which is agreed between HM Treasury and the Scottish Government, prevents the Scottish Government, for example, from creating reserves to withstand future economic shocks such as might arise from the economic consequences of a pandemic. The ability to hold reserves to make provision for future events is strictly limited by the terms of the Fiscal Framework. The Scottish Government is therefore heavily dependent on decisions at a UK level on managing such consequences. Further detail on the operation of the Fiscal Framework is included in the Module 1 DG Exchequer corporate statement provided on 19 April 2023.

24. Successive Scottish Government Budgets made explicit provision for the concept of pandemic preparedness to be applied by those controlling Health and Social Care Budgets particularly in relation to the territorial Health Boards and the specialist Health Boards. This funding for seasonal flu and pandemic preparedness programmes was included within the baseline Budget allocations for Health Boards and these organisations would be expected to allocate funds

accordingly to meet the expectations set by Ministers. The Scottish Government in its budgetary approach has generally tended to set out the expectations of Ministers rather than to ring-fence funds for a specific purpose.

25. The Scottish Government also allocated funds under the system of Grant Aided Expenditure to local authorities to support the statutory responsibilities of local authorities in relation to civil protection and resilience planning. There is published information available on the allocation of expenditure for this purpose by local authorities.

26. One of the hallmarks of the operating approach of the Scottish Government during the period of scrutiny in this Module, was to engage widely with other public authorities, public bodies, business and third sector organisations to create a sense of common purpose in our endeavours. This approach would involve the establishment of a range of collaborative forums in which the aspirations of Ministers could be set out and practical work commissioned to try to realise these aspirations. There was also an analytical structure put in place to assess progress in achieving these aspirations through a broadly endorsed National Performance Framework [JS/0008 – INQ000102917]. The National Performance Framework established an agreed set of outcomes that organisations in Scotland were working together to achieve. These included our collective aspirations for children and young people, the economy, communities, the tackling of inequalities, human rights, fair work and business and the tackling of poverty. The fact that the National Performance Framework was valued and supported by a broad range of public, private sector organisations in Scotland helped to focus our pandemic response and assisted our efforts to be effective, for example, in addressing inequalities. This approach created a strong platform for the necessary and urgent dialogue that was required in preparing for and then ultimately managing the pandemic.

27. In my experience in Government, one of the greatest challenges is in securing the necessary alignment in perspective and intervention amongst the range of organisations that require to make a contribution to achieve a policy objective. The Scottish Government has invested heavily in terms of time and political

capital in securing this type of alignment. This has been achieved through forums such as the Scottish Leaders Forum – which brings together senior public sector leaders from across Scotland – regular dialogue with the major business representative organisations and interaction with a representative range of third sector organisations. Having built these arrangements, on an ongoing basis, their value and significance was reinforced by the challenges of the pandemic.

28. This general approach to encouraging collaborative leadership, was significantly aided by the formation of the SRP (which brings together senior leaders from across Scotland to address strategic resilience priorities). I have set out in paragraph 9, the substantial benefit this structure has brought to resilience planning in Scotland, with a positive impact on pandemic planning. At its meeting of 26 October 2017 the SRP discussed pandemic flu. Minutes and papers are provided [JS/0009 – INQ000178210]. At this meeting I emphasised the need for multi-agency partners and government to work together to develop plans to optimise pandemic capacity and develop a common understanding of local & national roles in decision-making (where normal capacity is exceeded).
29. I would consider that our capacity to handle the pandemic was also greatly assisted by the establishment of Public Health Scotland in April 2020.
30. In addition, I would consider that the following actions were beneficial in assisting in managing the pandemic:
- a. development of pandemic strategy and system-wide guidance, based on previous experience, scientific and expert advice and in line with World Health Organisation pandemic guidance developed largely on a four nations basis;
 - b. maintaining significant countermeasure stockpiles – based on ‘Reasonable Worst Case’ planning scenario for pandemic influenza – including PPE, antiviral medicines, antibiotics and access to a pandemic specific influenza vaccine;

- c. organising UK-wide, Scotland specific pandemic exercises such as Exercise Silver Swan– and supporting local pandemic exercises conducted by Regional Resilience Partnerships;
- d. reviewing preparedness and making improvements to relevant plans and guidance following these exercises;
- e. establishing four nation and Scottish Government specific pandemic preparedness boards, which included drafting pandemic legislation eventually used as a basis for Covid legislation;
- f. working with other UK countries (four nations approach) – to share learning and pool resources – as evidenced in common guidance and preparedness measures;
- g. issuing guidance – to stakeholders on preparedness – including the hub and spoke documentation available on the ‘Preparing Scotland’ Hub – i.e. *Preparing Scotland – Scottish Guidance on Resilience* (2016) [JS/0010 – INQ000102938] - based on evidence on pandemic preparedness; and
- h. working with local stakeholders to develop and improve local plans e.g. NHS and Local Resilience Partnerships.

31. A number of these steps to improve pandemic preparations were taken after the conduct of Exercises Cygnus, Silver Swan and Iris.

32. Exercise Silver Swan took place in 2015 and reported in 2016 [JS/0002 – INQ000103012], following a series of table top exercises across the whole of Scotland and involving frontline Health and Social Care organisations (across the NHS, Local Authorities, Health and Social Care Partners) and others. All three Regional Resilience Partnerships participated in this exercise. The overall aim of the exercise was to assess the preparedness and response of Scotland’s local and national arrangements for an influenza pandemic over a prolonged period.

33. Exercise Cygnus was a Tier-1 (national level) three-day UK Government exercise held 18-20 October 2016 to test response to a flu pandemic. It made 22 recommendations and while these were not specifically directed at the Scottish

Government, we did consider them for our own interests. The report is provided [JS/0003 – INQ000103011].

34. Exercise Iris was a single day table-top exercise held on 12 March 2018 to assess NHS Scotland's response to a suspected outbreak of Middle Eastern Respiratory Syndrome (MERS-CoV), a high consequence infectious disease (HCID). This was a multiagency exercise involving Scottish Government, and NHS Scotland territorial and National Boards. The exercise was not designed to test pandemic flu readiness, but to assess and strengthen Scotland's readiness to respond to a MERS-CoV outbreak. The learning and discussion was, however, relevant and useful in considering readiness for other outbreaks, report provided [JS/0004 – INQ000103013].
35. It is important to recognise that there are differences between a coronavirus pandemic and pandemic influenza and therefore not all recommendations from the exercises referred to can be applied in the context of Covid-19. However, I believe there was a focus within the Scottish Government on taking all possible learning from the exercises that could be applied, in general, to pandemic planning. The novel nature of Covid-19, and the speed at which it developed, would make it challenging to accurately predict the components of the virus and to plan precisely for its effects. I do believe however that the lessons learned from previous exercises were undoubtedly of benefit in assisting the preparation of the pandemic response.
36. A range of improvements and changes were made to local and national influenza pandemic preparedness arrangements following Exercises Silver Swan and Cygnus. These are reflected in documents (some of which have been mentioned above) relevant to a pandemic response, including social care and PPE interests, which have been updated during that period, including:
- a. Local and regional pandemic response plans which have been kept under review and updated at various points since 2015.
 - b. The NHS Scotland Standards for Organisational Resilience were published in 2016 and reviewed in 2018, provided [JS/0011 – INQ000148758].

- c. The Scottish Risk Assessment was published in 2018 [JR/0005 – INQ000102940], including pandemic flu as a top risk.
- d. *Guidance on dealing with mass fatalities in Scotland* was revised in 2017 [JS/0012 – INQ000102945], which included good practice guidance for setting up and managing body storage facilities and guidance on death certification during a pandemic.
- e. National pandemic response and guidance documentation for health and social care was updated and issued for consultation in 2019 [JS/0013 – INQ000148759].
- f. Health Protection Scotland updated its online National Infection Prevent and Control manual sections re: MERS-CoV and Avian Flu, including details regarding appropriate levels of PPE. [JR/0014 - INQ000102870].
- g. Pandemic Influenza Communications Planning Guidance was issued to responders (2019) [JS/0014 - INQ000102949].

37. A Pandemic Flu Short Life Working Group was established after Silver Swan (Chaired by Deputy CMO) (with membership drawn from various stakeholder groups and Scottish Government) which agreed priority actions around the following themes;

- Governance/management of response
- Development of a Scottish Health and Social Care Influenza Pandemic Preparedness & Response document
- Local planning (inc. Role of Health and Social Care Partnerships)
- Responding to increases in demands for services
- Antiviral distribution
- PPE (including fit-testing).

38. Exercise Iris identified action points covering guidance, specialist facilities, provision of PPE and contact tracing. The Scottish Health Protection Network (SHPN) has been leading on work to follow up these action points. This was particularly focused on HCID PPE education and training, development of clinical pathways for the safe management of HCIDs in Scotland and the Public Health response arrangements and guidance.

39. A sub-group established for the purpose of taking forward these issues reported its recommendations to the Scottish Government in November 2019. However, further work on implementing them was paused due to the impacts of the Covid-19 pandemic. Some of the practical steps to apply these recommendations was undertaken during the Covid pandemic. A number of these steps included measures such as reminding Health Boards of their obligations to ensure that sufficient numbers of staff were Filtering Face Piece 3 (FFP3) fit tested and trained in the use of enhanced PPE, NHS Boards building in the potential impact of contact tracing and community sampling during an outbreak and continuing existing work to promote standard PPE requirements and the specific requirements of HCIDs.

40. The lessons learned from these exercises and the preparations put in place by the Scottish Government to deal with a pandemic were the subject of review by Audit Scotland in their report, *NHS in Scotland 2020* (published February 2021) [JS/0016 – INQ000148761]. There should always be consideration of the question as to whether more or alternative preparations could be put in place in circumstances where no incident has taken place. One of the issues that arises from the pandemic is whether there is a need for more testing capacity to be available at all times but there would be public expenditure, capacity and value for money issues to consider in that respect. Some of the work to implement lessons from previous exercises was underway when the pandemic struck but the learning and thinking that had been in development was applied in the handling of the pandemic. The Scottish Government had identified, for some years, the significance of the risk of a pandemic and with explicit acknowledgment in the Scottish Risk Assessment 2018 [JS/0005 – INQ000102940]. Exercises had taken place to develop a response and the resilience arrangements in Scotland, through the SRP, the work of the Regional Resilience Partnerships and the full engagement of the relevant partners, enabled there to be strong and robust preparations to be in place to deal with a pandemic.

41. I have considered the Module 1 List of Issues dated 6 April 2023. I confirm that I have included all relevant comments in relation to those issues, within the

context of the questions asked of me as Deputy First Minister and as a Cabinet Secretary in the Scottish Government from 2009 to 2020 in the Rule 9 request issued to me on 27 March 2023.

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: _____ 05 May 2023 _____