

Witness Name: Nicola Sturgeon

Statement No.: 1

Exhibits: NS

Dated: 08 August 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF NICOLA STURGEON

In relation to the issues raised by the Rule 9 request dated 30 January 2023 in connection with Module 2, I, Nicola Sturgeon, will say as follows: -

1. My name is Nicola Sturgeon. I was appointed First Minister of Scotland by Her Late Majesty Queen Elizabeth on 20 November 2014, on the nomination of the Scottish Parliament. I held office as First Minister from then until 28 March 2023 and I am a Privy Counsellor. I was previously Deputy First Minister and Cabinet Secretary for Health in the Scottish Government, from 17 May 2007 to 19 May 2011, Deputy First Minister and Cabinet Secretary for Health, Wellbeing and Cities Strategy from 19 May 2011 to 5 September 2012 and then Deputy First Minister and Cabinet Secretary for Infrastructure, Capital Investment and Cities from 5 September 2012 to 19 November 2014.
2. I held office as First Minister throughout the period from January 2020 to February 2022. As First Minister during that period, I was head of the Scottish Government and so had overall responsibility for our pandemic response, and for engagement with the UK Government and other devolved administrations. However, in keeping with the principle and practice of Cabinet government, I exercised that responsibility on occasion and where appropriate through delegation to ministers. This draft witness statement relates to the matters addressed by the Inquiry's Module 2, which is considering the UK's core political and administrative decision-making in relation to the Covid-19 pandemic from early January 2020 until Covid-19 restrictions were lifted, in England, in February

2022. Legal requirements in relation to the use of face coverings continued in Scotland until 18 April 2022. I note that the Scottish Government's core political and administrative decision-making is the subject of the Inquiry's Module 2A. I comment here on the Scottish Government's decision-making only to the extent necessary to contextualise my comments in relation to Module 2.

3. I have drafted this statement, including responses to supplementary questions, myself. During the drafting of this statement, I have had sight of some of the Scottish Government draft corporate statements for Module 2A of the UK Covid-19 Inquiry and have drawn upon a factual narrative produced by officials.
4. Decisions made by the UK Government during the period of interest to the Inquiry had both direct and indirect influence on the pandemic in Scotland and on the Scottish Government's response to the pandemic. The UK Government's decisions in relation to health and other measures in England formed part of the context for decision-making by Scottish Ministers in relation to devolved matters. On some devolved matters, such as procuring and deploying vaccines, the four UK administrations worked together. On some reserved matters, for example in relation to the 'furlough' scheme, other strands of financial and economic support, and public finances generally, decisions taken by the UK Government – sometimes with no or minimal consultation with devolved governments – had a direct bearing on the options and choices available to Scottish Ministers.
5. I took part in intergovernmental meetings with the UK Government on Covid-19 throughout the period covered by the Inquiry, in order to understand and, where possible, influence relevant UK Government decision-making and to share relevant information about the pandemic in Scotland and the Scottish Government's assessments, decisions and actions in response. These included meetings convened by the Cabinet Office through the Cabinet Office Briefing Room (COBR), sometimes at short notice. I did not take part in UK Government Cabinet or other internal meetings. A list of decision-making committees, groups and forums dealing with the UK Government's response to Covid-19 that I attended between January 2020 and February 2022 – including a detailed

timeline – is included in the supporting evidence for this statement. **[NS/0001 - INQ000130883]**. A thorough search has been conducted and all available minutes or readouts from these meetings, such as COBR, is provided as general disclosure. Where there are no minutes or readouts available for corresponding meetings, it is likely that none was produced.

6. There were several occasions on which I and other Scottish Government ministers made representations that sought to influence UK Government decision-making.
7. We did so even on certain matters that were largely devolved such as the nature and timing of non-pharmaceutical interventions (NPIs) where UK Government decisions often had an impact on, for example, media messaging and potentially, therefore, on the effective implementation of our own decisions.
8. However, such representations were particularly important on reserved matters.
9. This included making requests for additional budget flexibilities, but these were not granted.
10. Devolved governments collectively secured the funding guarantee from HM Treasury in July 2020 which reduced a key element of funding uncertainty, but this was a temporary arrangement and was not extended beyond 2020-21, despite Scottish Governments requests for this.
11. Scottish Government had no influence over UK Government policies such as the job retention scheme, or 'furlough' scheme, which was announced with little prior notice. While I made the case for the scheme to be extended further, this was not accepted by the UK Government. In late 2021, the Scottish Government was successful in securing additional upfront funding from the UK Government to support further Scottish public health measures, however it was not successful in influencing the UK Government to replicate the furlough scheme.

The nature of the threat posed by Covid-19

12. As it became clear that we were facing a highly infectious novel coronavirus, posing an unprecedented risk to human health, it was obvious that a rapid and flexible response was required from governments in the UK and around the world. Decision-makers were required to exercise judgement and balance risk on the basis of preliminary assessments, incomplete evidence and uncertain forecasts, in order to reach rapid decisions on the necessary, justified and proportionate measures to take in response. Changes in the genetic make-up of the virus which in general terms saw an increase in its infectiousness, together with constantly evolving scientific understanding of it, meant that this challenge was repeatedly renewed and increased throughout the period of the pandemic, at least until vaccination succeeded in reducing risk to life and wellbeing.
13. It was also necessary for governments to co-operate, within the UK and around the world. In my assessment, governments generally, including the UK and Scottish governments, did appreciate the seriousness of the threat of Covid-19 and sought to respond in an effective and proportionate way, guided by expert assessment and advice from the World Health Organisation and others.
14. The UK has a seat as a member state on international organisations, such as the World Health Organisation (WHO) and the World Health Assembly (WHA). Whilst Scotland is not a member state in its own right, information provided by these relevant international organisations was provided to the Health Protection Network and the Chief Medical Officer for Scotland (CMO). Throughout the pandemic international research and co-operation was of interest to the Scottish Government, and came from a range of sources via SAGE, the Chief Medical Officer, our own analysts and the Covid-19 Advisory Group.
15. Covid-19 posed an unprecedented systemic threat not only to the health of those susceptible to infection, particularly those most vulnerable, but also to healthcare systems, economic activity, and wider society: these were the 'four harms' identified by my government in our Covid-19: Framework for Decision Making, published on 23 April 2020, to help shape our strategic response. It is worth noting that although inequality was not listed as a standalone harm, the Scottish

Government was acutely aware of the manner in which the effects of Covid-19 exacerbated existing inequalities whilst creating new ones. The complexity of the systemic challenge posed by the rapid spread and evolution of a novel virus, meant there was no one right response; and it was not possible for any government, my own included, to get every decision right. It is also the case, given the nature of the challenge faced, that there were few, if any, 'harm free' decisions open to governments. Measures to curtail the spread of infection reduced direct health harm but, in the process, caused isolation and loneliness, economic upheaval and disruption to education. Conversely, not imposing or later lifting restrictions might lessen these wider impacts but only at the expense of possibly increasing harm to health. For governments, both within our own jurisdictions and working together where necessary, the challenge was to constantly balance risks and benefits and take rapid decisions to reduce overall harm as much as possible. A corporate statement provided by DG Strategy and External Affairs sets out in detail the constitutional position including the powers, duties and lines of democratic accountability in relation to the pandemic. Many aspects of the Covid-19 response engaged devolved responsibilities and it was right that each government tailored its approach to the circumstances in its territory or part thereof. However, even where it was not constitutionally necessary, I took the view that it was desirable for the different governments in the UK to work together as much as possible.

January to March 2020

16. As far as officials have been able to determine, the first mention of Covid-19 in briefing sent to me was on 17 January 2020 [NS/0002 - INQ000130900]. From that point on, as the significance of the virus and its spread became clear, I received further information and advice on Covid-19. I was also involved in discussions and meetings about it, including with the UK Government. However, over January and February these were primarily meetings with Scottish Government clinical advisers and the Scottish Government Resilience Room (SGORR) – effectively the Scottish Government equivalent of COBR. Between January and March 2020 SGORR met seven times and I chaired each of these meetings.

17. During January and February 2020, up to the identification of the first confirmed case of Covid-19 in Scotland on 1 March 2020, much of the Scottish Government's involvement in inter-governmental discussion of Covid-19 was led by the Scottish Government's Cabinet Secretary for Health, supported by relevant Ministers, including the then Minister for Public Health, Sport and Wellbeing and the then Minister for Mental Health. However, during that period I was regularly chairing meetings of SGORR (as set out above).
18. The attendance of my Health Secretary at the first five COBR meetings was considered appropriate as these meetings were chaired by her counterpart, the UK Health Secretary and attended by relevant Health Ministers of the other devolved governments. This was entirely in line with past practice. It is normal for heads of administration to delegate participation in inter-governmental meetings to lead portfolio Ministers. In my judgment, this has no impact on the effectiveness of governments' response to risks and threats. Specifically, in relation to early Covid planning, it is my firm view that the attendance at COBR of health ministers in January and February, rather than of me (or indeed the then Prime Minister) had no impact on decisions taken. It is part of the role of lead portfolio Ministers to report to heads of administration so that we may judge when our direct involvement is necessary, proportionate and justified. Indeed, to illustrate the point about past practice, as the Scottish Health Secretary during the 2009 Swine Flu pandemic, it was me – not the then First Minister – who attended COBR meetings, as these were chaired by the then UK Health Secretary rather than the then Prime Minister.
19. As with other representatives from the Devolved Administrations, the Cabinet Secretary for Health was able to provide an update from the Scottish viewpoint, raise issues of concern and provide views on proposals. This included putting forward the views such as that communications about the state of the pandemic in Scotland should be led by the Scottish Government given our devolved responsibilities, and seeking answers to specific issues, such as whether all flights from China to the UK, not just those from Wuhan, should be subject to restrictions.

20. I first participated in a COBR meeting on Covid-19 on 2 March 2020. I did so in light of the identification of the first case in Scotland the day before. I attended COBR meetings frequently from that point onwards, attending another seven in March 2020 alone. My contributions were of a broadly similar nature to those of the Cabinet Secretary for Health in earlier meetings. I was able to provide brief updates from a Scottish perspective and offer views on the nature and timing of non-pharmaceutical interventions that we should be implementing. While these views were listened to, it was not my impression that they changed the mind of the UK government. It often seemed to me that the UK government's position on key issues had been decided in advance of COBR meetings. If the views that I was expressing were in line with that position, all good and well. If not, the UK government would listen but proceed in its preferred manner anyway.

21. I have been asked to comment on the effect the then Prime Minister being ill with Covid-19 in April 2020 had on four nations decision-making in that period. My view is that this had no impact on decisions taken, in the sense that different decisions might have been arrived at had he been present. However, meetings that the then Prime Minister did not attend often felt more focused and business-like than those he did attend. It was also my impression that he was never as engaged in the management of the pandemic after his illness as he had been prior to it. Regular COBR meetings gave way to intergovernmental liaison structures that usually did not involve the Prime Minister personally.

22. It was clear from early 2020 that Covid-19, as a threat to public health, would directly engage the interests and responsibilities of all four UK administrations, and that our responses, to be effective, must be co-ordinated, including in relation to public messaging. However, it was also clear to me that a co-ordinated response should not necessarily imply a uniform response. It was the responsibility of each administration to exercise its powers and responsibilities in response to the relevant facts and circumstances within its jurisdiction, drawing upon the best available scientific and other expert advice, albeit that the ability of the Scottish Government to act autonomously from, or differently to the UK

Government, even in areas within our legal power, was circumscribed by the lack of access to the finances, or borrowing, necessary to fund schemes of compensation.

23. Scottish Ministers attended all COBR meetings to which we were invited. These often preceded Scottish Government SGORR meetings chaired by myself or the Deputy First Minister. This enabled any evidence shared at COBR to be taken into account by SGORR as we took decisions in areas of devolved competence. This also afforded the opportunity to understand how other nations were approaching their response and an update on COBR deliberations formed a core part of the agenda for SGORR meetings during this period.

24. In parallel, officials continued to engage on an ongoing, often daily, basis with their respective colleagues across the other UK nations to ensure that advice provided to Ministers took account of both the evidence being considered, but also how other nations were responding to issues including for example the repatriation of British citizens.

25. However, while it was clear from early in 2020 that each government's decisions and actions would have to reflect the situation within its own jurisdiction, broadly speaking each of the UK governments planned to respond with measures which sought first to reduce importation of the virus, then to contain spread through testing and isolation and then, given the limited availability of testing capacity initially, to delay spread through 'non-pharmaceutical interventions' (NPIs) and later through vaccination, though it was far from clear in early 2020 how long it would take to develop effective vaccines. There was no reliable information on when, or even if, a vaccine would become available at that time, but in anticipation of a vaccine becoming available at some point in the future, a Scottish Government Vaccines Division was created in June 2020.

26. All governments were concerned to provide effective treatment for those infected, and we were all extremely concerned in the initial period about the likelihood (based on experience in other parts of Europe) of NHS capacity – both in general and ICU capacity in particular – being overwhelmed. As the nature of the threat

became clearer, governments also developed measures to mitigate wider harms, for example through financial and other support to those individuals and organisations affected by the virus and by the measures taken in response to the virus. The design, sequencing, combination and duration of these measures varied, reflecting information available to governments about the specific circumstances within our jurisdictions, the range and scale of the tools at our disposal and our judgments on the most effective responses. While some differences of approach began to emerge even pre-lockdown – and became more accentuated later - the broad commonality of approach in the early stages was reflected in the joint publication of the Coronavirus Action Plan on 3 March 2020. At relatively short notice, the Scottish Government provided comments to the UK Government on the Coronavirus Action Plan to ensure it appropriately reflected devolved responsibilities in Scotland.

27. Among my aims in participating in early inter-governmental discussions about our Covid-19 response was to ensure that the development and deployment of responses in Scotland and the UK was well co-ordinated where that would secure greater benefit for citizens within both Scotland and the wider UK, for example in relation to procurement and deployment of personal protective equipment (PPE) and later of vaccines, and through clarity and co-ordination of public messaging across the UK. With regard to vaccines, the provision of vaccines via UK contracts is a practice that has been in place for decades and leverages the UK's purchasing power and engagement with the pharmaceutical industry on research and development for all four nations. Also, as the UK population moves freely among the home nations, it makes sense to have the same vaccines in use across the home nations.

28. In this early period, and throughout the pandemic, I sought and engaged in inter-governmental co-operation where I judged it had the potential to provide the most effective way for me and my government to exercise our statutory responsibilities and powers in relation to public health and the wider impacts of Covid-19, on the basis of the facts and evidence available to us about the situation in Scotland. Where a distinctive approach in Scotland – or for different areas within Scotland – appeared necessary, justified and proportionate in all the circumstances, I took

that approach, even if it differed from that of the UK Government. I expected the UK Government to do the same in relation to its responsibilities and the facts and circumstances it faced in the areas for which it was responsible. To be clear, my view was that co-ordination of response was always desirable where possible. However, in circumstances where co-ordination would have meant responding in a way that the Scottish Government judged inappropriate for Scotland, I considered it our duty – where we had the power to do so – to follow the course that we considered more appropriate, even if that was different to the course taken by the UK Government.

29. I comment further below on how the arrangements for intergovernmental co-operation, co-ordination and communication operated in the run-up to and beyond the first 'national lockdown.' It is not for me, however, to explain the assessments, decisions, and actions of the UK Government, for which I am not accountable. However, there are two general comments that I think it important to make about the impact of UK Government decision making on the discharge by me and the Scottish Government of our responsibilities.
30. Firstly, it is certainly the case that on occasion there was a lack of understanding on the part of the UK Government – and/or a lack of willingness to explain to the population - that the public health decisions it was taking applied to England only. On the occasions when the Scottish Government had reached a different decision (in our view for good reason) – for example, lifting restrictions on a different timescale - this made our communication task more difficult. It took some time to persuade the UK Government – and UK-wide media – to be sensitive to this.
31. Second, while the Scottish Government had responsibility to take decisions we considered appropriate to protect public health in Scotland – just as the UK Government, the Welsh Government and the Northern Ireland Executive did for England, Wales and Northern Ireland respectively – it was only the UK Government, when making such decisions for England that had the power and access to resources to provide financial compensation for individuals or businesses affected. While this was not a significant issue in the first lockdown, it

became so during later stages of the pandemic when there was a greater divergence of views either about the need to impose NPIs or the appropriate pace at which to lift them.

32. I am also asked to comment on the roles of the Joint Ministerial Committee (JMC), the British-Irish Council (BIC) and the UK Governance Group in facilitating inter-governmental relations. I am aware that the inquiry has been provided with an account of the intergovernmental liaison arrangements during the pandemic in a corporate statement from the Scottish Government Director General for Strategy and External Affairs (DGSEA) [UKIDM0118]. That statement explains the role of the JMC established (in various formats) by the Memorandum of Understanding (MoU) on Devolution between the UK Government and the devolved governments and the new structure of high-level engagement that said governments agreed to use from January 2022 following the Review of Intergovernmental Relations. The statement also explains that neither this new structure nor the JMC structure that preceded it was intended to be the only conduit for intergovernmental working. On the contrary, the high-level formal structures have always been the complement to extensive bilateral and multilateral engagement and co-operation, formal and informal, between the governments, both on areas that are devolved and where devolved and reserved policies interact. In practice, the labelling of meetings as JMCs is less important than the substance of such meetings, and there was a range of mechanisms for engagement in place.
33. The choice of which structures to use for high-level engagement was the UK Government's. The JMC was not used specifically in relation to pandemic handling.
34. I understand that the UK Governance Group is a unit in the civil service that supports the UK Government. It is not an intergovernmental mechanism involving the devolved governments. Scottish Government officials were, however, in contact with UK Government officials in that unit throughout the pandemic, for example through participation in an UK-wide Covid-19 coordination forum as described in the corporate statement provided by DG SEA.

35. Between January 2020 and April 2022, I also participated in five summit meetings of the BIC. We discussed Covid-19 resilience at these events, but BIC (with membership from government outwith the UK) was not part of the UK's internal decision-making or liaison apparatus.
36. I have also been asked what role the MoU played. As the DGSEA has explained, the MoU is an agreement between the UK Government and the devolved Governments (updated most recently in October 2013) that amongst other things established arrangements for liaison, including the JMC, and dispute management and emphasises the need for good communication, consultation, and co-operation between the UK Government and devolved governments. It was therefore part of the context for intergovernmental working on the pandemic.
37. I have been asked about the role of the Office of the Secretary of State for Scotland (OSSE) and of the Secretary of State himself in facilitating intergovernmental relations and co-ordinating the response of the four nations. From my and the Scottish Government perspective, I am not aware of them playing any significant co-ordinating role, although Scottish Government and OSSE officials were in contact through the pandemic. The Secretary of State regularly attended four nations meetings, but in the majority of these, he made no contribution. As far as I am aware, the Secretary of State had no significant executive responsibilities in relation to the pandemic – however, I cannot speak to what, if any, role he played in UK Government decision making as part of the UK Cabinet. As I have described so far, inter-governmental communication, consultation and co-ordination took place in a range of different settings. It is for the Office of the Secretary of State for Scotland to describe the Secretary of State's role in the pandemic response. I have been asked about the Office of the Secretary of State's role in areas such as international travel and financial / economic matters. The rules on international travel to and from Scotland as a public health measure and for quarantine are devolved matters and the relevant rules set out by Scottish Ministers under the Public Health etc. (Scotland) Act 2008 and Coronavirus Act. Business support is also a devolved matter. However, both areas of policy required working with the other governments, as far as we

were able, to ensure that the approach to travel and quarantine (both the rules and their communication) integrated effectively, and that the necessary financial support was available from HM Treasury.

38. I am asked about regular meetings between the Chancellor of the Duchy of Lancaster, Michael Gove MP and the First Ministers of Scotland and Wales and the First Minister and deputy First Minister of Northern Ireland. Regular meetings with a focus on the pandemic took place from May 2020 to February 2022.

39. Following an early phase when four nations ministerial engagement was focussed on COBR and Ministerial Implementation Groups ("MIGs"), additional ministerial and official liaison mechanisms were put in place in April and May 2020. This includes calls convened by Michael Gove MP. There was a concern in the devolved governments about standing down the MIGs at the end of May 2021 and the resulting potential reduction in the bandwidth of ministerial action. Putting the calls convened by the Chancellor of the Duchy of Lancaster on a more regular basis was, I believe, proposed by the UK Government to address that concern. In my view, another reason for the CDL meetings being proposed by the UK Government was to reduce the requirement for the Prime Minister to engage directly with the devolved governments. However, notwithstanding the reasons for proposing these meetings, they were in the main helpful and constructive interactions that allowed issues to be aired and where possible resolved.

40. I am asked to what extent the Review of Intergovernmental Relations was influenced by the experience of the pandemic. The Review was commissioned pre-pandemic in 2018 and as far as I am aware, other than emphasising the need for effective inter-governmental engagement, the Review was not particularly influenced by the experience of the pandemic.

41. Finally, I am asked if I think further reforms are required to intergovernmental structures in light of lessons learned in the pandemic and what structure should be used in a future pandemic to facilitate intergovernmental relations and four nations response. In answer to the first of these questions, I am of the view that a

full review would be appropriate. However, in my experience, no structure will be effective unless it is underpinned by parity of esteem and mutual respect between the four nations – it is this which is too often lacking in the UK Government's interactions with the devolved governments. In answer to the second question, my view is that COBR would be the best structure to use in any future pandemic. However, to be effective, the Scottish Government and other devolved governments require to be there as full participants and decision-making partners, with access to the same information and advice as the UK Government, rather than as mere observers as it has sometimes felt. While it is my view that COBR would be the best structure to use in any future pandemic, given its focus on cross-government emergency response, it should be noted that COBR is a UK Government-led crisis management function. The Scottish Government does not manage COBR. For this to operate effectively on an intergovernmental basis, changes to its operation and lines of accountability may be necessary.

42. I have been asked to expand on the view that the UK Government acted in a way that did not ensure 'parity of esteem and mutual respect' for the Scottish Government and did not treat us as 'full participants and decision-making partners' at COBR. In general, this was because information, including the policy analysis of expert evidence, was often shared late and there was often an impression that the UK Government had already reached a decision, with COBR simply being the 'stamp' for it. Of course, the evidence was drawn from sources such as SAGE that we had some access to (although this was less so prior to our own Covid 19 Advisory Group being established) and so we were able to draw our own conclusions. However, it would have been preferable if information had been shared earlier, with greater willingness and opportunity to engage in discussion about what the options and recommendations flowing from it might be.

'National lockdown'

43. The decision to implement significant widespread NPIs measures in each of the four UK administrations near-simultaneously towards the end of March 2020 – measures which came to be described as a 'national lockdown' – were the

subject of intergovernmental liaison including at COBR meetings, most notably on 20 and 23 March 2020. These meetings were chaired by the then Prime Minister and I participated in them. On 20 March, the decision was reached to close all pubs, restaurants, gyms and other social venues across the UK. I recall advocating in that COBR meeting for the closure of licensed premises to be effective almost immediately and certainly as soon as possible – as opposed to later that weekend as some others, including as I recall the Prime Minister, suggested - in order to reduce the risk of further spread of the virus.

44. The COBR meeting on the evening of 23 March agreed the final steps in what came to be known as 'lockdown' – the most significant of which was the 'stay at home' message. Conscious of the need for careful, consistent, and effective messaging I agreed that the Prime Minister would make the first public statement following that meeting, which I would then reinforce for Scotland in a press conference immediately afterwards. There was only one difference in messaging between the Prime Minister and me that evening: whereas the UK Government was reluctant to use the term 'lockdown', my view was that the public was already using and understanding that term and so I deliberately described what we were announcing as an 'effective lockdown'.
45. I fully supported the introduction of these measures and considered that to maximise compliance and effectiveness, it was preferable for the UK administrations to move together as far as possible. However, in the days leading up to 23 March, I had been increasingly concerned that we needed to move faster. I therefore took two decisions for Scotland that we were prepared to pursue unilaterally if necessary – though as it turned out (perhaps partly as a result of the Scottish Government taking these decisions but probably more as a result of the rapidly deteriorating public health situation) the UK Government followed suit fairly quickly.
46. The first of these decisions was to cancel all indoor or outdoor events of 500 people or more. The Scottish Government took this decision – partly to reduce pressure on emergency services – on 12 March and I intimated it to COBR that afternoon.

47. I have been asked what the response by others at COBR to this decision was. I recall that the response of the UK Government – as far as I recall the Prime Minister also commented publicly along these lines – was quite dismissive, suggesting (entirely wrongly) that the Scottish Government was being forced to take such a decision because our emergency services were less resilient than those elsewhere.
48. The second decision – initially mooted on 17 March and announced to the Scottish Parliament on 18 March – was to close all schools and nurseries in Scotland from the end of that week.
49. In my judgment, by the time the ‘lockdown’ decision was taken, the evidence available to me and other decision-makers indicated that, though unprecedented, it was a necessary, proportionate and justified response to a serious threat, particularly in relation to the risk that the capacity of the NHS might be overwhelmed by the proportion of those infected requiring hospitalisation, and the rapid growth in those numbers which would be caused by unmitigated exponential growth in infections. Subject to my comments above about the different timing of certain decisions in the days leading up to 23 March, the collective judgment, informed by expert advice, was that applying ‘lockdown’ substantially earlier might have risked the response appearing disproportionate and therefore reduce its effectiveness, if not complied with. However, waiting substantially – or even a few days - later would have risked further exponential spread of a novel virus posing a significant threat to human health and life. It must also be stressed that while hindsight might now suggest that an earlier ‘lockdown’ would have been preferable, we were taking what seemed in all the circumstances at that time to be the best and most balanced decisions possible on the basis of the evidence, information and advice available to us.

‘Four nations’ decision-making on COVID-19

50. From early in our response to the pandemic, and for the reasons set out above, I was clear that my government would work collaboratively with the other

governments of the United Kingdom and participate constructively in various 'four nations' fora. I was also clear that where I considered that a distinctive approach best suited Scotland's particular needs and circumstances, then my government would decide and act accordingly.

51. Contact with UK Government Ministers was conducted through my office and Scottish Government officials. I did not have 'informal' communications with UK Government Ministers or officials.

52. Consistent with this approach, I and other Ministers within the Scottish Government, participated regularly in various four nations meetings concerning different aspects of the pandemic response. Similarly, I am aware that officials within the Scottish Government liaised extensively with four nations counterparts. This engagement was consistent with long-standing arrangements for inter-governmental liaison and joint working, though at unprecedented scale and intensity. In my experience, the effectiveness of intergovernmental relations depends as much or more on the relationships and behaviours of those involved as on the formal mechanisms. Intergovernmental working is more effective, whatever the formal basis for engagement, when those engaged have direct responsibility for the issues under consideration, and sufficient authority to speak and act for their governments. This has not always been my experience. I comment below on specific examples of issues on which I consider 'four nations' decision-making worked effectively and, conversely, where it could have been more effective.

53. In adopting our overall approach to the pandemic response in Scotland, I was conscious of approaches in other sovereign territories where the Covid-19 response was differentiated at sub-sovereign levels of government – for example in the USA, Canada, Australia and in various countries across Europe. Throughout the pandemic I was regularly briefed on international issues by Scottish Government officials who had access to a range of international information about both epidemiological conditions in other countries and pandemic responses. As well as information from supra-national organisations, such as the World Health Organisation, I also received advice from the Scottish

Government's Covid-19 Advisory Group and information from SAGE, whose members themselves were accessing information on other countries' responses. I am aware that a statement on the work of the Covid-19 Advisory Group has been submitted to the Inquiry.

54. Increased four nations activity occurred with regard to decisions relating to the Christmas period in 2020. In addition to the regular four nations meetings, there were additional meetings at both official and ministerial level in the run up to Christmas as the situation became clearer. The ministerial meetings included presentations from relevant experts on the state of the pandemic and were attended by the Chief Medical Officers and allowed for a discussion of the situation in the different administrations and the proposed approaches. Where possible, a common approach was agreed to ensure that UK-wide communication would be clear, although it was recognized that there may not be an identical approach across all four nations. The situation in relation to the B117 (Kent) variant resulted in the relaxations that had been agreed for Christmas 2020 being reversed on 19 December. The situation was discussed in a four nations discussion, chaired by the CDL, earlier that day.
55. With regard to the Christmas period in 2021, there was a similar approach to four nations decision making as outlined above. This resulted in some differences in approach to restrictions between the nations.
56. With specific regard to the question of any difficulties or obstacles encountered in four nations decision-making, co-operation between the four nations of the UK in responding to the pandemic had both stronger and weaker aspects. For example, I would highlight production and sharing of epidemiological data and research as one of the strengths and comment further on this below. This enabled the governments of the four nations to make informed decisions, for example in relation to the use of NPIs. There was also generally good co-operation on the procurement and deployment of vaccines.
57. While there was extensive communication among governments and other organisations across the four nations throughout the pandemic, the devolved

administrations including the Scottish Government could have been both better informed about and more involved in UK Government decision-making that had a direct bearing on devolved responsibilities. I have already commented on this and do so again later in this statement on specific examples.

58. As the pandemic developed, the four nations took decisions, particularly concerning NPIs, that differed from each other in both timing and nature. This reflected various factors, including varying epidemiological conditions across the countries at any given time as well as different demographic, institutional and geographical factors. This was, in my view, an effective application of devolved responsibilities – indeed, it justified the devolution of those responsibilities, so that responses could be tailored to particular needs across the four nations. Consideration was given to the impact of different restrictions on those travelling from one part of the UK to another, whether as part of their daily work and lives or more occasionally. Such patterns were limited, for example, by the requirement during lockdowns to ‘stay at home’, and by restrictions and/or guidance that were put in place from time to time by each government within the UK on unnecessary travel within its territory and to and from areas of high prevalence of the virus elsewhere in the Common Travel Area (which comprises England, Scotland, Wales, Northern Ireland, the Republic of Ireland, the Channel Islands and the Isle of Man) and overseas.

59. Sometimes the variations in approach across the four nations in Covid-19 response measures consisted of relatively minor timing differences; other differences were more strategic – such as the differing approaches to working from home as distinct from encouraging workers to return to offices. These more strategic differences reflected differences in strategic approach rather than simply differences in data or assessment of epidemiological conditions. Given the uncertainties of this rapidly developing pandemic, a degree of judgement was required in decision-making – particularly when competing harms were at issue – and governments will have reached different judgements about the right approach. I therefore also attached importance to setting out the strategic framework supporting the Scottish Government’s response in a series of publications from 23 October 2020.

60. Governments across the four nations weighed up the different harms caused by both the virus itself and the responses to it, in the same way that other democratic governments around the world did. I know, for example, that the UK Government articulated the various harms that it was seeking to balance in its strategic publications. We developed a 'four harms' approach in Scotland and the Welsh Government added a fifth harm specifically relating to inequalities. Seeking to mitigate the various harms often required very difficult decisions, based on careful judgements. Impacts required to be considered across different sectors of the economy and groups within society. The Scottish Government was continually concerned about those at higher risk during the pandemic, which underpinned our efforts to suppress the virus generally, to reduce transmission risk in particular settings and activities, and to rapidly deliver an effective vaccination programme. The Scottish Government also made a number of special arrangements for the 'shielding' group and other governments across the four nations implemented measures to support those at higher risk.

UK Government decisions on non-pharmaceutical interventions

61. Following the 'lockdown' measures of March 2020, decisions on NPIs were taken by each UK administration in exercise of its responsibilities and powers and on the facts and evidence available to it. Ministers and officials of the four administrations met regularly to share their assessments and intentions.
62. Decisions in relation to NPIs engaged both reserved and devolved interests, and on occasion required co-ordinated action by several UK administrations. This was particularly the case in relation to UK-wide measures to support businesses and workers (principally through the Job Retention Scheme, or 'furlough', the Self Employment Income Support Scheme, and several UK-wide business loan schemes), which were supplemented by targeted business support arrangements in each administration.
63. These measures had a material impact on devolved decisions in Scotland affecting employers and employees. However, in practice 'furlough' decisions

were taken in isolation by the UK Government and announced with little prior notice given to the devolved administrations to consider what any changes would mean for our devolved Covid-19 response measures. It was also a problem in later stages of the pandemic, when these schemes started to be withdrawn, that the devolved administrations could not trigger financial support measures independently. That meant that our ability to take decisions we considered necessary for the protection of public health in our jurisdictions was limited in ways that the UK Government's, when taking decisions for England, was not.

64. It would have been better if the Scottish Government had been part of the decision-making governance for the furlough scheme (or for the funding for the furlough scheme to have been devolved with agreement that HMRC would support implementation across the four nations) so that Scotland was able to ensure workers continued to be paid when it judged that workplaces in Scotland needed to close or be restricted in order to reduce transmission of the virus and minimize overall harm from the pandemic.
65. A Module 2A statement by DG Scottish Exchequer already provided by the Scottish Government addresses fiscal constraints and the lack of devolved influence over UK Government budget decisions in more detail. The DG Scottish Exchequer statement also sets out that announcements of funding increases to the block grant to devolved administrations were not always aligned with either the rate and spread of the pandemic across the four nations within the UK, or the dynamic nature of public health responses across different parts of the UK. The lack of alignment in funding was both in terms of timing and scale and presented the Scottish Government with operational planning challenges. In addition, a Module 2A statement provided by DG SEA explains matters of devolution fully and I would also direct the Inquiry to this statement in relation to the questions asked on the extent to which the UK Government coordinated and communicated with the Scottish Government in respect of NPIs. This statement sets out the liaison during each phase of the pandemic.
66. Lack of early engagement in relation to other announcements by the UK Government resulting in changes to Scottish public finances ('Barnett

consequentialists') meant that on several occasions the Scottish Government had to design (for example) schemes for business support to respond to announcements by the UK Government, the timing and content of which were not shared with us sufficiently far in advance. Again, this is covered in more detail by a corporate statement provided by DG Scottish Exchequer. It is for the UK Government to explain why this repeatedly happened.

67. Decisions on restrictions on international travel required close co-ordination among administrations. The minutes of relevant meetings are available to the Inquiry, and evidence the contributions of the Scottish Government in these discussions.
68. As is set out in the Module 2/2A DG SEA statement previously provided to the Inquiry, given the need for cross-border movements of food, medical and other supplies it would not have been practicable to impose a complete ban on travel to and from Scotland, and Great Britain or the UK.
69. Communications between officials on the drafting of the regulations relating to international travel restrictions was generally good, as was liaison with UK Border Force on operational issues. In general, the Joint Biosecurity Centre (JBC) shared its country analysis, and the data on which that was based, with the devolved governments on a timely basis, though there were cases where it was withheld or delayed. The selection of countries for JBC to assess appeared largely to reflect the priorities of the UK Government. Although decisions were generally taken on a four nations basis, the UK Government was consistently keener to relax travel restrictions, either by introducing more sectoral exemptions or by arguing for earlier additions of countries to the country exemption list, or by delaying adding countries to the red list (the last is particularly relevant in the case of India in April 2021). The UK Government rejected the Scottish Government's request to regulate to require travellers arriving in England from Orange list countries and travelling on to Scotland to enter a quarantine hotel on their arrival in England when it was only requiring travellers arriving from red list countries to isolate in quarantine hotels.

Medical and scientific expertise and data

70. I was able to access scientific evidence and advice that was available to the UK Government through the participation of Scottish Government scientific and clinical advisers in in Scientific Advisory Group for Emergencies (SAGE) meetings. The Chief Medical Officer (CMO) for Scotland, or a deputy, and the Chief Scientific Adviser for Scotland participated in meetings and the Scottish Government's own Covid-19 Advisory Group (C-19 Advisory Group) had reciprocity with SAGE. This gave members of the C-19 Advisory Group access to SAGE papers and minutes and was the basis on which the C-19 Advisory Group's Chair attended SAGE meetings. Questions regarding those invited to participate in SAGE meetings are a matter for the SAGE Secretariat, which is led out of the Government Office for Science (GO-Science) in the UK Government. Alongside SAGE materials, Scottish Government scientific and clinical advisers had access to materials from SAGE subgroups as well as other expert groups such as New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG).

71. For the most part, I was impressed by the quality of the advisers and advice that came from these four nations processes. If I take the example of SAGE, however, the commissioning of that advice was often done by departments in the UK Government concerned primarily with conditions in England and taking less account of the Scottish context. That never led me to question the science or quality of the advice, but it meant its applicability in Scotland could be less immediate or direct. Particularly in the early stages of our response, I was also frustrated by the lack of any ability for me or my ministers to ask questions directly of SAGE to probe its advice. The ability to tailor commissions and advice to the Scottish context is one of the reasons I asked the then CMO – and she agreed – to establish the C-19 Advisory Group to particularly address the situation and potential impacts of the pandemic in Scotland.

72. Regular meetings of UK-wide scientific and clinical advisers took place throughout the Covid-19 pandemic. Evidence and advice discussed in these

meetings was passed on to me, and other Scottish Government Ministers and officials.

UK Government Covid-19 public health communications

73. As I have noted above, I was concerned from the outset to ensure the clearest possible communication with the public about the response to Covid-19, and in particular what governments were asking members of the public to do as part of that response, especially when different conditions meant that the messages differed across the UK, within news media that has overlap across the four nations.
74. At the start of the pandemic the approach of UK Government assets being rebranded for use in Scotland, with the correct website links such as NHSInform, was the preferred approach based on historical flu pandemic planning. However, the UK Government declined to do this in the early stages of the pandemic and at times did not inform the Scottish Government about what campaigns were being created and deployed until immediately before they were launched. Why the UK Government decided to do this is a question only the UK Government can answer.
75. Given the relatively higher trust of the Scottish Government brand in Scotland compared to the UK Government brand, it was important that people in Scotland were exposed to Scottish Government materials with the relevant websites to ensure they engaged with the communication and had access to the relevant information. Because the situation was changing rapidly, and where a communications need was identified that was not already filled by the UK Government (to the Scottish Government's knowledge at the time), the Scottish Government elected to develop its own advertising materials to increase reach and responsiveness.
76. Communication and information sharing between the UK Government and Scottish Government in regard to what advertising activity was being planned and on what media channels enabled both governments in the main to plan their

activity and ensure that the risk of conflicting messaging was avoided or minimised.

77. As the public health advice and response to the pandemic between England and Scotland started to differ, advertising activity needed to diverge. From a communications perspective a standard, consistent message across the UK may have had a stronger impact with the general public (though in my view this is arguable) but would have required a more consistent policy position across the four nations. In my view, it was important for messaging to flow from a policy approach we had confidence in, rather than to adopt a policy approach we had less confidence in just to make messaging easier.
78. In most cases, the UK Government developed public campaigns internally with limited input from devolved administrations. Although campaigns were shared in advance of launch in most cases, this would be at a relatively late stage in the process when scripts had been approved by UK Government Ministers and production was underway. This delayed our ability to develop relevant Scotland-specific marketing activity. There were occasions when the UK Government developed communication assets without allowing an appropriate opportunity for the Scottish Government to contribute. For example, the Scottish Government was not given an opportunity to discuss the change from “Stay at Home” to “Stay Alert” prior to launch. There was also very limited time available to input into the national door drop mailing campaign undertaken by the UK Government in 2020. It was also a source of frustration when the UK government failed to explain that its decisions applied to England only. Scottish Government Marketing officials made regular requests during meetings with the Cabinet Office to share information on public health messaging earlier, I understand these requests were sometimes accepted and at other times rejected.
79. As the governments developed and implemented responses to the conditions each faced, research suggests that different behavioural asks caused some confusion among the general public in Scotland. This was particularly pronounced during 2020 as restrictions in the different nations were changed at different times and people living in England found themselves subject to different

restrictions (geographical and social) than those living in Scotland. There were a number of indications in the research undertaken by the Scottish Government that the different behavioural asks between Scotland and England caused confusion.

80. For example, in July 2020, opinion polling showed over two fifths (42 per cent) of the general public in Scotland agreed that they are getting more confused about what's allowed and what's not allowed. At this point in time, restrictions in Scotland were different to restrictions in England. Outdoor hospitality had just started to open that week in Scotland, but two households were allowed to meet indoors in hospitality in England. In my view, it was not inevitable that the changing and differing nature of restrictions in England and Scotland would fuel confusion about what was allowed and what was not allowed. Instead, this was a result of the UK Government not always being careful enough in explaining that its decisions applied only in England – and this on occasion feeding through into unclear messages in the media. This is an issue that I and other ministers raised regularly with our UK counterparts.

81. As is set out in depth in the Module 2/2A DG Corporate statement already provided to the Inquiry, the Scottish Government made considerable communications and marketing efforts to separate regulations that applied in Scotland from those elsewhere in the UK.

82. The Scottish Government also undertook research to measure trust in the Scottish and UK Governments in providing information on Covid-19 among the public in Scotland from end of July 2020 onwards¹. From the start, trust in the Scottish Government in this context was much higher than in UK Government: at the end of July 2020 72% said that they trusted Scottish Government completely or mostly while only 26% said this about UK Government. While trust in the Scottish Government waned over time to a low of 52% at the start of September 2021 (and then stabilised between 52% and 61% through to June 2022), it

¹ Scottish Government opinion polling carried out online by YouGov: c.1000 interviews per wave with a representative sample of adults 18+ across Scotland – weekly from end of March 2020 to June 2021, then fortnightly to April 2022 and then monthly thereafter. Fieldwork dates as shown.

remained consistently much higher than trust in UK Government. The research did not explore reasons why the Scottish public had less trust in the decisions being taken by the UK Government as opposed to the Scottish Government. The research for this, and opinion polling referred to in paragraph 79, is provided in supporting documents.

83. Trust in the UK Government peaked at 34% late February/early March in 2021 and reached its lowest points in August 2020 (23%), November 2020 (22%), August 2021 (22%), end November 2021 (25%), and February 2022 (19%). There will have been several factors impacting on this including reactions to the approach being taken to restrictions in England, but the November 2021 and February 2022 lows coincide with the first reporting of the 'Partygate' incidents and the announcement of the investigation of certain gatherings by the Metropolitan Police.

UK Parliament public health and coronavirus legislation and regulations

84. Each UK administration promoted primary and secondary legislation in relation to its own responsibilities for responding to Covid-19. It was vital that Scottish Ministers had necessary legislative powers on devolved matters. All four administrations chose to respond to Covid-19 as a threat to public health and framed their legislation accordingly. This was, in my view, the correct decision, as it located the response within established public health frameworks and expertise. Moreover, it aligned with the accountability of each government to its respective legislature.
85. Each administration undertook its own decision-making on such legislation, as is normal. As should also be normal, to observe the Sewel Convention, the UK Government sought the consent of the Scottish Parliament before legislating in relation to devolved matters. That process was followed for the UK Coronavirus Act 2020, which received Royal Assent in March that year and contained provisions about devolved matters in Scotland including health and social work services, medical certification of deaths, and powers for the Scottish Ministers to make regulations that were used during the pandemic to put in place lockdown

and other restrictions. This followed established procedure and a more detailed explanation of this is provided in the Module 2/2A DG SEA statement provided to the UK Inquiry.

86. The policy content of the Bill was developed collaboratively between the Scottish and UK Governments and the Scottish Government then sought and secured legislative consent for the Bill from the Scottish Parliament. Without the powers in the UK Coronavirus Act 2020 and the Scottish Coronavirus Acts, the Scottish Government would not have been able to put in place many of the measures that were an essential part of our response to Covid-19.
87. In developing Covid-19 legislation, Scottish Government officials worked effectively on a four nations basis with officials from the UK Government, aligning as much as possible where necessary. I am aware a DG SEA Module 2A corporate statement on Covid-19 legislation already provided to the Inquiry provides more information on this process.
88. I have been asked to provide a view on the use of criminal sanctions for the enforcement of adherence to Covid-19 restrictions. The reason I was in favour of this was due to the scale of the emergency presented by the pandemic, at a time when compliance with restrictions was necessary to protect public health.
89. I was of the view that any legislation in relation to the pandemic should be used proportionately.
90. I am aware that the issue of enforcement of Covid-19 Health Protection Regulations is also addressed in depth in the Module 2A statement on Covid Legislation that has already been submitted to the Inquiry, which I referenced earlier.
91. Liaison between the Scottish and UK Governments on these matters took place in the normal way, albeit on necessarily expedited timescales.

Key challenges and lessons learned

92. As noted above, I believe that the ability to make use of devolved powers to respond to the pandemic in Scotland made a significant, positive difference. Consequently, I believe that it was right, during the emergency phase of the pandemic, that the UK Government (in the absence of a devolved government for England) was taking decisions in devolved policy areas that were in principle tailored to the needs and circumstances of England as it saw them.
93. There was significant communication between governments across the four UK nations throughout the pandemic – at both ministerial and official level. As I have already noted, where the UK Government took decisions that directly affected devolved policies in Scotland, I believe both that communication should have been better and, more importantly, that the devolved administrations should have been integral to that decision-making.
94. After the initial ‘lockdown’ decisions in March 2020, and even evident to a degree then, the co-ordination of four nations decision-making was patchy. Some aspects of our Covid-19 response were better co-ordinated than others – and I would highlight the development of the vaccine roll-out as a good, though by no means perfect, example of such co-ordination.
95. Co-ordination does not, of course, entail uniformity in approach: differentiated approaches can be well co-ordinated. Often however, in relation to decision-making on NPIs, the co-ordination of decision-making across the four nations was hampered by the lack of advance notice of decisions taken by the UK Government. I have given examples of these earlier in my statement. While there were often constructive prior discussions, in relation to decisions concerning NPIs, for example, devolved administrations were often given very little advance notice of UK Government decisions and sometimes none at all. However, I am sure there may also have been occasions when the UK Government believed that the Scottish Government should have given it more notice or explanation of decisions we were taking, and if that is the case then it is important that we reflect on that. That said, given relative scale and the greater range of powers

held by the UK Government, our decisions did not have as much impact on them as theirs did on us.

96. A degree of convergence in approach in pandemic responses across the four nations was likely for various reasons. Firstly, epidemiological conditions, though by no means identical, were often similar across the four nations, and particularly across the nations of Great Britain. Moreover, there was significant sharing of data and analysis of those epidemiological conditions. This epidemiological similarity meant that the governments were essentially responding to similar problems with a similar set of policy options at their disposal, with financial measures in particular shaped by the UK Government's overall fiscal response to the pandemic. My decisions were routinely informed by expert medical and scientific advice. On occasion, the expert and scientific advice would inform the options available to Ministers. However, I was always very clear that decisions on which option to pursue – or not - were for Ministers to take. I am aware a separate Module 2A statement focussed on the work of the Chief Medical Officer for Scotland, the Chief Scientist (Health) and the National Clinical Director for Scotland has been provided to the Inquiry.
97. Secondly, governments were well informed about the policy responses to the pandemic being adopted by governments elsewhere – both across the UK and internationally – and about policies being recommended by international institutions such as the World Health Organisation. Where particular policy responses were observed and considered useful then they would likely be adopted at a similar time into the toolkit of policy options by the governments across the four nations.
98. It is conceivable in this context that policy responses adopted in Scotland may have influenced adoption of similar measures by the UK Government for England – indeed that would be in keeping with one of the benefits of devolution more generally. The introduction of legal requirements for wearing face coverings in particular circumstances, in addition to my earlier comments about mass gatherings and schools, may be an example of this.

99. The UK Government would be best placed to answer whether it made changes as a result of representations from the Scottish Government. The focus of many of these representations was in relation to reserved measures – notably furlough – that were necessary to complement devolved decisions on NPIs rather than changes to English NPIs.
100. The UK approach on NPIs had significant differences from that of the Scottish Government and the other devolved governments, but there were regional variations within Scotland, England and Wales too. As a very broad generalisation, the English approach was to relax measures more rapidly than in Scotland, but unlike Scotland, England had to apply three England-wide lockdowns whereas Scotland only had one truly national lockdown (in spring 2020) as the winter 2021 lockdown did not apply in certain island areas.
101. For the reasons I have set out above, however, at times governments may judge certain decisions taken and/or advocated by other governments to be not well suited to the particular needs of the country they serve, reflecting different underlying factors or different strategic approaches. That may explain why, for example, the Scottish Government and UK Government adopted different approaches to encouraging workers to return to offices at various stages during the pandemic.
102. A different category of decision-making concerns policy areas reserved to the UK Government where devolved administrations might advocate for changes in policy to better support devolved policies and outcomes more generally. For example, my government pressed for the extension of the reserved furlough scheme in the autumn of 2020 because we needed it to support our approach to NPIs as the virus began to resurge. My government also pressed for a more generous approach to financial support for those required to self-isolate, as a means both to help those people directly and to reduce transmission of the virus more generally.
103. This was because Scottish Government analysis showed that the labour market impact of requiring self-isolation was unequal: people who were able to work

from home were unlikely to lose income as a result of complying with self-isolation, but people who were not able to work from home were more likely to face a loss of income if they self-isolated and did not attend their workplace. These trends also had equality implications as some customer facing sectors particularly at risk of infection and with less ability to work from home had higher concentrations of employment of women and minority ethnic groups.

104. Scottish Ministers wrote to UK Ministers in summer 2020 asking that the terms of its Statutory Sick Pay scheme be amended to ensure that people who complied with self-isolation did not lose out financially. This could have been administered through the existing UK-wide arrangements for SSP. However, the UK Government instead introduced a bespoke self-isolation payment scheme and it was necessary for the Scottish Government to put an equivalent scheme in place.

105. It is for the UK Government to answer on how persuaded or otherwise they were by the arguments the Scottish Government set out.

106. The decisions concerning the responses to the pandemic that I and my Cabinet were required to make were the hardest that I have ever had to make as the First Minister of Scotland, in large part because of the different and competing harms involved. I imagine that the same will be true of other national leaders during the emergency phase of the pandemic. I assume that the UK Government weighed up the different harms caused by both the virus itself and the responses to it. Consideration needed to be given to the impacts being felt across different sectors of the economy and groups within society, including those people at higher risk from the virus. Consideration was also required as to the likely degree and duration of adherence to requirements and restrictions. I assume that these were factors in the UK Government's decision making, as I know they were in ours, in turn helping to explain why the Scottish Government took very seriously the need to communicate effectively to maintain trust in our approach.

107. In terms of the overall lessons that I would draw from considerations of the UK Government's approach to decision making, while there were significant areas of

effective collaboration and co-ordination (for example, in relation to the vaccine roll-out) I would conclude that decisions that directly affect devolved administrations and their devolved policies must both involve those devolved administrations as fully as possible and, once taken, should be communicated as quickly as possible to those devolved administrations to enable them to adjust their responses where appropriate, in a timely manner, and in accordance with their own responsibilities.

108. Relevant policy teams within the Scottish Government have undertaken lessons learned exercises that have drawn upon feedback from Scottish Ministers, including me, that include consideration of decisions made by the UK Government. Copies of these exercises are included in the documents accompanying this statement. [NS/0003 - INQ000130907] [NS/0004 - INQ000102995]

109. I provided oral evidence to the Scottish Parliament's Covid-19 Recovery Committee on two occasions, on 4 November 2020 and 10 March 2021, and included my reflections on the UK Government's response to Covid-19. Copies of the transcripts of these oral evidence sessions are included in the documents accompanying this statement. [NS/0005 - INQ000130885] [NS/0006 - INQ000130884]

Documents

110. Scottish Government officials have provided to the Inquiry details and copies of documents relevant to this statement.

Statement of Truth

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

Signed:

Personal Data

Dated: 08 August 2023