

Thursday, 29 June 2023

1  
2 (10.00 am)  
3 **LADY HALLETT:** Yes, Mr Keith.  
4 **MR KEITH:** Good morning, my Lady. The first witness this  
5 morning is Sir Jeremy Farrar, who is joining us online.  
6 Sir Jeremy, could you be sworn, please, or give the  
7 affirmation. If you follow the instructions from the  
8 usher.  
9 **SIR JEREMY FARRAR (affirmed)**  
10 **(Evidence via videolink)**  
11 **Questions from LEAD COUNSEL TO THE INQUIRY**  
12 **MR KEITH:** Could you provide your full name, please.  
13 **A.** Jeremy James Farrar.  
14 **Q.** Sir Jeremy, thank you for joining us this morning. May  
15 I commence, please, with your qualifications.  
16 You trained, I believe, in medicine, with  
17 postgraduate training in London, Chichester, Edinburgh,  
18 Melbourne, Oxford and San Francisco. You have a DPhil  
19 PhD from the University of Oxford.  
20 You were a director of the Oxford University  
21 Clinical Research Institute at the Hospital for Tropical  
22 Diseases in Ho Chi Minh City in Vietnam from 1996 to  
23 2013.  
24 From 2013 you were Director of the Wellcome Trust,  
25 and from May 2023 have you been the Chief Scientist at

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1 influenza pandemic?  
2 **A.** Yeah, thanks very much.  
3 Can I start as well by just reaching out with the  
4 greatest support for those who have lost lives during  
5 the Covid pandemic, affected by the Covid pandemic,  
6 families that are still affected and those with  
7 long Covid, and particularly also for healthcare workers  
8 around the world who put their lives at risk in order to  
9 help all of us.  
10 The influenza strategy I think you're referring to,  
11 of 2011 -- in 2011 I was living and working in Vietnam,  
12 and so I was not directly involved in the development of  
13 the strategy, but it was lessons learned indeed after  
14 the H1N1 pandemic of 2009, and so I was peripherally  
15 involved in parts of it, and also in the Academy of  
16 Medicine Sciences' review of how clinical trials and  
17 evidence and data could be gathered in the context of  
18 epidemics and emergencies, so peripherally involved in  
19 that strategy.  
20 **Q.** Was there a general awareness of the importance of the  
21 strategy to the United Kingdom's pandemic preparedness  
22 for influenza?  
23 **A.** Yeah, I think if you go back -- bear in mind I've never  
24 worked directly within government, I'm sure there are  
25 better people than me about -- talking about how that

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1 the World Health Organisation?  
2 **A.** Yes, all correct.  
3 **Q.** Are you giving evidence today in your personal capacity  
4 as opposed to a representative of the World Health  
5 Organisation?  
6 **A.** Yes, correct. It's very important that I'm here totally  
7 in my personal capacity, not representing the World  
8 Health Organisation or, indeed, previous lives at  
9 Wellcome Trust either.  
10 **Q.** Have you throughout your professional career served as  
11 a chair on a multitude of advisory bodies, for  
12 governments and global organisations? Were you the  
13 founding chair, in fact, of the World Health  
14 Organisation R&D Blueprint entity or body, and the  
15 founding director of the International Severe Acute  
16 Respiratory and emerging Infection Consortium, ISARIC?  
17 **A.** Correct.  
18 **Q.** Have you received a plethora of honours from a number of  
19 governments, institutes and entities?  
20 **A.** Thank you.  
21 **Q.** Could I commence, please, Sir Jeremy, by asking you some  
22 questions about the United Kingdom influenza strategy  
23 document, the 2011 strategy, about which a great deal of  
24 evidence has been received by my Lady's Inquiry.  
25 Are you familiar with that 2011 strategy for

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1 was perceived in government, but if you go back to the  
2 government risk registers over the years, then pandemic  
3 influenza would have been in the top risk of many of  
4 those risk registers.  
5 I do think, coming out of 2009, that there was  
6 an issue with a sense -- and this actually is true after  
7 many epidemics, I sincerely hope it's not true after  
8 this epidemic -- that actually 2009 H1N1 was not quite  
9 as bad as people thought, and there was a danger,  
10 globally, including in the UK, of a sort of child that  
11 cries wolf, and that actually these were less of  
12 an issue than perhaps they were. I think that did  
13 influence thinking after 2009 and may have built into  
14 why influenza as a pandemic dropped down risk registers  
15 around the world after 2011.  
16 **Q.** There have been a number of references in the course of  
17 evidence to the possibility that a degree of complacency  
18 was engendered by the H1N1 swine flu pandemic, because  
19 it was, by the nature of these things, relatively mild;  
20 would you agree?  
21 **A.** Yeah, I do agree. I was in Mexico as part of a WHO  
22 group in May of 2009. In May of 2009 the city of Mexico  
23 in four hospitals within a square kilometre were full of  
24 mostly young people with very, very severe influenza,  
25 and for many of us who have been concerned, and remain

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1 concerned, that one of the greatest risks is  
 2 an influenza pandemic of some ilk -- going back  
 3 to 1918 -- it was entirely appropriate, in my view,  
 4 in 2009 to raise the flag that this was going to cause  
 5 a major global problem.

6 In reality, as you rightly say, the severity of H1N1  
 7 in 2009 was less than expected and therefore I think  
 8 there did come a degree of complacency that actually the  
 9 world was safer against an influenza pandemic than  
 10 perhaps had been previously thought, and there was a lot  
 11 of criticism at the time about things like stockpiling  
 12 of the drug oseltamivir. Personally I think that  
 13 criticism was unwarranted and that actually influenza  
 14 remains, among -- with others, but remains one of the  
 15 greatest risks to humanity. And as we now watch  
 16 H5N1 pandemic in animals circulate around the world in  
 17 an unprecedented way, influenza is never going to go  
 18 away as a threat to humanity.

19 **Q.** Sir Jeremy, whilst you give evidence --  
 20 **LADY HALLETT:** Could we slow down?  
 21 **MR KEITH:** Could you slow down a little? We obviously want  
 22 to hear what you have to say and it's important that  
 23 your evidence is recorded by our hard-working  
 24 stenographer and it's quite difficult if you go too  
 25 fast.

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1 otherwise would.

2 **A.** If we look from 1999 to 2019, that 20-year period, and  
 3 just look at the number of regional or global events  
 4 that have led to major disruption, SARS-1, which I was  
 5 involved in in Vietnam, H5N1, Zika, MERS, another  
 6 coronavirus, the pandemic of 2009, and many others as  
 7 well, it is clear that we're living in an age of --  
 8 a pandemic age, where, as Mike Ryan at the WHO has said,  
 9 we're living in an age which is going to have more  
 10 frequent and more complex pandemics. Yet it is  
 11 extraordinarily difficult when governments are faced  
 12 with dealing with the challenges of day to day to also  
 13 put in place those critical infrastructures, resilience  
 14 and surge capacity and spare capacity, that would allow  
 15 to deal with the unexpected, but inevitable, disruptions  
 16 that are going to occur.

17 So I think in the UK and around the world, despite  
 18 the warnings of the last 20 years, there has been  
 19 a complacency about the need to prepare for these sorts  
 20 of major disruptive events which go well beyond health  
 21 to the whole of society, and the UK, yes, was complacent  
 22 in regard to planning for that.

23 **Q.** Is it your view that epidemics will become more  
 24 frequent, more complex, perhaps, and harder to prevent  
 25 and contain as a result of the well known issues of

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1 **A.** Apologies. It's a nervous occasion to be part of.  
 2 **Q.** Well, it won't be for very long, Sir Jeremy, so I'm sure  
 3 you'll survive.

4 My Lady has heard considerable evidence about the  
 5 inherent unpredictability of respiratory viruses and  
 6 therefore the inherent unpredictability of the  
 7 characteristics of a pandemic which may ensue from  
 8 a widespread pathogenic outbreak. Putting it in blunter  
 9 terms, it's impossible to know with any degree of  
 10 certainty what characteristics the outbreak may have,  
 11 which viruses, respiratory viruses, may eventuate, and  
 12 therefore what one has to guard against.

13 Was there a general sense at all, as far as you  
 14 could tell, after 2011, that there had been a failure to  
 15 focus on, in the government guidance and the government  
 16 policy in the United Kingdom, on the inherent  
 17 unpredictability of respiratory viruses and, therefore,  
 18 on the risks of a non-influenza pandemic?

19 **A.** Yeah, I think that would be true in the UK. I think it  
 20 would be true globally as well. If you go back in the  
 21 last 20 years -- I mean, I started working on emerging  
 22 infections in 1999 with an outbreak of something called  
 23 Nipah virus in Malaysia --

24 **Q.** Sir Jeremy, please slow down, you're going very fast  
 25 again. You have to steel yourself to go slower than you

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1 changing ecology, urbanisation, climate change and  
 2 increased travel and movement of human beings?

3 **A.** Yeah, you've hit the major features that I would have  
 4 outlined, absolutely. These are features of the  
 5 21st century. They're not going to go away. It would  
 6 be a grave mistake, in my view, to see each of these  
 7 episodes I've outlined -- some of them, but there are  
 8 more -- to see each one as a discrete episode. They are  
 9 telling us something far deeper about how the world is  
 10 changing, biodiversity loss, environment, climate  
 11 change, urbanisation, trade and travel as you say.

12 **Q.** Slow down.

13 **A.** And what I'd like for us to move away from is thinking  
 14 that this is a discrete episode which we can put in  
 15 a box and think about, and think more about the systemic  
 16 way that we need to address these more frequent and more  
 17 complex events.

18 If we look at Ebola in West Africa in 2014, the  
 19 Ebola virus had not changed, people had not changed,  
 20 what had changed was the social circumstances in which  
 21 it happened, not in villages that could be isolated and  
 22 quarantined and an epidemic brought under control  
 23 quickly, but in major capital cities and across borders,  
 24 and that more frequent and, indeed, sociologically more  
 25 complex epidemics and pandemics is what we will face in

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1 the future.

2 **Q.** Does it follow, Sir Jeremy, that from the vantage point  
3 of governments, and with a view to the necessary and  
4 important process by which risks are identified,  
5 assessed and planned for, that there must be a much  
6 greater focus now, both in light of Covid and of course  
7 because of the increased general risks to which you've  
8 referred, upon: firstly, identifying multiple scenarios,  
9 as opposed to just influenza; secondly, focusing  
10 additionally on how to prevent catastrophic consequence  
11 as opposed to managing catastrophic consequence; and,  
12 thirdly, thinking more and to a much greater extent  
13 about the necessary countermeasures that may need to be  
14 deployed?

15 **A.** Yeah, absolutely. The first thing I'd say is what you  
16 have before a crisis hits will to a large extent  
17 determine your ability to respond to it. If you have  
18 deep inequalities in your society, if you have a large  
19 degree of ill health in terms of health issues, if you  
20 have health services which are stretched to the limit,  
21 if you have fragmented government approaches such that  
22 each individual vertical structure considers its area  
23 but there's a challenge to sort of look at the  
24 all-of-society perspective, then trying to cobble  
25 together a horizon approach, an all-of-government, an

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1 **Q.** Evidence was given by Professor Sir Chris Whitty that  
2 the UK science advisory system, whilst complex and not  
3 perfect, is considered to be one of the stronger ones  
4 internationally; would you agree?

5 **A.** Yes.

6 **Q.** What must be done to ensure that that remains the  
7 position in terms of resourcing or funding or  
8 a continuing focus on understanding the vital importance  
9 of scientific advice?

10 **A.** So I would agree with those comments, and I have been  
11 involved -- in some of your introductory remarks -- with  
12 a number of other governments around the world, of all  
13 economic levels of growth and depth of scientific  
14 background. My view is that the construct of having  
15 a Chief Scientific Adviser in every ministry, close to  
16 the minister, close to the system, close to the senior  
17 civil servants, not just structured in a crisis but  
18 there every day, and learning to bridge the cultural and  
19 language complexity that is there within different  
20 disciplines, and different ways of working and different  
21 educational backgrounds and everything else, building  
22 that structure to be permanent, to be functioning all  
23 the time and, critically, providing value and utility to  
24 a government machinery all of the time, is, I believe,  
25 critical.

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1 all-of-society approach in a set of vertical systems is  
2 extraordinarily difficult.

3 And tabletop exercises will get you so far, but you  
4 need to be working in those systems all of the time if  
5 you want those systems to work when a crisis hits, and  
6 I think we need to think more strongly about how totally  
7 disruptive all-of-society events, of which this is  
8 a good example, will be dealt with as a cross-government  
9 whole-of-society approach rather than just as a single  
10 ministry approach.

11 **Q.** A vital component in the whole-of-society approach is,  
12 of course, having adequate scientific advice as well as,  
13 and alongside, an adequate and sufficient research base.  
14 Could I focus firstly, please, on the issue of the  
15 scientific advisory networks which are available in the  
16 United Kingdom.

17 You were a member of SAGE, the stand-up -- that is  
18 to say, the committee which is stood up in the event  
19 of emergencies -- in relation to Zika and Ebola; is that  
20 correct?

21 **A.** Correct.

22 **Q.** Have you had extensive experience throughout your long  
23 career of dealing with the scientific advisory  
24 structures in the United Kingdom beyond SAGE?

25 **A.** Yes.

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1 I've argued with many other countries -- not argued,  
2 discussed with many other countries that actually the UK  
3 system of scientific advice in every ministry brought  
4 together under a chief scientist network, together  
5 providing mutual support to each other, is absolutely  
6 critical, must be maintained, must be strengthened. The  
7 very best people in science should be encouraged to go  
8 into it and -- on the rotational basis, so that they can  
9 retain their scientific expertise and skills, and then  
10 network together through the chief scientists. That, to  
11 me, is the best system in the world and everything  
12 should be done to maintain it, not for crisis time but  
13 for all the time, to deal with the day-to-day issues as  
14 well as being able to respond when a crisis inevitably  
15 hits.

16 **Q.** It's plain, Sir Jeremy, that in the particular context  
17 of dealing with the Covid pandemic, SAGE and the  
18 scientific advisory structures in the United Kingdom  
19 Government drew to a very large extent, of course, upon  
20 biomedical expertise. Because of the need to consider  
21 at speed and in very difficult circumstances the  
22 consequences of societal measures, social restrictions,  
23 mandatory quarantining, and so on and so forth, it may  
24 be the case that there was an absence of sufficient  
25 expertise from non-biomedical professionals, that is to

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1 say economists and behavioural scientists or social  
2 scientists, and experts not from the world of health,  
3 and not from the world of science, but from the social  
4 sciences.

5 Would you agree with that? From your experience of  
6 SAGE, do you think that it is, in a general sense,  
7 sufficiently diverse?

8 **A.** So I would agree with some of that, but not all of it.  
9 Firstly, I think that SAGE is often seen as the names  
10 officially on the SAGE list, which I think counts to  
11 30 or 40 people or so. Behind that there were hundreds  
12 of people involved. And particularly on some of the  
13 areas you mentioned there, behavioural science, for  
14 instance, I think the input into -- the behavioural  
15 scientists into SAGE from throughout my time on SAGE,  
16 I thought was of the very highest quality.

17 Where I think -- where I do agree with you is that  
18 there was no -- there were two things lacking, in my  
19 view. One is the SAGE health, public health,  
20 behavioural science perspectives on the pandemic were  
21 not mirrored with other equally transparent and debated  
22 issues that brought the whole of the society elements  
23 together, and I believe -- I've never been in  
24 government, but I believe that a better approach would  
25 have been to have a SAGE that focuses on its area of

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1 perhaps was constructive.

2 **Q.** A red team would plainly be in a position to challenge  
3 orthodoxy. Do you mean orthodoxy on the part of the  
4 government or orthodoxy -- or alleged orthodoxy on the  
5 part of the scientists in SAGE or a mirror group who,  
6 I think I should tell you, have described themselves in  
7 this Inquiry in various terms such as being  
8 self-correcting or, on another occasion, as being  
9 "licensed dissidents"? Do scientists need to be  
10 challenged in that way, or is this a point made more  
11 directly against administrators and government  
12 employees?

13 **A.** Science absolutely has to be challenged and I think --  
14 unfortunately I'm not aware that beyond the summaries,  
15 been released I think at the behest of Patrick Vallance,  
16 crucially, it's a shame that actually SAGE wasn't  
17 recorded in some ways, because I think within the SAGE  
18 discussions that I was always part of, there was a very  
19 high degree of challenge.

20 But to have an outside group, a red group, that just  
21 puts in questions -- have you thought about this? Have  
22 you thought about that? Have you considered that? --  
23 who are not part of that formal group, I think -- my own  
24 experience of that is from the United States, and there  
25 I thought it was very helpful to be able to do that. It

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1 expertise, definitely including behavioural science,  
2 international perspective, ethics, many of the things  
3 you mention, but that would be mirrored, in my view,  
4 through the Cabinet Office, with a similar transparent  
5 expert group that would consider other aspects that are  
6 absolutely critical to an all-of-society response.

7 I think if you ask SAGE to do all of that, it would  
8 become huge, unwieldy, and wouldn't be able to have the  
9 clarity, given in mind that SAGE was meeting, at some  
10 points, every 24 or 48 hours. So personally I would do  
11 that through the Cabinet Office but have equal  
12 transparency with elements that considered other aspects  
13 beyond the health agenda.

14 The second thing I would suggest, and I was part of  
15 this in a US group, is that there is outside the SAGE  
16 system, but linked to it in a constructive way, if you  
17 like, a red team. A red team that would have access to  
18 other -- the same information but would be able to  
19 constructively challenge the thinking from the outside  
20 and wouldn't be within the room at the same time.  
21 I thought that worked extremely well when I was part of  
22 a similar enterprise in the United States, and I would  
23 like to see that set up. Independent SAGE I think tried  
24 to do that, but unfortunately, for reasons others can  
25 debate, sometimes it became more confrontational than

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1 doesn't diminish the authority or the voice of SAGE but  
2 it would give you some of the external challenge.

3 I think within the Cabinet Office, to me that is  
4 where the political challenge of, is this the right  
5 thing to do, closing schools, closing economies,  
6 whatever it might be, should be held. But I think those  
7 need also to be transparent in the same way that SAGE  
8 was, with its minutes and summaries, so that people can  
9 actually -- as a public, can actually challenge those  
10 assumptions as well.

11 **LADY HALLETT:** Mr Keith, are you going further into the  
12 mirror group?

13 **MR KEITH:** No, I was going to move to the questions --

14 **LADY HALLETT:** Can I just have a brief summary of what  
15 Sir Jeremy means by the mirror group? Which experts?  
16 How would it work?

17 **MR KEITH:** Yes.

18 Sir Jeremy, a few moments ago, in response to  
19 a question from myself as to whether or not the  
20 constitution, the make-up of SAGE was sufficiently  
21 diverse, you suggested the possibility of a mirror  
22 group, not as part of SAGE itself, because it would  
23 become too unwieldy and too large to be convened at  
24 speed and in very difficult circumstances, but  
25 a separate committee comprising experts, specialists

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1 from different professional walks of life. Could you  
 2 expand on that? You referred to social scientists,  
 3 economists and others. Is there anything more that you  
 4 want to say about that in terms of the composition?  
 5 **A.** Well, I think the social scientists and behavioural  
 6 scientists were absolutely fundamental to SAGE itself,  
 7 so I certainly ... but I think a group outside of what  
 8 I call a red team, that was able to throw in questions  
 9 into SAGE: have you thought about this? Have you  
 10 thought about that? Some of that happened informally,  
 11 through things like, in the UK, the Royal Society,  
 12 Academy of Medicine Sciences, et cetera, et cetera and  
 13 obviously in the lay and scientific literature. But  
 14 having been part, for some time, in the US of that  
 15 red group, which brought together, yes, epidemiologists,  
 16 biomedical people, social scientists, economists, people  
 17 thinking outside the box, that was helpful, I think, in  
 18 terms of the US approach to this. Which I have to say  
 19 I believe was not as well constructed and organised as  
 20 was SAGE, would be my view having seen both operating.  
 21 **Q.** So those specialists and scientists and professionals  
 22 are, in terms of their own professional qualifications,  
 23 mirror images of the constituent parts of SAGE, they're  
 24 not from other walks of professional life, they are  
 25 there to challenge, if you like, the members of SAGE on

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1 the growing risks of pathogenic outbreaks, particularly  
 2 of the viral respiratory kind, and to the growing risks  
 3 generally because of changes in our environment and our  
 4 way of life. To what extent is it essential to meet  
 5 those continuing and growing risks that we maintain as  
 6 a country capability, that is to say the medical,  
 7 scientific and social weapons at our disposal to meet  
 8 a future pandemic?  
 9 **A.** So I started off by saying what you have before  
 10 a pandemic or crisis hits makes such a huge difference.  
 11 There are many things to question and challenge, and  
 12 that's the role of the public inquiry in terms of the  
 13 pandemic. But I think we can only celebrate the  
 14 remarkable scientific -- and by "scientific" I mean the  
 15 broad sciences -- contribution to the pandemic in the UK  
 16 and around the world. That -- you can't turn that on in  
 17 a crisis. You know, we didn't make a vaccine in  
 18 12 months. We made a vaccine because for years before  
 19 all governments in the UK, of any colour, I would argue  
 20 as well the Wellcome Trust, the charitable sector,  
 21 philanthropy, have invested in basic science, in people,  
 22 in teams and institutions, and if you look through the  
 23 development of the Oxford-AstraZeneca vaccine, if you  
 24 look at COG-UK, building off years of work at the  
 25 Wellcome Genome centre, if you look at the

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1 their own turf?  
 2 **A.** No, no, I wouldn't -- no, sorry. Let me clarify.  
 3 I think in that sort of red group you could easily have  
 4 a broader sector of society, civic society, industry,  
 5 people, yes, with expertise and understanding of public  
 6 health, but also others who would bring a different  
 7 perspective.  
 8 **Q.** Right.  
 9 Sir Jeremy, can I ask you now about your experience,  
 10 please, of some of the more specialist scientific  
 11 committees concerned with pathogenic outbreaks.  
 12 Have you had dealings over the years with HAIRS, the  
 13 Human Animal Infections and Risk Surveillance committee,  
 14 or ACDP, the Advisory Committee on Dangerous Pathogens,  
 15 or on the now abolished NEPNEI? Are those committees,  
 16 although you weren't in government, with which you've  
 17 had any experience?  
 18 **A.** No, I was not part of any of those. The greater  
 19 experience I had was actually outside the UK, as you  
 20 mentioned, being the founding chair of the  
 21 WHO R&D Blueprint, advisory and WHO committees and other  
 22 governments, but I was never involved in any of those  
 23 that you mention there.  
 24 **Q.** All right.  
 25 You've referred in the course of your evidence to

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1 RECOVERY Trial, if you look at when local authorities  
 2 and others through public health got involved in their  
 3 communities, through ownership and knowledge of those  
 4 communities, those were absolutely world leading. Those  
 5 are the results of decades of investment in fundamental  
 6 science and its translation, a brilliant regulator.  
 7 And HRA now, and when it was part of the EMA, is one of  
 8 the world's if not the world's best regulator. They  
 9 were critical. Understanding ethics.  
 10 So this infrastructure in the UK is something the UK  
 11 should be incredibly proud of, must maintain, and has  
 12 a critical role to play internationally.  
 13 **Q.** Is that a capability without which it is impossible to  
 14 scale up the necessary medical and clinical responses in  
 15 the event of a pandemic? Is that something which must  
 16 be maintained because, without it, we would not have the  
 17 building blocks to be able to mount a defence in the  
 18 event of a pandemic?  
 19 **A.** Absolutely agree with that. As I say, the vaccine was  
 20 not made in a year. If you don't maintain that  
 21 capacity, and if that capacity isn't valued, isn't  
 22 funded -- it's not providing value and utility all of  
 23 the time. We should remember that the  
 24 Oxford-AstraZeneca vaccine came off a team,  
 25 Sarah Gilbert, Andy Pollard and many others had been

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1 working on those vaccines, they'd been working on  
2 typhoid vaccines, they'd been working on meningitis  
3 vaccines and were able to pivot. The RECOVERY Trial  
4 built off years of investment, particularly from the  
5 National Institutes of Health' research and the clinical  
6 trials capacity.

7 These are absolute jewels in the UK's crown. They  
8 could play, in my view, a bigger role internationally,  
9 but you have to maintain them every Monday, every  
10 Tuesday, and you have to value them and they must  
11 provide value either in enhancing knowledge and our  
12 understanding of the world or in translation into  
13 products/countermeasures for people in a pandemic.

14 If we do not retain that scientific infrastructure,  
15 then the UK will be woefully underprepared to deal with  
16 today's challenges and tomorrow's inevitable epidemics.

17 **Q.** Does that infrastructure include matters such as having  
18 sufficient laboratory services, for example to be able  
19 to scale up mass diagnostic testing in the event of  
20 a new pandemic and perhaps a different testing device?  
21 What sort of laboratory infrastructure is required to be  
22 able to provide that building block to enable us to  
23 scale up in the next crisis?

24 **A.** The testing capacity in the first three months of 2020  
25 in the UK was woefully inadequate. It wasn't possible

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1 terms of our ability to have the resilience in the  
2 future.

3 **Q.** So drawing those threads together, Sir Jeremy, would you  
4 agree that both in terms of research capacity but also  
5 infrastructure, laboratories, technicians and the like,  
6 is vital --

7 **A.** Yes --

8 **Q.** I'm sorry, I hadn't quite finished -- it's vital that  
9 capability is maintained for not just diagnostic testing  
10 but antivirals and also vaccines, to which you've  
11 referred? So this is a capability which must be  
12 maintained across the board for those three pillars, if  
13 you like, of pathogenic outbreak response?

14 **A.** Yeah. I would actually add to that, the social science,  
15 the behavioural science must be integrated as part of  
16 that, not some separate thing that goes on in other  
17 conversations. But we must maintain that all the time.

18 The only way to maintain it, and if we're not to  
19 repeat the lessons of all of the epidemics I mentioned  
20 at the start, the only way we can maintain this is if it  
21 is integrated into services and health provision,  
22 prevention and treatment every Monday, every Tuesday,  
23 every week, every month, because after every previous  
24 epidemic, after Ebola, the world said "Never again, we  
25 must build these capacities", and sadly one or two or

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1 to scale that up at the speed that was required and  
2 testing got way behind the speed of the epidemic. In  
3 epidemics and pandemics there is no point saying "We're  
4 quicker than we used to be" if you're slower than the  
5 speed of the epidemic, and if you get behind that curve,  
6 you'll really struggle to catch up. Remembering that  
7 exponential growth, doubling time every two days means,  
8 even 48 hours later, you've lost -- you've got behind  
9 the curve, and the data you have today is in the  
10 rear view mirror, it's what happened yesterday that  
11 you're seeing, not what happened today.

12 So unless you have that diagnostic capacity --  
13 I would personally like to see a much closer  
14 interrelationship between what we call public health,  
15 public health laboratories, clinical and NHS facilities,  
16 and the broad and very strong research environment in  
17 the UK.

18 Often these are almost competing with each other  
19 rather than seeing themselves as part of a common  
20 approach, and I think to forge together public health  
21 laboratories, local authorities, hospitals and clinical  
22 facilities, general practice, primary care and the  
23 research endeavour, and make sure that those are working  
24 together outside the pandemic and can much better work  
25 together in a pandemic, would be a huge progress in

22

1 three years later a pandemic hasn't happened and they  
2 start to be cut. So my view is, instead of creating yet  
3 more vertical structures that will somehow be there when  
4 a pandemic strikes, build it into systems that are of  
5 use every day, people are using them, they provide value  
6 to communities, and then they can pivot when it's  
7 necessary.

8 If we look at COG-UK as a good example, established  
9 by Sharon Peacock, it was building off years of public  
10 interest in genomics and the Wellcome Trust's genome  
11 centre and institutes like the Crick, Edinburgh,  
12 Glasgow, Manchester and others, Birkbeck, these are  
13 critical infrastructures, they're providing value and  
14 utility all the time and they have, critically, the  
15 people who can pivot when necessary. We must not lose  
16 this capacity.

17 **Q.** Turning now, finally, to a more administrative or  
18 governmental angle, and the issue of countermeasures, is  
19 it your view that further work is also required to be  
20 done in terms of thinking about, evaluating, working out  
21 the consequences of the policy interventions with which  
22 we're now all only too familiar, such as quarantining,  
23 social distancing, the efficacy of face masks, airport  
24 screening and so on, all of which, of course, came very  
25 much into focus during Covid, but perhaps have not been

24

1 developed in terms of the thinking as far as they might  
2 be?

3 A. Yes, I do agree with that, and having listened to some  
4 previous interventions and the concern that everything  
5 was based around a potential flu pandemic and no other  
6 thinking, the things I would say on that: flu remains  
7 the number one biggest risk, but we should be thinking  
8 beyond flu, in terms of a crisis management system that  
9 would be agnostic to what the event was, it could be  
10 respiratory, most likely, it could be sexual, it could  
11 be through the gastrointestinal -- there's all sorts of  
12 scenarios, and instead of getting plugged in to a single  
13 outcome which we feel comfortable with, perhaps more  
14 important is to think, whilst we will focus on flu,  
15 because it's hugely important and is the most -- the  
16 highest risk and it remains so, that nevertheless we  
17 must have a system which allows us actually to cope with  
18 whatever is thrown at us and have the resilience and the  
19 spare capacity and not the whole system stretched to its  
20 very limit in order not to be able to respond when the  
21 demand increases.

22 So I would like to think more broadly, more like  
23 an incident management group than a flu-specific group,  
24 without losing the knowledge that flu remains a huge --  
25 a huge risk to us all.

25

1 the efficacy of face masks, putting aside how effective  
2 they actually were?

3 So was there a standing scientific consensus on the  
4 efficacy of face masks pre-Covid? And to what extent  
5 had thinking on face masks developed pre-Covid?

6 A. I think in the UK that consensus did not exist, and the  
7 effectiveness as well as the efficacy of face masks I do  
8 not believe in the UK there was a consensus on that.

9 Having spent 20 -- almost 20 years living in Vietnam  
10 through SARS and H5N1, and then watching very closely  
11 and being very involved in the responses in China, in  
12 Korea, in Vietnam and Singapore, four countries that had  
13 previously dealt with SARS-1 and with other emergencies,  
14 I think if you asked there, there was a clear consensus  
15 amongst the decision-makers, and indeed the scientists  
16 and healthcare workers, that face masks had a role in  
17 contributing to the public health intervention.

18 In public health there's rarely a magic bullet.  
19 Public health -- the analogy of the Swiss cheese model  
20 of having multiple interventions is crucial. If you're  
21 expecting face masks to give you 95 protection against  
22 something, you won't get it. But as part of a series of  
23 interventions which includes face masks, includes hand  
24 washing and includes clean air and spacing between  
25 individuals, and then when you have the countermeasures

27

1 Those policy interventions that you talk about need  
2 a discussion at societal level. The word "lockdown",  
3 none of us had heard of it before about February or  
4 March of 2020. The implications of it are huge, and  
5 longstanding. We should be able to debate those in the  
6 interepidemic periods and come to a societal discussion  
7 about what we're going to prioritise, what we're going  
8 to protect and what we may have to do in order to  
9 prevent an event like Covid-19 happening again.

10 Q. Sir Jeremy, thank you very much.

11 My Lady, I believe you granted permission to Welsh  
12 Covid Bereaved for an issue or issues surrounding the  
13 question of face masks to be explored through my own  
14 examination.

15 Sir Jeremy, could I return you, please, to the issue  
16 of face masks. The issue of face masks and their  
17 efficacy is very much going to be a matter for  
18 consideration in my Lady's Module 2 in this Inquiry,  
19 because of course there was a huge debate about face  
20 masks once Covid had hit. But in the context of  
21 preparedness, may I ask you this: to what extent  
22 pre-Covid was the wearing of face masks an issue which  
23 was thought about, sufficiently developed, and views  
24 reached upon? And an associated question: to what  
25 extent was there, pre-Covid, a scientific consensus on

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1 you're talking about, diagnostic tests, treatment and  
2 vaccines, together they create a Swiss cheese model of  
3 what our public health is. Each one contributes  
4 a percentage. None of them on their own contribute  
5 enough to change the dynamic of a pandemic, but together  
6 they can have a very profound impact.

7 When you talk about countermeasures, often we talk  
8 about countermeasures in terms of therapeutics and  
9 vaccines and diagnostic testing, but countermeasures  
10 need to be seen in the full Swiss cheese model, they  
11 need to include social distancing, they need to include  
12 masks, they need to include hand washing, they need to  
13 include in other epidemic potentials other  
14 interventions, for instance, in HIV, condoms, et cetera.

15 So I think we would be wiser -- and the evidence  
16 base on face masks, unfortunately whilst we had large  
17 clinical trials of therapeutics, the RECOVERY Trial, we  
18 had the vaccine trials, we missed an opportunity during  
19 the pandemic to gather robust, strong prospective data  
20 on non-pharmaceutical interventions, which are  
21 a critical component of any response to an epidemic and  
22 pandemic until you have those countermeasures that will  
23 then change the course of the pandemic.

24 So what I would plead for is we don't see  
25 countermeasures just as something you inject into

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1 somebody's arm or you take as a tablet, but we see  
2 countermeasures in a Swiss cheese model of public health  
3 which integrates them all and we find the evidence for  
4 how they work on their own and we find the evidence for  
5 how they work together.

6 **MR KEITH:** Sir Jeremy, thank you very much indeed.

7 **LADY HALLETT:** Sir Jeremy, thank you very much indeed for  
8 your help, it's been extremely interesting and we're  
9 very grateful to you. Thank you.

10 **THE WITNESS:** I wish you the very best with the public  
11 inquiry and offer all the support we can to it. The  
12 lessons must be learned and we must never be there  
13 again.

14 **LADY HALLETT:** Thank you.

15 (The witness withdrew)

16 **MR KEITH:** My Lady, I think that we can proceed to the next  
17 witness straightaway. If somebody would be good enough  
18 to sever the link with Sir Jeremy, we will return to the  
19 witness box.

20 **LADY HALLETT:** Just before Ms Sturgeon gives evidence  
21 I would like to apologise to those who were  
22 inconvenienced by the fact we didn't call Ms Calderwood  
23 on Wednesday morning. It was due entirely to unforeseen  
24 circumstances, and I can assure people we gave everyone  
25 as much notice as we could, and as we got in fact. So

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1 suffering continues to this day, and there is not a day  
2 that passes that I don't think about that.

3 Secondly, I want to convey my thanks to all those  
4 who contributed to the national response, obviously to  
5 our health and care workforce but to all of those across  
6 the public, voluntary and private sectors, and of course  
7 to the general public who did everything that was asked  
8 of them and made extraordinary sacrifices.

9 Finally, my Lady, I know that every day the  
10 government I led did our best to take the best possible  
11 decisions, but equally I know that we did not get  
12 everything right. The learning from the pandemic is of  
13 critical importance, and this public inquiry has  
14 a central role to play in ensuring that those lessons  
15 are learned, and therefore I appreciate the opportunity  
16 to be here before you for the first occasion today.

17 Thank you very much.

18 **MR KEITH:** Thank you, Ms Sturgeon.

19 You say the first occasion because, of course, it's  
20 known to my Lady but not necessarily the wider world  
21 that you will be giving evidence again before this  
22 inquiry for the purposes of Module 2A, which will be the  
23 module that will be more particularly concerned with the  
24 response to the pandemic once, of course, it had struck.

25 Ms Sturgeon, you've provided, kindly, a witness

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1 apologies to anybody ...

2 **MR KEITH:** My Lady, yes.

3 **LADY HALLETT:** Mr Keith.

4 **MR KEITH:** Could the witness be sworn, please.

5 **MS NICOLA STURGEON (affirmed)**

6 **Questions from LEAD COUNSEL TO THE INQUIRY**

7 **MR KEITH:** Could you give the Inquiry, please, your full  
8 name.

9 **A.** Nicola Sturgeon.

10 **Q.** Ms Sturgeon, thank you for offering your assistance and  
11 providing it to this Inquiry. Whilst you give evidence,  
12 could you please remember to keep your voice up so that  
13 we may all clearly hear what you have to say, and also  
14 for our hard-working stenographer so that she can record  
15 your evidence.

16 **A.** Excuse me, my Lady, with your permission, would it be  
17 possible to say a few words by way of introduction?

18 **LADY HALLETT:** You may.

19 **A.** Thank you.

20 I am appearing at this public inquiry for the first  
21 time and, as the First Minister of Scotland for the  
22 duration of the pandemic, I wanted to take a brief  
23 opportunity to offer my sympathies and condolences to  
24 all those who have suffered as a result of Covid-19.  
25 The pandemic may be over but for very many people that

30

1 statement, dated, I think, 19 April 2023. We needn't  
2 bring it up but it's a witness statement to which you  
3 have appended your signature and a statement of truth.  
4 Is that correct?

5 **A.** That's correct.

6 **Q.** You were, of course, as you've said, the First Minister  
7 of Scotland, but earlier in your career you were Deputy  
8 First Minister and Cabinet Secretary for Health, and,  
9 coincidentally, that was during the swine flu pandemic  
10 which hit the United Kingdom in 2009; is that correct?

11 **A.** That is correct.

12 **Q.** So you would have become familiar with the exquisite  
13 difficulties of dealing with the onset of a pandemic on  
14 a country, and familiar with governmental response?

15 **A.** Yes.

16 **Q.** Just to get our bearings, that pandemic, H1N1, as we've  
17 heard, was, by the general standards of these things,  
18 relatively mild, was it not?

19 **A.** Yes, indeed, milder, thankfully, than any of us had  
20 expected at the outset of it.

21 **Q.** There were some 1,500 hospitalisations in Scotland,  
22 fortuitously no deaths, I believe, but of course there  
23 were around about 17,000 deaths globally.

24 There may, therefore, be a limit as to what lessons  
25 could have been learnt from that milder pandemic, but

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1 the Scottish Government commissioned a paper, did it  
 2 not, to review its own response to that pandemic?  
 3 **A.** We did, yes.  
 4 **Q.** Was that a report or a paper that you yourself  
 5 commissioned?  
 6 **A.** Yes, I believe I would have commissioned that as  
 7 Health Secretary at the time.  
 8 **Q.** May we have, please, that paper on the screen,  
 9 INQ000102936. It's headed "Cabinet Sub-Committee on  
 10 Scottish Government Resilience, Influenza (H1N1)  
 11 Pandemic - Review of the Scottish Government Response",  
 12 and it was a "Paper by the Cabinet Secretary for Health  
 13 and Wellbeing". You were Deputy First Minister and  
 14 Cabinet Secretary for Health, and therefore may we  
 15 presume that was you?  
 16 **A.** I'd have to check the date of it to see whether I was  
 17 still Health Secretary when that paper was produced, but  
 18 I believe that would have been me, yes.  
 19 **Q.** I think the paper was produced in 2011. You were  
 20 Cabinet Secretary for Health until 19 May 2011.  
 21 **A.** I was Cabinet Secretary for Health into late 2012.  
 22 **Q.** Yes.  
 23 **A.** That would have been me in that case.  
 24 **Q.** Yes, you were Cabinet Secretary for Health until  
 25 19 May 2011, and then you became Cabinet Secretary for

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1 is correct, but certainly in relation to the second  
 2 bullet point there, what that seems to me to reflect is  
 3 something that was certainly true in the handling of the  
 4 H1N1 pandemic, is that the pandemic did not unfold in  
 5 the way that the plans and the modelling and the  
 6 reasonable worst-case scenario estimates had indicated  
 7 that it would, and that had relevance, I think, to what  
 8 we learned about the strength and weaknesses of  
 9 pre-pandemic planning.  
 10 So my reading of that is that that was a statement  
 11 about the gap that opened up during the swine flu  
 12 pandemic between what the plan told us would happen and  
 13 what in reality happened.  
 14 **Q.** That issue, the divergence between risk assessment,  
 15 plan, identification of response and the reality of  
 16 a pandemic was an issue that continued to bedevil this  
 17 area of strategy planning, did it not?  
 18 **A.** Yes, it did. I think that is fair comment.  
 19 I also, having now, in different capacities, as we  
 20 have been covering, been involved in the response to two  
 21 pandemics, I to some extent think that there is  
 22 an inevitability about that being a problem that will  
 23 always exist to some extent because, there is no plan  
 24 that will ever completely replicate what happens in  
 25 reality when a pandemic unfortunately confronts us.

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1 Health, Wellbeing and Cities Strategy thereafter?  
 2 **A.** Thank you for reminding me.  
 3 **Q.** Page 5 of the report refers, at the bottom of the page,  
 4 to "Planning Assumptions":  
 5 "Respondents recognised the limitations of  
 6 modelling, however it was felt that it would have been  
 7 helpful to have updated the planning assumptions more  
 8 quickly to reflect the picture on the ground. In  
 9 effect, reflecting the most likely scenario, rather than  
 10 the worst case scenario. Respondents felt it would have  
 11 been helpful for the process of testing the planning  
 12 assumptions to be more explicit.  
 13 "The planning assumptions which were published did  
 14 not hold much weight with responders on the grounds that  
 15 they did not reflect what they were experiencing."  
 16 Ms Sturgeon, these references to the planning  
 17 assumptions and to national and local responders' views  
 18 as to how efficient or how useful they were, was that  
 19 a reference to the broad governmental system by which  
 20 risks are assessed, grouped together, and assumptions  
 21 made for the purposes of planning as to how those risks  
 22 should be addressed?  
 23 **A.** So my reading of these paragraphs, and, forgive me,  
 24 I would need to see these paragraphs in the context of  
 25 the whole paper to be certain that what I'm about to say

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1 **Q.** Indeed.  
 2 At page 11, relatedly, in the middle of the page  
 3 there is this heading:  
 4 "Actions to be taken forward as part of the UK-wide  
 5 Review into the influenza A (H1N1) response."  
 6 Was that a reference to the review which was carried  
 7 out in fact by Dame Deirdre Hine?  
 8 **A.** That would have been a reference to the Hine review,  
 9 yes.  
 10 **Q.** "We will oversee the work of the Review Team through  
 11 Scottish Government representation on the reference  
 12 group. We will consider the implications for Scotland  
 13 of the emerging findings, specifically those relating  
 14 to ..."  
 15 Then the bottom bullet point:  
 16 "Future iterations of the Pandemic Flu Framework."  
 17 Was that reference to "Pandemic Flu Framework"  
 18 a reference to the then pre-existing Scottish strategy  
 19 for dealing with pandemic flu and also the prospective,  
 20 the anticipated United Kingdom strategy for dealing with  
 21 influenza pandemic, which we'll come to in a moment?  
 22 **A.** So I suspect that that would have been effectively both  
 23 of those things, it would have been a reference to  
 24 whatever pandemic flu framework was in existence at the  
 25 time, the pre-existing Scottish Government one and then

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1 what became the UK-wide pandemic flu preparedness plan  
2 in 2011.

3 **Q.** Thereafter, Ms Sturgeon, as my Lady has heard in the  
4 course of evidence, under the four nations approach, the  
5 United Kingdom drew up and disseminated a new 2011  
6 strategy, and that is or became the sole strategy for  
7 dealing with pandemics, and it was, of course,  
8 a strategy which, on its face, dealt only with influenza  
9 pandemic.

10 There was a commitment there in that review by the  
11 Scottish Government to keeping future iterations of the  
12 pandemic strategy under review, but to a very large  
13 extent that did not happen, did it?

14 **A.** The 2011 four nations plan was not updated. Now, for  
15 that to have been updated on a four nations basis would  
16 obviously have required the engagement of all four  
17 governments. In my view, and this takes us to the heart  
18 of some of the most important lessons I learned from the  
19 swine flu pandemic, had that plan been updated I do not  
20 necessarily think it would have changed substantially.  
21 I think I heard Professor Sir Chris Whitty make  
22 a similar point to you last week. A review, refresh,  
23 different iteration of that would not have changed  
24 necessarily the fundamental assumptions or planning or  
25 modelling at the heart of it.

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1 **Q.** As it turned out, Ms Sturgeon, the reality was that the  
2 plan, the strategy, the 2011 document required not just  
3 tweaking -- and it may well be that it wouldn't have  
4 just stopped at tweaking had it been significantly  
5 revised -- it was and has been described by a variety of  
6 different witnesses as wholly inadequate.  
7 Strategically. Do you accept that there is now a much  
8 clearer understanding as to the nature and the degree of  
9 the inadequacy of that document?

10 **A.** So, yes, and if I may, I'll perhaps try to break that  
11 down briefly into two parts --

12 **Q.** Please.

13 **A.** -- and perhaps give a little bit more explanation for my  
14 use of the term "tweak".

15 Had a process to update that plan focused on  
16 updating an influenza preparedness plan, I can't be sure  
17 about this, but I do not believe it would have changed  
18 significantly, because it would still have been a plan  
19 dealing with the potential for a flu pandemic. Had it  
20 been a process signed to turn a flu plan into a plan  
21 that was looking at a different range of pandemics, that  
22 may have been a more substantive exercise.

23 In terms of your question: do I accept that the plan  
24 was inadequate? In summary, yes, the plan was for  
25 a different type of pandemic than the one we

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1 In brief, the two lessons that I took from swine flu  
2 in relation to plans were, firstly, and I've already  
3 touched on this, the importance of any plan being  
4 adaptable and flexible when it first confronts reality.  
5 In summary, what happened in swine flu was that as the  
6 pandemic, thankfully, turned out to be milder than we  
7 had anticipated, there was a period when the governments  
8 tried to make the pandemic fit the plan rather than  
9 adapt the plan to the pandemic. So flexibility is the  
10 first point.

11 The second point I guess relates to that, is the  
12 importance of whatever is on the paper in the form of  
13 a plan, there is work done to operationalise and test  
14 that plan.

15 I'm sure we'll come on to some questions around  
16 Exercise Cygnus on a UK basis, Silver Swan on a Scottish  
17 basis, to a lesser extent because it was looking at  
18 MERS, SARS, rather than flu, Exercise Iris. But the  
19 work that was done through these exercises and the work  
20 that was done in Scotland by local resilience  
21 partnerships sitting underneath our regional resilience  
22 partnerships in my view was more important than having  
23 tweaked versions of a plan that was only ever going to  
24 be a template for the situation that we ultimately found  
25 ourselves dealing with.

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1 unfortunately were confronted with. What I would say in  
2 addition, though, is that that does not mean no part of  
3 that plan was useful in any way, because some of the  
4 consequence planning for a pandemic -- I mean, there are  
5 some, as we know and we'll come on to, no doubt, today  
6 and in future modules, significant differences with  
7 significant consequences between flu and what we ended  
8 up dealing with in terms of a coronavirus pandemic. But  
9 some of the consequences were similar. So I would,  
10 I guess, push back a little bit against the notion that  
11 there was nothing in the flu planning that served us any  
12 purpose at all when it came to Covid-19.

13 **Q.** You would accept, I think, that there was no plan for  
14 non-influenza pandemic, at least on its own face;  
15 correct?

16 **A.** No, that is absolutely the case. That is not to say  
17 that there was no thinking within governments around  
18 non-influenza diseases, you know, high-consequence  
19 infectious diseases. Exercise Iris, which was  
20 a Scottish Government exercise, looked at that  
21 specifically. What there wasn't, and I think this is  
22 the significant gap, is there was no set plan, which, as  
23 I say, is not the same as saying there was no thinking,  
24 into how we dealt with a pandemic that had features and  
25 characteristics of flu in terms of transmissibility, but

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1 also the severity and the -- what we came to understand  
 2 in terms of the asymptomatic transmission of Covid-19.  
 3 So if you look at Exercise Iris, it was looking at  
 4 a MERS/SARS type incident, but not a pandemic, one that  
 5 was small and very contained.  
 6 **Q.** Yes.  
 7 **A.** So I would readily accept that there was a gap in terms  
 8 of the pandemic we ultimately were dealing with, but, as  
 9 I say, that does not mean the plan that was in place had  
 10 no utility at all.  
 11 **Q.** No, and I'm not suggesting it had no utility. The plan  
 12 on its face called for flexible --  
 13 **A.** Yeah.  
 14 **Q.** -- application, it called for flexibility, it proclaimed  
 15 the fact that viral respiratory pathogenic outbreaks are  
 16 by their nature inherently unpredictable, and therefore  
 17 that the plan should be applied to non-influenza  
 18 pandemics. But there was no development of that  
 19 thinking, was there, in the plan? There was no debate  
 20 about what those inherently unpredictable  
 21 characteristics might consist of, the differences in  
 22 transmission rate, or viral load or severity or  
 23 incubation period.  
 24 That's correct, isn't it?  
 25 **A.** That is correct. That said, and I -- obviously I'm not

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1 have been a much closer and clearer debate about the  
 2 necessary countermeasures, for example mass diagnostic  
 3 testing, mass contact tracing, social restrictions,  
 4 quarantining and so on, and that debate was wholly  
 5 absent, wasn't it, from that strategy and from all the  
 6 contemporaneous material?  
 7 **A.** Much of that, yes, was absent from that. So I do think  
 8 that is fair, and yes, I -- with retrospect and in  
 9 hindsight, I think we would all have benefitted from  
 10 much earlier discussion around some of these things.  
 11 I suppose the only point I'm making, maybe this comes  
 12 from too many years in government, not now obviously, is  
 13 I think there is a real danger in putting  
 14 an overemphasis on plans, there is a -- there is often  
 15 a tendency in government to say, "Well, we have a plan,  
 16 it sits on the shelf, and so we've done the  
 17 preparation", and it's what -- as I think you're putting  
 18 to me fairly, it's what lies underneath that, and had  
 19 there been a plan that looked at the range of pandemics  
 20 other than flu, then yes, it is possible that we would  
 21 have had greater discussion around some of the elements  
 22 that of course came very much to the fore when Covid  
 23 struck.  
 24 **Q.** The reason I put the question to you, Ms Sturgeon, the  
 25 way that I did was to respond to your suggestion that

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1 a scientific clinical expert in any way, shape or form,  
 2 but it may have been difficult to capture the range of  
 3 possibilities that you -- you've just alluded to there  
 4 in a single plan.  
 5 I think the other point I would make about the  
 6 utility or otherwise of plans, had the flu plan been  
 7 reviewed and turned into something that was looking at  
 8 pandemics or the potential pandemics more widely,  
 9 whether that plan would have served its purpose would  
 10 have depended on the capabilities that lay underneath  
 11 that plan.  
 12 So I'm straying slightly perhaps into future modules  
 13 here, but for me the questions in my mind, literally  
 14 every day, are not so much did we lack a plan, but did  
 15 we lack the capabilities for dealing with a pandemic of  
 16 the nature of Covid-19. And obviously I'm talking there  
 17 about contact tracing, testing, infrastructure in  
 18 particular.  
 19 **Q.** Indeed. But you would accept, Ms Sturgeon, that had the  
 20 plan focused more plainly, more clearly on the inherent  
 21 unpredictability of viral respiratory pathogens and  
 22 their characteristics, and identified that the next  
 23 pandemic might have different characteristics to  
 24 influenza, in terms of transmission rate, incubation  
 25 period, viral load, severity, it is likely there would

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1 the strategic, acknowledged strategic flaws in the plan  
 2 may not have mattered because what matters more is  
 3 capability.  
 4 **A.** Absolutely.  
 5 **Q.** My point to you is: had there been a proper development  
 6 of the issues of the required countermeasures necessary  
 7 to meet properly identified risks of non-influenza  
 8 pandemics in that document, that capability is likely to  
 9 have been better developed by the time Covid struck?  
 10 **A.** I think that is fair, and I would accept that. I think  
 11 it would come down to how precise some of those other --  
 12 **Q.** Of course.  
 13 **A.** -- predictions or models had been, but I think that is  
 14 a fair comment to put to me.  
 15 **Q.** Your point about the danger in government of selecting  
 16 a plan in the reasonable expectation that it will do  
 17 what it says on the tin and it will meet the need of the  
 18 exigency or emergency which has arisen, would you agree  
 19 that that plan tended to focus upon managing the  
 20 catastrophic consequences of a pandemic influenza as  
 21 opposed to trying to prevent those catastrophic  
 22 consequences from developing in the first place?  
 23 **A.** I'm not sure I do entirely agree with that, and again  
 24 I'm perhaps straying from your question being anchored  
 25 in the flu preparedness plan and projecting a little bit

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1 to some of the commentary that's been made around the  
2 handling of Covid. I suppose -- you know, there is  
3 a question in my mind, in the context of a pandemic,  
4 what do we mean by prevention. I think there is  
5 a question about whether any single country at  
6 a population level could prevent, ie stop, a pandemic  
7 happening. Clearly there are measures at an individual  
8 level that people try to take to prevent themselves  
9 getting it. But in the context of a pandemic, it is --  
10 and I can only speak for myself and the  
11 Scottish Government here -- it was never the case when  
12 Covid struck that we just accepted as a given that  
13 a reasonable worst-case scenario was going to unfold.  
14 It was our determination from the outset to do  
15 everything we could, and I think that is what prevention  
16 means in the pandemic context, to suppress it to the  
17 maximum.

18 The questions I think that are really important for  
19 us all to consider very, very frankly is: could or  
20 should we have done more to suppress to the maximum  
21 Covid? But speaking on behalf of the government I led  
22 at the time, it was never the case that we simply  
23 accepted there is a level of harm that is going to be  
24 done by this virus and we accept that. We were  
25 always -- in fact it became, later on, one of the points

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1 What I was seeking to address was this notion,  
2 either in the flu plan or later in Covid, that there was  
3 simply an acceptance of a level of consequence.  
4 I think, forgive me, I can't remember the precise text  
5 in the 2011 flu plan, but I think there is commentary in  
6 it that reasonable worst-case scenario are not  
7 necessarily things you accept, they don't take account  
8 of the countermeasures that you take to try to reduce  
9 that. So either in that plan or in the eventual  
10 handling of Covid, I -- speaking from my own  
11 perspective, it was not simply a, "Here's a level of  
12 consequence that we accept that we can't do anything  
13 about". I do think -- and this goes to your point about  
14 mass testing and contact tracing -- the question, very  
15 legitimate, is: could or should we have done more to put  
16 ourselves in the ability of suppressing?

17 It is also the case that I don't think for any  
18 responsible government it can ever, in a context like  
19 this, be either trying to suppress or dealing with the  
20 consequences. You have to do both. And that is  
21 a feature of the planning as well.

22 **Q.** I'm going to put that over to Module 2A, Ms Sturgeon.

23 **A.** Forgive me.

24 **Q.** But in relation, therefore, to the strategy, we appear  
25 to be agreed that the strategy, because it proclaimed

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1 of difference between the Scottish and the  
2 UK Government, the extent to which we were still seeking  
3 to suppress as opposed to live with the virus.

4 So I don't accept that there was ever, certainly in  
5 my mind, an acceptance of a level of harm that we were,  
6 you know, willing to have unfold.

7 **Q.** That was not, however, my question, Ms Sturgeon. My  
8 question revolved around the strategy and whether you  
9 accepted that one of the unintended consequences of that  
10 strategy was that it tended to focus administrative  
11 concentration on trying to deal with the consequences of  
12 a catastrophic emergency rather than preventing it in  
13 the first place.

14 For example, you've already acknowledged that the  
15 absence of thinking on the two main methods by which  
16 catastrophic consequences can be prevented, mass  
17 diagnostic testing and mass contact tracing, were wholly  
18 absent from this strategic debate?

19 **A.** So forgive me if you thought I wasn't answering your  
20 question, I was seeking to try to answer your question  
21 but I perhaps went on to Covid more than the flu plan.

22 I think one of your questions, which is reasonable,  
23 is the flu plan was looking at flu, and so some of what  
24 would have been in that plan had it been looking more  
25 widely was not there.

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1 its ability to be applicable to non-influenza  
2 pandemics -- whilst it proclaimed its ability to be  
3 flexible and applicable to non-influenza pandemics,  
4 simply did not provide the thinking or the tools  
5 necessary to be able to deal with them. I'm not asking  
6 you again about and I'm not seeking your answer in  
7 relation to how the Scottish Government did respond, and  
8 what its approach was once it was struck by the  
9 pandemic, but in terms of the strategising, the planning  
10 and the preparedness at an overarching level, that  
11 thinking and the development of the necessary tools was  
12 absent from the sole strategy document that was meant to  
13 be applicable?

14 **A.** I think that is fair, yes.

15 **Q.** Right.

16 **LADY HALLETT:** We're going to be breaking -- I'm sorry, we  
17 have to take a break every so often, Ms Sturgeon, for  
18 the stenographer.

19 Would that be a suitable point?

20 **MR KEITH:** Very suitable, thank you, my Lady.

21 **LADY HALLETT:** Right, I shall return at 11.30.

22 (11.12 am)

(A short break)

24 (11.30 am)

25 **MR KEITH:** So, Ms Sturgeon, having been harnessed to the

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1 2011 strategy, Scotland was of course aware that that  
2 strategy was required to be refreshed or updated, and  
3 you are aware, are you not, that one of the workstreams  
4 which was assigned to the Pandemic Flu Readiness Board  
5 in London and to the Pandemic Flu Preparedness Board in  
6 Edinburgh was the job of updating that strategy, and it  
7 never came to pass?

8 **A.** That's correct.

9 **Q.** You agree that the reason why it never came to pass was  
10 that it was one of the workstreams which was recognised  
11 to be necessary to be done and, because of the diversion  
12 of time, energy and resources to the necessary  
13 preparations for a no-deal EU exit, it happened to be  
14 one of the workstreams that was paused?

15 **A.** Yes, that is correct. The prospect of a no-deal Brexit  
16 and the work that was required across all of the  
17 United Kingdom Governments to plan for Yellowhammer  
18 assumptions meant that a significant amount of time,  
19 energy and resource was diverted into that, from a range  
20 of other matters, and that was certainly one of the  
21 workstreams that suffered from that.

22 We may come on to this, I won't go into detail right  
23 now, that is not to say there was not continued work in  
24 the Scottish Government to prepare for a pandemic,  
25 although, as we've already covered, much of that was in

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1 resources diverted from them.

2 The Scottish Cabinet discussed no-deal Brexit,  
3 Brexit generally and the potential for a no-deal Brexit  
4 on many different occasions. Brexit was obviously that  
5 was something happening completely against the will of  
6 the Scottish Government, so we were not at all happy  
7 about what they were having to do, but, to put it  
8 bluntly, we had no choice, because had a no-deal Brexit  
9 happened, and there were periods over 2019 where that  
10 was a distinct possibility, the consequences of that  
11 would have been very, very severe. The planning  
12 assumptions in Yellowhammer were grim, and extremely  
13 worrying.

14 So we had no alternative but to do that work to the  
15 best of our ability, and we have limited resources. All  
16 governments have limited resources. Within emergency  
17 planning we have, within that, limited specialisms and  
18 skills in particular areas. So it stands to reason  
19 that, with so much effort on that, there was going to be  
20 less resource available for other aspects of emergency  
21 planning.

22 **Q.** But resources were re-diverted from a number of  
23 different parts of the Scottish Government. It wasn't,  
24 I imagine, that resources were only re-diverted from  
25 civil contingency planning?

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1 the context of a flu pandemic.

2 **Q.** As you've rightly acknowledged, and as your then  
3 Director of Safer Communities, Gillian Russell, accepts  
4 in her witness statement, a very significant amount of  
5 emergency planning time was spent on planning for  
6 a no-deal EU exit, and therefore something had to give,  
7 and one of the things that had to give was some of the  
8 work that was meant to be done for emergency planning.

9 May we ask you: to what extent was that difficult  
10 decision, the diversion of resources, debated at Cabinet  
11 level? It's apparent from a large number of  
12 documentation that the necessary diversion was  
13 ventilated at an administrative level, was acknowledged  
14 and accepted, and officials just had to get on with the  
15 job in hand with the resources that they had. But to  
16 what extent was that brought to your attention for the  
17 ultimate decision as to whether or not that diversion of  
18 resources away from emergency planning was appropriate?

19 **A.** So I was very aware of the necessity to divert resources  
20 from other priorities to plan for and look at the  
21 potential for a no-deal Brexit. It wasn't the case, to  
22 the best of my memory, that somebody came to me and  
23 said, "We need to divert resources from pandemic  
24 preparedness to this", but I would have known that there  
25 were many other aspects of emergency planning that had

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1 **A.** No.

2 **Q.** You had to find the resource and the time and the energy  
3 from somewhere in order to be able to do the necessary  
4 preparations for a no-deal exit?

5 **A.** There was probably not, and forgive me if I'm slightly  
6 oversimplifying this here, but there would not be many  
7 if any areas of Scottish Government work that were not  
8 impacted by the planning for a -- for Brexit generally  
9 and a no-deal Brexit. So, in health, other than in  
10 emergency planning, a lot of resource and energy looking  
11 at some of the supply chain distributions, the  
12 consequences for the health service staff of ending free  
13 movement across the European Union, and education,  
14 obviously, with universities around the education  
15 programme, so every part of our work was impacted by  
16 this and it was a matter of deep and extreme regret and  
17 frustration for us at the time.

18 **Q.** The risk of a pandemic influenza was a Tier 1 risk in  
19 the United Kingdom Government's risk register.  
20 Presumably it was no less great a risk in the Scottish  
21 risk register. It was identified as the greatest risk  
22 facing the nation in the plethora of risks which any  
23 nation faces.

24 So would you agree that the diversion of resource  
25 and money and time from that issue, that area of

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1 planning for the greatest risk which the country faced,  
2 the Tier 1 influenza pandemic risk, was ultimately  
3 a false economy, because although the consequences of  
4 a no-deal EU exit would have been extremely serious and  
5 had to be mitigated, the one area from which it really  
6 couldn't be said that resources should sensibly be drawn  
7 would be the no less significant area of pandemic  
8 preparedness?

9 **A.** I don't disagree with that. I think every aspect of  
10 Brexit has been false economy, if I can put it mildly,  
11 but that's another issue altogether.

12 **Q.** Ms Sturgeon, I'm so sorry, that is a witness box not  
13 a soapbox, and we cannot allow --

14 **A.** Indeed.

15 **Q.** -- the political debates of Brexit to be ventilated  
16 here.

17 **A.** With respect, I think you're asking me questions here  
18 that are very germane to the whole issue.

19 So, yes, I think it was deeply regrettable that  
20 resources had to be diverted from any other area of  
21 work, and in particular pandemic preparedness. I also,  
22 though, would repeat a point I made earlier on, that it  
23 was -- certainly from the Scottish Government  
24 perspective, it was not the case that all preparation  
25 around the potential for a pandemic stopped. I would

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1 need for perhaps a health forum across the  
2 United Kingdom in which there could be a proper informed  
3 debate at that level about pandemic preparedness, and  
4 also, of course, between the civil services of the  
5 devolved administrations. To what extent do you believe  
6 that the working relationships in relation to pandemic  
7 preparedness worked across the devolved administration  
8 in UK level?

9 **A.** I think they worked reasonably well in general terms.  
10 I think they remained too ad hoc, and didn't become, as  
11 the Hine review would have recommended, more embedded in  
12 a very systemic way. I know, and this was certainly  
13 true at the outset of Covid, the working relationship  
14 between the four CMOs was very good and very strong and  
15 Scotland's CMO at the time fed lots of information and  
16 thinking from those discussions into the decisions we  
17 were taking. Discussions and relationships between  
18 health ministers would vary, I think, from my  
19 perspective over the years. Often, as will sometimes be  
20 the case, depend on the individuals concerned, which is  
21 more of a feature when they are ad hoc arrangements  
22 rather than embedded.

23 Overall, though, I think, in the context of  
24 intergovernmental relations, work around -- in swine flu  
25 and from swine flu, leading up to the beginning of

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1 imagine you will ask me later in the session about  
2 Exercise Silver Swan.

3 **Q.** Yes.

4 **A.** That was one of the key elements of work in different  
5 work strands out of that, of course. So all of that was  
6 deeply serious. The point I'm making is that we had  
7 little alternative but to do that. The consequences of  
8 a no-deal Brexit compared to what we faced with Covid,  
9 of course, pale into insignificance, but at the time,  
10 looking at the Yellowhammer assumptions, had they come  
11 to pass they would have been severe. We were talking  
12 about availability of food and, you know, the shops and  
13 medicines for the National Health Service. So we had no  
14 choice but to do that planning. I deeply regret any  
15 implications that had for our emergency planning in  
16 other areas.

17 **Q.** Thank you, that's very clear.

18 Just turning now to the broad issue of the relations  
19 between Scotland and Westminster in terms of  
20 preparedness planning, many of the recommendations which  
21 had come out of the Hine review, to which you referred  
22 earlier, insofar as Scotland was concerned and the other  
23 devolved administrations, revolved around the need for  
24 a proper framework for communication, both at CMO level,  
25 the Chief Medical Officer level, and the DCMO level, the

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1 Covid, I think relatively speaking they worked well.

2 **Q.** Presumably an informal system of communication depends  
3 too much on personal inclination, personal relations and  
4 perhaps ministerial whim as to whether or not the  
5 meetings take place. Did you ever get to the point  
6 where you believed that there had to be a significant  
7 effort made to formalise those working relationships, or  
8 did it never get to that state?

9 **A.** I think it frequently gets to that stage in various  
10 discussions, and in this context, yes, I think it would  
11 be better if we had working relationships that were more  
12 systemised and embedded and that would then transcend  
13 different individuals.

14 That said, processes will not work, however embedded  
15 they are, if they don't have good faith and the right  
16 mindsets and attitudes behind them. So in terms of the  
17 working between the four nations in this context or  
18 indeed any context, it's a combination of all of these  
19 things that is required, but certainly more of  
20 an embedded structure that is then respected by all of  
21 the governments at play I think would be a step in the  
22 right direction.

23 **LADY HALLETT:** Ms Sturgeon, how do you get past -- I don't  
24 know if you heard Jeremy Hunt come out with a brutally  
25 frank answer, which was that when he was Secretary of

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1 State for Health here, for England, he found that party  
2 politics got in the way of the relationship between  
3 ministers for health in the various administrations?

4 **A.** So I think that can happen and I think it has happened.  
5 I also think it's possible to overstate the extent to  
6 which that happens.

7 In my experience, forgive me, just briefly to go  
8 back to swine flu, I, as Scottish Health Secretary at  
9 the start of swine flu, Alan Johnson was  
10 Health Secretary for England, then replaced by  
11 Andy Burnham, I had a very good working relationship  
12 with both of those, and different political perspectives  
13 at play there. So I think if the attitudes and the  
14 mindsets are correct, particularly in the context of  
15 a health emergency, political differences shouldn't get  
16 in the way, but of course that is going to depend from  
17 time to time on the different personalities involved.

18 And -- forgive me, I'm not going to stray off the  
19 topic here, but inevitably that will be influenced, it  
20 shouldn't be, but it will be influenced by the wider  
21 political context at the time, and perhaps Brexit has  
22 an impact there in terms of setting the overall tone for  
23 some of these intergovernmental relationships.

24 **MR KEITH:** You lent your considerable authority to a review  
25 of United Kingdom and national intergovernmental

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1 everybody around the table is there in the right spirit.  
2 **Q.** My Lady heard evidence from Oliver Dowden, the Deputy  
3 Prime Minister, about how both before but I think  
4 boosted by the national Resilience Framework and its  
5 publication by the United Kingdom Government in  
6 December 2022, there had been set up a UK resilience  
7 forum to discuss important issues relating to  
8 cross-United Kingdom resilience and civil contingency  
9 arrangements. The Scottish Government attended the  
10 first UK Resilience Forum, as did UK ministers, on  
11 14 July 2021, but the Scottish Government was absent,  
12 it's listed as an absent participant, in May 2022 and  
13 February 2023. So it missed -- it has simply not  
14 attended two of the three UK Resilience Forum meetings.  
15 Do you happen to know why that is so?

16 **A.** I don't know for certain that it is the case,  
17 I appreciate you're -- but I understand there may be  
18 some dubiety about whether we were in fact present on  
19 one of these occasions, but that's not something I can  
20 answer for you with certainty --

21 **Q.** Well, you were present on the first meeting --

22 **A.** The Scottish Government was present, I personally wasn't  
23 present. I understand from my own colleagues that there  
24 is some uncertainty as to whether we were present at the  
25 second one or not. I know the minutes suggest that we

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1 relations, did you not?

2 **A.** Yes.

3 **Q.** Post-Covid, there is now a structure which provides,  
4 I think, for a devolved governments council, for  
5 interministerial groups to meet. I think there is  
6 an interministerial standing committee, or some sort of  
7 committee, and a secretariat, intergovernmental relation  
8 secretariat.

9 Do you know whether or not that committee structure  
10 has borne fruit yet? Is it something which, as  
11 First Minister, you attended whilst you were in office?

12 **A.** Those new arrangements are very much in their infancy  
13 and were even more in their infancy while I was still  
14 First Minister, so I think in many respects it remains  
15 to be seen the extent to which they improve the overall  
16 working relationship.

17 I come back to a point I made earlier. I think  
18 systems and processes are really important, but they  
19 will only work if all of the parties participating in  
20 them participate in the right spirit and attitude, and  
21 that, in intergovernmental relations, is often where it  
22 breaks down, and I've been, as First Minister and for  
23 years before that as Deputy First Minister, involved in  
24 a range of different iterations, joint ministerial  
25 councils, these new arrangements, and they will work if

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1 weren't, but that's not an issue I can resolve for you  
2 right now.

3 That resilience forum I think is an important  
4 opportunity for the four nations to come together. Its  
5 remit, although again it's a forum in its relatively  
6 early stages, seems to be similar to, perhaps not  
7 identical to the Scottish Resilience Partnership, which  
8 is also a strategic overview. So certainly the ability  
9 to have a four nations forum that our own operations can  
10 feed into is certainly a useful one. I cannot answer  
11 why the Scottish Government -- I can get that  
12 information for you, I cannot answer here why we weren't  
13 present, if indeed we weren't present, but that is  
14 something I would certainly encourage ministers now to  
15 take part in.

16 **Q.** Thank you.

17 The minutes, I should say, for both  
18 3 May 2022 and '23 do state in terms that the  
19 Scottish Government was wholly absent.

20 **A.** Can I say, I wasn't questioning that particular point.

21 **Q.** All right.

22 Now, the exercises, Silver Swan, Cygnus and Iris.  
23 The Exercise Cygnus exercise was a United Kingdom  
24 exercise delivered by Public Health England. It wasn't,  
25 therefore, focused centrally on Scotland. Scotland

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1 played an important part and attended it, and members of  
 2 the Scottish Government were present during the exercise  
 3 itself.  
 4 Do you recall, whilst First Minister, debate about  
 5 the extent to which the recommendations from  
 6 Exercise Cygnus had been implemented? There is  
 7 evidence, I should say, before my Lady that on  
 8 a UK level many of the recommendations were by the time  
 9 of Covid not implemented wholly. Some were in part  
 10 implemented, some were not implemented at all, some were  
 11 complete.  
 12 What was the position with Scotland?  
 13 **A.** As I understand it -- so the first part of your  
 14 question, would I have had an awareness, I would have  
 15 had a general awareness of exercises and the  
 16 Scottish Government working to implement recommendations  
 17 that were relevant to us. I wouldn't have been closely  
 18 involved on a day-to-day basis with that in detail. My  
 19 understanding is that of the, I think,  
 20 22 recommendations out of Exercise Cygnus, the  
 21 Scottish Government assessed all of them for their  
 22 applicability or relevance to Scotland --  
 23 **Q.** Yes.  
 24 **A.** -- and I believe at the time Covid struck us there were  
 25 14 of those complete and eight outstanding. Some of

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1 **Q.** In March of 2018. Was that the exercise that was  
 2 concerned with an assumed outbreak of MERS?  
 3 **A.** Yes.  
 4 **Q.** What, Ms Sturgeon, was the outcome of that exercise in  
 5 terms of the implementation of recommendations?  
 6 **A.** That was very much ongoing at the time Covid struck.  
 7 Obviously that exercise was the latest of the three that  
 8 we're referring to right now, I think took place in  
 9 2018. There were, I think -- of the 13 recommendations  
 10 in it, there were four that had been completed,  
 11 a number, two I think, that were ongoing, and then some  
 12 others were paused when Covid came along, for -- when we  
 13 look at some of them, for understandable reasons,  
 14 because the system was dealing with a real pandemic at  
 15 that time and it would not have made sense to go  
 16 forwards in a separate track with the recommendations  
 17 from Iris. But Iris, partly because of when it  
 18 happened, is the one where, at the outset of Covid,  
 19 there were most of the recommendations still  
 20 outstanding. Or more than in the other exercises.  
 21 **Q.** I think it's fair to say, Ms Sturgeon, that there were  
 22 no single workstreams which were of great importance  
 23 which were wholly uncompleted. So although there were,  
 24 I think, three areas where work had not been completed,  
 25 other aspects of those workstreams had been completed.

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1 those would have been for the UK Government to take the  
 2 lead on. I believe one on social care was paused by  
 3 the UK Government due to Brexit, something we've already  
 4 discussed. There was another around pandemic guidance  
 5 that the UK Government was to take the lead on, but that  
 6 hadn't been progressed.  
 7 I think the other point I would make about this is,  
 8 and in relation to both those recommendations that I've  
 9 mentioned, there would have been analogous  
 10 recommendations in Silver Swan that Scotland was  
 11 pursuing. So, on --  
 12 **Q.** Yes.  
 13 **A.** -- social care there was a recommendation there about  
 14 social care contracts, business continuity, that we had  
 15 considered complete, and in terms of pandemic guidance,  
 16 with one exception -- which was updated guidance for  
 17 health and social care that had been out for  
 18 consultation at the end of 2019, but other than that --  
 19 the recommendations in Silver Swan for updating guidance  
 20 had been taken forward.  
 21 **Q.** In relation to Exercise Iris, that was a one-day  
 22 exercise, was that a tabletop exercise?  
 23 **A.** Yes, it was.  
 24 **Q.** That was a Scottish exercise?  
 25 **A.** Yes.

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1 **A.** Are you still referring to Exercise Iris?  
 2 **Q.** Yes.  
 3 **A.** Yes.  
 4 **Q.** So in relation to, I think, updating guidance in  
 5 relation to MERS CoV, which obviously is not of great  
 6 significance, perhaps, in terms of dealing with Covid,  
 7 certain work to do with readying NHS boards to deal with  
 8 the potential impact of contact tracing and community  
 9 sampling during an HCID outbreak, and also finishing off  
 10 the fit testing for particular types of PPE; were those  
 11 the broad areas that were still outstanding?  
 12 **A.** Yes, that is correct, and some of the PPE  
 13 recommendations around fit testing initially came from  
 14 Silver Swan, but there were similar recommendations out  
 15 of Exercise Iris as well.  
 16 **Q.** Coming back to Silver Swan, which I acknowledge was  
 17 before Iris, but the reason I'm coming to that last is  
 18 for the importance of one of the workstreams which came  
 19 out of Silver Swan, the -- I think of the  
 20 17 recommendations, 13 were considered by the  
 21 Scottish Government to be complete, but an important  
 22 area was pandemic guidance for the health and social  
 23 care sector. Was that ever completed, even though  
 24 Silver Swan was in 2015?  
 25 **A.** The specific guidance for health and social care had not

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1 been completed, it was out for consultation at the end  
 2 of 2019, and therefore hadn't been finalised and  
 3 signed off. The recommendation in Exercise Silver Swan  
 4 around pandemic guidance, though, incorporated more than  
 5 that one piece of guidance, and all of the other aspects  
 6 that we took forward had been completed. So NHS  
 7 standards for organisational resilience had been  
 8 published and reviewed. Guidance on dealing with mass  
 9 fatalities, guidance on death certification, pandemic  
 10 flu guidance for infection prevention and control and  
 11 pandemic flu communications guidance, these other bits  
 12 of guidance had been completed. The one outstanding  
 13 part was the response and guidance documentation for  
 14 health and social care, which was still at the  
 15 consultative stage.

16 **Q.** Yes. That was an important part of Silver Swan. It  
 17 wasn't complete by the time of Iris, and it wasn't  
 18 complete by the time of Covid four years later?

19 **A.** That's correct.

20 **Q.** All right. Is that primarily why the Auditor General of  
 21 Scotland reported in February 2021, in the report *NHS in*  
 22 *Scotland 2020*, to the effect that the  
 23 Scottish Government could have been better prepared to  
 24 respond to the Covid-19 pandemic, it based its initial  
 25 response on the 2011 strategy, which we've debated, but

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1 outstanding. Has that guidance now been published, do  
 2 you know?

3 **A.** I do not believe that has yet been published, but,  
 4 you'll forgive me, I've not been in the  
 5 Scottish Government for three months now, and I think  
 6 the Audit Scotland report reflected this, there is  
 7 a real importance in ensuring that that guidance which  
 8 had been out for consultation before Covid fully  
 9 reflects the learning from Covid.

10 **Q.** But, Ms Sturgeon, that report was issued in  
 11 February 2021, you ceased being First Minister on  
 12 28 March of this year; during that elapse of two years  
 13 while you were First Minister, was that national  
 14 guidance for the health and social care sector  
 15 published?

16 **A.** No. I -- again, I can only give an opinion here.  
 17 I think, from my experience, to have published guidance  
 18 without properly assessing some of the lessons -- we  
 19 also commissioned and established a Standing Committee  
 20 on Pandemic Preparedness, and I think it is important --  
 21 the health service in Scotland, as I'm sure is the case  
 22 in the other nations of the UK, has lots of guidance  
 23 that it operates within and that it takes cognisance of.  
 24 In terms of pandemic guidance, I think it is really  
 25 important that there is a proper fulsome exercise to

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1 did not fully implement improvements identified during  
 2 subsequent pandemic preparedness exercises, it was that  
 3 issue of the failure to complete the work done in the  
 4 adult social care sector that led to that conclusion?

5 **A.** I wouldn't want to speak for the Auditor General, in  
 6 saying what led to those conclusions. I would say my  
 7 view would be that that would be part of it. I think --  
 8 I know there were other issues raised in the  
 9 Audit Scotland report that you refer to around PPE, PPE  
 10 availability and distribution, so I wouldn't -- I'm not  
 11 sure I would agree that was the only issue that led to  
 12 those conclusions but certainly it would have been one  
 13 of them. Perhaps for completeness I should say that  
 14 that Audit Scotland report also did comment that the  
 15 Scottish Government responded quickly to Covid when it  
 16 confronted us.

17 **Q.** Ms Sturgeon, that of course is an issue of response,  
 18 which you and I are both aware we're not addressing,  
 19 we're dealing with preparedness.

20 I may have been a little unfair because paragraph 46  
 21 of that same report concludes:

22 "As a priority, the Scottish Government should  
 23 update and publish national pandemic guidance for health  
 24 and social care."

25 From which we deduce that that was the area that was

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1 incorporate the granular as well as some of the  
 2 strategic learning from the Covid pandemic.

3 **Q.** To conclude, the reference to which you've just made,  
 4 about a standing committee, is that the Standing  
 5 Committee on Pandemic Preparedness, which is a permanent  
 6 advisory group which you commissioned -- it now sits  
 7 permanently comprising scientists, experts, the CMO, the  
 8 deputy CMO and others -- to make recommendations for the  
 9 better promotion of pandemic preparedness in Scotland?

10 **A.** Yes.

11 **Q.** Has that committee already issued an interim report,  
 12 I think it did so in August last year, making  
 13 recommendations about various aspects of pandemic  
 14 preparedness?

15 **A.** It issued an interim report that I responded to while  
 16 I was still First Minister. I think it made three  
 17 interim recommendations: one proposing a Centre for  
 18 Pandemic Preparedness; another relating to the data and  
 19 analytics infrastructure that we have and, in its view,  
 20 should develop in Scotland; and a third around how we  
 21 build and strengthen scientific advisory networks both  
 22 within Scotland and across the UK and link into  
 23 international organisations as well.

24 It is due in coming months to publish a more  
 25 substantive report with longer term recommendations, as

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1 I understand it.

2 **Q.** There was a fourth: continued innovation in the sciences  
3 and public health research field?

4 **A.** Forgive me, that was the third one that I was referring  
5 to. Forgive me if that was the fourth and I've missed  
6 the third one.

7 **MR KEITH:** That's all right.

8 Ms Sturgeon, thank you very much.

9 My Lady, would you give me one moment?

10 **LADY HALLETT:** I think I've given provisional permission to  
11 Scottish Covid Bereaved to ask a question.

12 **MR KEITH:** My Lady has.

13 **LADY HALLETT:** I confirm permission is granted.  
14 Mr Anwar.

15 **Questions from MR ANWAR**

16 **MR ANWAR:** Good afternoon, Ms Sturgeon. I have a handful of  
17 questions left to ask on behalf of the Scottish Covid  
18 Bereaved.

19 In your evidence earlier you readily accepted there  
20 was a gap in terms of the pandemic you were ultimately  
21 dealing with, but that did not mean the plan had no  
22 utility at all.

23 So I'm going to refer you to the joint expert report  
24 that was provided -- prepared for this Inquiry on health  
25 inequalities for Module 1 by Professor Sir

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1 Again, I won't repeat it, I think some of this is  
2 narrated in the expert report that you're quoting to me,  
3 the work that the Scottish Government had done starting,  
4 again when I was Health Secretary, around the  
5 *Equally Well* work culminating, in April 2020, in the  
6 establishment of Public Health Scotland, which is  
7 actually, in an organisational sense, one of the  
8 initiatives intended to build that systemic and  
9 comprehensive approach to, in particular, health  
10 inequalities into our planning work.

11 **Q.** Thank you.

12 The second question is: to what extent, if any, did  
13 the Scottish Government carry out an equalities and  
14 human rights assessment of its pandemic preparedness  
15 plans?

16 **A.** If I can answer in summary there, and offer to seek more  
17 information to be provided, because it is a question  
18 that would involve looking at lots of different aspects  
19 of planning.

20 The Scottish Government does and will have carried  
21 out different impact assessments of different aspects of  
22 our planning, both in preparedness and then as we went  
23 into the response phase to Covid. I don't have all of  
24 the detail of that in front of me right now, but I can,  
25 through those in the Scottish Government, seek to have

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1 Michael Marmot and Professor Clare Bambra.

2 I refer you specifically to INQ000195843, page 0064,  
3 paragraph 149.

4 I'm not going to take you through it, but to  
5 summarise, he concluded that:

6 "... with some exceptions, the specialist structures  
7 concerned with the risk management and civil emergency  
8 planning did not properly consider societal, economic  
9 and health impacts in light of pre-existing  
10 inequalities. The UK Government and the devolved  
11 administrations and relevant public health bodies did  
12 not systematically or comprehensively assess  
13 pre-existing social and economic inequalities and the  
14 vulnerabilities of different groups during a pandemic in  
15 their planning or risk assessment processes."

16 So, Ms Sturgeon, the question is, do you accept that  
17 this analysis would also apply to the  
18 Scottish Government in their pandemic planning?

19 **A.** In broad terms, yes, I would. I don't think that we  
20 sufficiently, to use the terms there, "systematically or  
21 comprehensively" assessed social, economic health  
22 inequalities and, therefore, how we dealt with it in the  
23 context of a pandemic, so I think I would accept that.

24 Again, I don't think it is right to go from there to  
25 say there was no planning and no thought given to that.

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1 that provided if that is helpful.

2 **Q.** Thank you, that would be helpful, and we would be  
3 seeking that information, asking the Inquiry to seek  
4 that information.

5 The third question, Ms Sturgeon, is to what extent,  
6 if any, were those plans assessed as to how they would  
7 affect the various protected characteristics, in terms  
8 of the Equality Act 2010, for example age, disability,  
9 maternity, race, religion, sex and sexual orientation,  
10 amongst others?

11 **A.** Again, apologies if I'm repeating myself, that would  
12 have been part of impact assessments that would be  
13 carried out routinely on Scottish Government work and  
14 planning. Again, I will have to get you more detail of  
15 that in terms of the sort of granular information.

16 Again, I am moving into the response phase here, but you  
17 will be aware, I'm sure, one of the things we did early  
18 on in the response phase was to set up an expert group  
19 on ethnic minority inequalities in order that, as we  
20 went through the response phase, we could make sure that  
21 we were adapting appropriately there.

22 But in terms of the detail of the impact assessments  
23 and protected characteristic assessments, as I say,  
24 I will seek, if the Inquiry would find it helpful, to  
25 have more information passed to it.

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1 **MR ANWAR:** That would be helpful. Those are the answers to  
2 my questions. Thank you, Ms Sturgeon.  
3 **LADY HALLETT:** Thank you very much, Mr Anwar.  
4 It would be helpful if you could provide that  
5 information, Ms Sturgeon.  
6 Can I just check, were you saying that it is your  
7 understanding that impact assessments routinely included  
8 consideration of protected characteristics?  
9 **A.** I -- forgive me, my Lady, I wouldn't want to leave you  
10 with that -- I'm not sure that that would not be  
11 an overstatement, so, again, I think the information I'm  
12 offering to have provided through the offices of the  
13 Scottish Government would answer that question for you.  
14 Certainly that would be involved in impact  
15 assessments, but I wouldn't want to attach more  
16 relevance to the word "routinely" than I feel confident  
17 to give you right now.  
18 **LADY HALLETT:** Thank you very much.  
19 **MR KEITH:** My Lady, rather than setting too great a hare  
20 running, it may help Mr Anwar if my Lady recalls for him  
21 that the evidence of Ms Lamb yesterday included  
22 a section dealing with the consideration by Scotland of  
23 health inequalities, and my Lady will recall that there  
24 was -- in the course of evidence she referred to the  
25 Auditor General for Scotland's report on health

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1 you on 5 May of this year, and it's true to the best of  
2 your knowledge and belief?  
3 **A.** That is the case, yes.  
4 **MS BLACKWELL:** Thank you very much.  
5 May we have permission to publish?  
6 **LADY HALLETT:** Certainly.  
7 **MS BLACKWELL:** Thank you, my Lady.  
8 We can take that down.  
9 Mr Swinney, you held the position of Deputy First  
10 Minister in the Scottish Government from November of  
11 2014 until March of this year; is that right?  
12 **A.** That is correct, yes.  
13 **Q.** You began your political career as a Westminster MP for  
14 the North Tayside constituency from May of 1997, and you  
15 were then a member of the Scottish Parliament, first for  
16 North Tayside constituency from 1999 to 2011, and then  
17 for the Perthshire North constituency from 2011?  
18 **A.** That is all correct, yes.  
19 **Q.** You also held the roles of Cabinet Secretary for Finance  
20 and Sustainable Growth in the Scottish Government from  
21 May 2007 to May 2016, Cabinet Secretary for Education  
22 and Skills from May 2016 to May 2021, and  
23 Cabinet Secretary for Covid Recovery from May 2021 to  
24 March 2023. Is that all correct?  
25 **A.** That is all correct, yes.

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1 inequalities in 2012; *Equally Well*, 2013; the NHS Health  
2 Scotland's *Health Inequalities Policy Review*, 2013; and  
3 then five public health reports between 2013 and 2022,  
4 which therefore provide the basis, along with the public  
5 sector equality duty and the Equality Act 2010 for the  
6 consideration of health inequalities.  
7 **LADY HALLETT:** Thank you.  
8 Thank you very much indeed, Ms Sturgeon, that's all  
9 for today.  
10 **THE WITNESS:** Thank you.  
11 **LADY HALLETT:** The next time we meet I suspect will be in  
12 Scotland. Thank you.  
13 **THE WITNESS:** Thank you.  
14 **(The witness withdrew)**  
15 **LADY HALLETT:** Ms Blackwell.  
16 **MS BLACKWELL:** Thank you, my Lady, the next witness is  
17 John Swinney.  
18 **MR JOHN SWINNEY (affirmed)**  
19 **Questions from COUNSEL TO THE INQUIRY**  
20 **MS BLACKWELL:** Mr Swinney, may I begin by thanking you for  
21 the assistance that you've so far given to the Inquiry.  
22 You have provided a witness statement, which we can see  
23 at INQ000185352.  
24 Thank you. Can we go to page 15, please.  
25 Can you confirm, Mr Swinney, that that was signed by

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1 **Q.** Thank you.  
2 I'd like to begin by asking you, please, about your  
3 ministerial responsibility for resilience, because as  
4 Deputy First Minister over the nine-year period, that  
5 was very much part of your portfolio, wasn't it?  
6 **A.** That's correct, yes.  
7 **Q.** What was the scope of ministerial resilience?  
8 **A.** Before I answer the question, would it be possible,  
9 my Lady, for me perhaps just to express at the outset of  
10 my evidence my sympathy to everyone affected by Covid  
11 and for the suffering that has been experienced, and  
12 also my appreciation to members of the public and our  
13 public service personnel who have done so much, along  
14 with colleagues in the private and third sectors, to  
15 sustain recovery.  
16 In relation to the question, my responsibility for  
17 resilience was held essentially as an ultimate point of  
18 responsibility, I considered myself to be, in the  
19 government, responsible for resilience matters,  
20 accountable to the First Minister, and it was my role to  
21 make sure that Scotland had in place effective  
22 resilience arrangements.  
23 Now, that didn't mean that I did everything, because  
24 in one of the introductions to the Scottish Risk  
25 Assessment, for example, I make the point that

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1 resilience has got to be everybody's business, so all  
 2 aspects of government have to think through what are the  
 3 resilience risks that are faced in their area of  
 4 responsibility, but it was my responsibility to make  
 5 sure that all of that was in as strong a position as it  
 6 could be for any eventuality that we had to face.

7 **Q.** Given that this was but one portfolio of many that you  
 8 would have had your eyes across in the role of Deputy  
 9 First Minister, do you feel that you had sufficient time  
 10 to be able to devote to the subject of resilience?

11 **A.** Life was always pretty hectic, to be honest, in all of  
 12 the ministerial responsibilities that I carried out, but  
 13 I did feel I had adequate opportunity to provide the  
 14 strategic leadership to resilience issues that were  
 15 required. But I stress that wasn't a responsibility  
 16 that meant I had to do everything. I was providing the  
 17 direction, the strategy, the approach to be taken, but  
 18 obviously motivating colleagues and all the relevant  
 19 aspects of the Scottish government and our partners  
 20 around the country to make sure that they were preparing  
 21 properly.

22 **Q.** Right. The reason that I ask you that question is, and  
 23 you may be aware, that the Inquiry has heard from  
 24 Sir Oliver Letwin who gave evidence to my Lady that  
 25 there would be a benefit, in his view, of the

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1 Now, the role of this particular committee was to  
 2 give ministerial oversights to strategic policy and  
 3 guidance in the context of resilience in Scotland; is  
 4 that right?

5 **A.** That's correct, yes.

6 **Q.** This committee met in preparation for emergency response  
 7 and in order to keep abreast of matters related to  
 8 promoting and improving civil protection and also  
 9 preparing for special contingencies such as pandemic  
 10 influenza. It was set up some considerable time ago,  
 11 and indeed the last recorded meeting of it took place on  
 12 14 April 2010.

13 Now, I want to go to those meeting notes, please.

14 Which are at INQ000102935, thank you.

15 We can see the date there and present are yourself  
 16 and also Nicola Sturgeon, and if we scroll down, please,  
 17 we can also see others present, some of whose names have  
 18 been redacted.

19 Let's go, please, to page 7, and I'd like to look at  
 20 paragraphs 11 and 12.

21 Now, of course, if we remind ourselves that 2010 was  
 22 just after we had suffered the swine flu outbreak, we  
 23 can see at paragraph 11:

24 "[Somebody present] introduced [a] paper ... which  
 25 analysed the implications of the lessons identified from

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1 UK Government having a senior Cabinet-level minister  
 2 solely devoted full-time to a resilience portfolio. Do  
 3 you think that that is necessary within  
 4 Scottish Government?

5 **A.** I think it's a reasonable proposition, and one that is  
 6 worthy of consideration, because I think we are -- if  
 7 I look back on my ministerial career, I spent 16 years  
 8 as a minister, and I dealt with quite a number of  
 9 resilience incidents across a whole range of different  
 10 responsibilities and sectors. So -- and as I look at  
 11 some of the factors that are now affecting society,  
 12 issues around about the climate, for example, I only  
 13 think that resilience issues are going to become ever  
 14 more significant and prescient.

15 Looking at some of the evidence that my Lady has  
 16 heard in relation to the scenarios that can be faced as  
 17 the world changes, you know, as the population rises, as  
 18 climate change has its effect, there may well be  
 19 a strong argument for the proposition that  
 20 Sir Oliver Letwin has put forward.

21 **Q.** I want to now ask you about a series of bodies and  
 22 committees that were set up either just before or during  
 23 your time in office, and I want to begin with the  
 24 Cabinet Sub-Committee on Scottish Government Resilience,  
 25 also known as CSC-SGoR, I think.

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1 the recent emergencies for the Scottish Government's  
 2 role in co-ordinating national emergency responses. He  
 3 said that the requirement for SGoRR to be activated had  
 4 greatly increased over the last 3 years, which included  
 5 activation for the fuel shortages in 2008, the flu  
 6 pandemic [that's the swine flu pandemic] and  
 7 an increasing number of weather related incidents.  
 8 Scottish Resilience would shortly undertake  
 9 a significant review of SGoRR's capacity and its  
 10 capability to support enhanced national decision making  
 11 in the light of the lessons learned and this would  
 12 include options for improvements in accommodation, IT,  
 13 training, and staffing."

14 Could we scroll down, please.

15 "12. He said that the lessons learned would also  
 16 provide an opportunity to develop SGoRR as a national  
 17 emergency information analysis and decision-making hub,  
 18 which was in line with the shared services agenda and  
 19 National Performance Framework. It was planned to have  
 20 discussions with COSLA, ACPOS, and the Chief  
 21 Fire Officers' Association Scotland on the option of  
 22 co-locating mutual aid coordination centres for police,  
 23 fire and local authorities with SGoRR. Such  
 24 coordination would enable organisations to share  
 25 resources and allow for a more streamlined approach to

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1 the collection and analysis of information."  
 2 Thank you. We don't need to read in any further.  
 3 So this was a committee which, as of April 2010, not  
 4 only was active and had been activated because of the  
 5 national issues that had arisen, fuel shortages,  
 6 pandemic swine flu, and also issues with climate change,  
 7 but was also very much looking forward to providing  
 8 a level of service in terms of what was being  
 9 anticipated.

10 Do you agree that, as far as this meeting was  
 11 concerned, it very much looked as if the committee was  
 12 going to be busy?

13 **A.** Yes, and the work that flowed from that over a number of  
 14 years I think demonstrates exactly that point.

15 **Q.** So why was this the last occasion upon which this  
 16 committee met?

17 **A.** Essentially what -- the work that was all envisaged in  
 18 the paragraphs that have been read into the record was  
 19 all work that was then taken forward, but not with the  
 20 necessity of the supervision of that particular  
 21 committee.

22 We essentially developed structures which had --  
 23 which involved the creation of a Scottish Resilience  
 24 Partnership, which in a sense was living out the point  
 25 that I made in one of my earlier answers, which was that

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1 that these issues are very much at the forefront of  
 2 ministers' minds. I can say to my Lady and the Inquiry,  
 3 you know, these issues have kept me awake at night for  
 4 many, many years, on different questions, whether it's  
 5 about winter weather incidents or about the pandemic  
 6 flu. So they're very much issues that have been under  
 7 active management and handling by ministers, with active  
 8 engagement on a proactive basis to identify threats and  
 9 risks, because that's what led to the production of the  
 10 Scottish Risk Assessment for the first time in 2018,  
 11 which was to try to calibrate the risks that we might  
 12 face. But there may well be the need for a particular  
 13 forum to look periodically, formally, in a recorded  
 14 fashion, to take stock about where preparations happen  
 15 to be.

16 I think one of the reasons why we felt this  
 17 committee didn't need to meet was that -- if I go back  
 18 to the attendance list at that meeting that you cited  
 19 from 2010, that was -- all members of the Cabinet were  
 20 present there, apart from the then First Minister, so,  
 21 you know, we had Cabinet meeting on a weekly basis which  
 22 allowed us to conduct some of these issues as well.

23 **Q.** All right, thank you.

24 I next want to ask you about the Scottish Resilience  
 25 Partnership, which you've just mentioned. The first

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1 resilience had to be everybody's business. So we needed  
 2 to have a range of different organisations very much  
 3 engaged in the preparation of active resilience  
 4 functions, many of which are listed in those  
 5 paragraphs 11 and 12 that have been read.

6 So that work was taken forward through the Scottish  
 7 Resilience Partnership. There was direct ministerial  
 8 involvement in that. I would have attended a number of  
 9 Scottish Resilience Partnership meetings to provide the  
 10 strategic ministerial direction. And obviously, in the  
 11 course of a range of different other incidents, because  
 12 after 2010 we would have a number of other resilience  
 13 incidents in which we were actively involved, we would  
 14 essentially develop that work in practice.

15 **Q.** I understand your answer that the work was taken forward  
 16 by other bodies, but you will understand that the  
 17 UK Government had an equivalent committee called the  
 18 NSC(THRC), or the threats committee, that didn't meet in  
 19 person between 2013 and 2017, and then it didn't meet in  
 20 person thereafter. The Inquiry has heard that evidence  
 21 already. Do you think that there is value now in this  
 22 sort of committee being reconvened and regularly meeting  
 23 in order to ensure that these matters are kept very much  
 24 within the forefront of ministers' minds?

25 **A.** My first response is to say that I do genuinely feel

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1 issue is to make sure that I'm addressing it by its  
 2 correct title, because when I suggested yesterday to  
 3 Gillian Russell, who set up the committee, that it was  
 4 called the Scottish Resilience Partnership, she  
 5 corrected me and said it was called the Strategic  
 6 Resilience Partnership. Which is it, please,  
 7 Mr Swinney?

8 **A.** Well, at the risk of contradicting a civil servant, it  
 9 is, in my view, the Scottish Resilience Partnership, but  
 10 it has a strategic remit, if that perhaps helps to build  
 11 the bridge.

12 **Q.** Perhaps that's where the difficulty arose.

13 But in any event, this was set up during your time  
 14 in office?

15 **A.** Yeah.

16 **Q.** But it was restricted, wasn't it, to Category 1  
 17 responders? Do you think that that was, in hindsight,  
 18 perhaps too narrow a remit? Do you think it should have  
 19 been extended to other bodies beyond Category 1  
 20 responders?

21 **A.** I don't think so, but I wouldn't rule out the necessity  
 22 to look at this question. I think it's important to  
 23 look at who those Category 1 responders are. So around  
 24 the table of the Scottish Resilience Partnership would  
 25 be the leadership of Scotland's 32 local authorities,

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1 the Chief Constable of Police Scotland, the Chief Fire  
2 Officer of the Fire and Rescue Service, the  
3 chief executive of the Scottish Environment Protection  
4 Agency, the chief executive of the Scottish Ambulance  
5 Service, and there will be others that I haven't managed  
6 to remember off the top of my head.

7 So they would be representing a very broad  
8 cross-section of those who would have to deliver the  
9 resilience response, and, crucially, would have to make  
10 sure that appropriate preparations were being undertaken  
11 at a more local level, whether that was across the three  
12 regional resilience partnership areas in Scotland or the  
13 32 local resilience partnerships representing each of  
14 the local authority areas.

15 So that body had to consider what might future  
16 threats be, and they had to make sure that we were  
17 developing the processes and the infrastructure that  
18 would enable us to handle any such circumstance should  
19 an issue arise.

20 **Q.** How often were ministers involved in or in attendance at  
21 these meetings?

22 **A.** Quite frequently. I certainly remember being personally  
23 at a number of these resilience partnership meetings,  
24 and that was to essentially -- that attendance was to  
25 provide the direction of ministerial thinking.

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1 would be available, so, for example, there would be  
2 representatives from Scotland that would take part in  
3 organisations such as SAGE, for example --

4 **Q.** And NERVTAG?

5 **A.** And NERVTAG. And we would gather expert information and  
6 advice to inform our own thinking within Scotland. So  
7 I would cite that as an example of where we weren't  
8 trying to replicate what would be a very good and strong  
9 source of scientific advice and professional advice to  
10 government.

11 There would be co-operation around some aspects of  
12 procurement in relation to PPE, I think I recall. So --  
13 and then there would be other dialogue on a four nations  
14 basis where there really was no particular value in us  
15 undertaking a different and distinctive process.

16 **Q.** All right, well, we're going to come on and look at some  
17 of those. But whatever the political point that could  
18 be made about the devolved administrations and their  
19 connection and the strength of their connection to  
20 the United Kingdom Government, the truth is that  
21 pandemic planning was and ought to have been UK-wide as  
22 an effort, shouldn't it, with each nation performing  
23 a role in a collective endeavour to prepare for  
24 a pandemic?

25 **A.** I would say that, yes.

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1 So we would be considering -- I can remember  
2 contributing to those discussions around a range of  
3 issues, some of which would be about pandemic flu, some  
4 would be about winter weather, some would be about cyber  
5 security, for example, which would be, you know,  
6 a number of the very live and topical issues that we'd  
7 be discussing.

8 **Q.** In your witness statement to the Inquiry, you say at  
9 paragraph 9(sic):

10 "In the period running up to January 2020, the  
11 preparations for a pandemic were taken forward in  
12 Scotland as a combination of participation in the  
13 four nations activity across the UK and specific  
14 applications of this approach to the distinctive health  
15 and social care arrangements that reflected the devolved  
16 governance arrangements."

17 And that:

18 "13. The approach of the Scottish Government would  
19 best be summed up as a pragmatic way of co-operating on  
20 a four nations basis ..."

21 How do you say, Mr Swinney, that there was pragmatic  
22 co-operation between Scotland and the United Kingdom  
23 Government in terms of preparation?

24 **A.** I think there would be -- examples of that would be  
25 collaboration around some of the expert advice that

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1 **Q.** So I don't want to dwell upon it, because the Inquiry  
2 has heard evidence from several witnesses now about  
3 this, but I'm sure you will accept, Mr Swinney, that the  
4 UK influenza preparedness strategy of 2011 should have  
5 been updated prior to Covid hitting, but wasn't updated?

6 **A.** I've obviously heard that evidence, yes.

7 **Q.** Were you aware at the time when you were in office that  
8 there were plans afoot to update it but those plans in  
9 fact never came to fruition?

10 **A.** I wouldn't say I was specifically aware of that  
11 particular point, no.

12 **Q.** You are aware, though, that a Pandemic Flu Readiness  
13 Board was set up --

14 **A.** Yes.

15 **Q.** -- following the Exercise Cygnus recommendations, and  
16 one of the aspects of work for that board was to update  
17 this strategy. That work was eventually paused because  
18 of preparations for a no-deal EU exit.

19 Is it a source of regret for you, Mr Swinney, that  
20 on your watch that preparedness strategy was not  
21 updated?

22 **A.** Obviously I would, in all circumstances, prefer to be  
23 able to achieve all of the commitments that were given  
24 to update material and to prepare accordingly. I think  
25 there's very strong evidence of pandemic preparations in

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1 the strategies that were taken forward and in the work  
2 that was undertaken particularly within the health team  
3 within the Scottish Government that led on pandemic  
4 preparation for that to be the case. But there's  
5 obviously aspects of work which have suffered as  
6 a consequence of what are the -- in my experience, the  
7 inevitable congestion of multiple priorities that can  
8 often exist. And as the Inquiry will have heard, the  
9 preparations for a no-deal Brexit were a very real  
10 threat which had to be addressed and, as a consequence,  
11 some aspects of the work that was necessary to be  
12 undertaken for other areas of activity were not able to  
13 be completed.

14 **Q.** Can I suggest, in addition to that, though, there  
15 appears to have been a sluggishness within the  
16 Scottish Government to implement aspects of not only the  
17 Exercise Cygnus recommendations but also those that had  
18 come from Exercise Silver Swan in 2016 and Exercise Iris  
19 in 2018? Because yesterday, during the evidence of  
20 Gillian Russell, we looked at some of the minutes from  
21 the Pandemic Flu Readiness Board from June of 2019, and  
22 some of the comments within those minutes expressed  
23 a surprise at how slow matters were progressing.

24 In addition to that, we have heard this morning from  
25 Nicola Sturgeon that so far as guidance for health and

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1 **Q.** No update within seven years to that guidance.  
2 **A.** But there would be other work that would be undertaken  
3 through the successive exercises between Silver Swan,  
4 Cygnus and Iris, which would be helping with the  
5 learning in different organisations as those exercises  
6 took their course and as professionals saw the sequence  
7 of events that were being under -- that were unfolding.

8 So there was a source of information to assist in  
9 the strengthening of guidance, but the final material  
10 was available for consultation around about the time  
11 when the Covid pandemic struck.

12 **Q.** All right.

13 It doesn't give the impression that those  
14 recommendations were being speedily addressed, does it?

15 **A.** There's a lot of work been undertaken, but I think what  
16 I would have to concede is that there are multiple  
17 priorities that are difficult to wrestle with, within  
18 government, and I've -- I don't want to labour the  
19 point, but other events come along that unfortunately  
20 slow things up, and no-deal Brexit is one example, there  
21 would be other incidents that would happen, there would  
22 be other events that would happen in the sequence of  
23 events, that perhaps would mean that all the timetables  
24 we wanted to complete were not able to be completed as  
25 we would wish.

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1 social care is concerned, there was a recommendation for  
2 that to be updated as far back as the  
3 Exercise Silver Swan report in 2016, and she has  
4 confirmed to the Inquiry this morning that when she left  
5 office in March of this year that had still not been  
6 implemented. So that is guidance and recommendations  
7 from several years ago.

8 Do you agree that that demonstrates an alarming  
9 sluggishness for the implementation of what are  
10 important recommendations?

11 **A.** I think that there is a significant amount of guidance  
12 available in relation to the preparation for and the  
13 handling of a pandemic, and that guidance would be  
14 shared with health boards who would carry the  
15 responsibility for many of the actions that would be  
16 envisaged in such a plan.

17 The question -- so there would be an element of  
18 guidance that would be available. There was perhaps  
19 a -- well, there is a requirement from the commitments  
20 given here for that to be strengthened and advanced.

21 So it wasn't that no guidance was available, it's  
22 that perhaps updates were not provided in a timeous  
23 period for that, so --

24 **Q.** Seven years.

25 **A.** Yes, but --

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1 **Q.** From your perspective, Mr Swinney, what was the impetus  
2 and purpose behind a Scottish Risk Assessment being  
3 implemented?

4 **A.** I would say its purpose was to take the learning that we  
5 had from the UK-wide risk assessment and to ensure that  
6 it was tailored in any way that was appropriate for it  
7 to be tailored to the specific circumstances within  
8 Scotland.

9 Now, that would be more relevant on some of the  
10 challenges we would face in relation to winter weather,  
11 for example, which would be perhaps a more acute  
12 challenge for us than other parts of the United Kingdom.  
13 But its purpose and its objective was to be  
14 complementary to the United Kingdom National Risk  
15 Assessment.

16 **Q.** All right.

17 Can we put up, please, the Scottish Risk Assessment  
18 for 2018. It's at INQ000102940. Thank you.

19 If we look to page 3 -- thank you -- we can see your  
20 smiling face there, Mr Swinney, together with, if we  
21 look on the right-hand column, your personal feelings  
22 about the implementation of this assessment:

23 "I feel very strongly that resilience is everyone's  
24 business. Our combined efforts to protect our society  
25 are the test of our resilience; the ongoing safety and

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1 security of our communities is the measure of our  
 2 success. Building a shared understanding of the risks  
 3 we face in Scotland is vital if we are to do this  
 4 successfully."  
 5 Does that accurately depict how you felt at the time  
 6 that this was implemented?  
 7 **A.** Yes, it does.  
 8 **Q.** Thank you.  
 9 I don't want to again cover evidence that  
 10 the Inquiry has already heard, but you will I think  
 11 agree, Mr Swinney, that so far as risk assessments are  
 12 concerned, there is a risk assessment for pandemic  
 13 influenza and there are risk assessments for  
 14 high-consequence infectious diseases, but nothing in  
 15 between, and the evidence that the Inquiry has heard is  
 16 that consideration should be given to multiple scenarios  
 17 or a spectrum of risks and that, going forwards, the  
 18 risk assessments both nationally and also within the  
 19 devolved administrations should concentrate on a much  
 20 wider variety of what those risks should be?  
 21 **A.** I think that's a reasonable point. I think the -- in  
 22 the compilation of the Scottish Risk Assessment  
 23 an effort was put in to try to ensure that we addressed  
 24 the range of circumstances that we might face and, if my  
 25 memory serves me right, I think in this risk assessment

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1 is certainly focused on trying to mitigate the impact  
 2 and to secure recovery as speedily as possible, but  
 3 I don't think that does justice to the wider perspective  
 4 within government which -- certainly in the  
 5 Scottish Government -- lays a very heavy emphasis on  
 6 prevention.  
 7 So, you know, in so many aspects of  
 8 Scottish Government policy, there is an emphasis on  
 9 early intervention and prevention to avoid damaging  
 10 circumstances emerging, whether that's on policy  
 11 questions such as child poverty or early learning  
 12 interventions. But it has an application to some of the  
 13 resilience questions as well.  
 14 **Q.** Well, I'd just like to look at a different document,  
 15 please, in order to explore your answer to that question  
 16 in a little more detail.  
 17 Could we put up INQ000087205, please. This is  
 18 a minute from the meeting of the Pandemic Diseases  
 19 Capabilities Board in April of 2022, so it's after the  
 20 pandemic but I'd like to just look at the analysis here  
 21 of preparation in order to better inform us of how we  
 22 really should be considering preparing for any future  
 23 pandemic.  
 24 Can we go to page 4, please, and look at  
 25 paragraph 16. Thank you.

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1 we identified and prioritised ten within that report.  
 2 But obviously within that there are a multiplicity of  
 3 different scenarios on each and every one of those  
 4 themes.  
 5 So, to go back to this risk assessment, we would  
 6 identify -- I think we probably identified pandemic flu  
 7 and winter weather as the two highest and most likely  
 8 risks with the greatest degree of impact. Within those,  
 9 there would be countless scenarios that might well be  
 10 considered, and I think part of the challenge in all of  
 11 this work is to be able to satisfactorily identify just  
 12 how many scenarios it might be possible to consider, and  
 13 then whether to prepare for them, because they will  
 14 require a very different response. Of course, all of  
 15 that stands to be very resource-intensive in the  
 16 process.  
 17 **Q.** Yes. Or to have a plan that is flexible enough to deal  
 18 with different levels of or types of transmission and  
 19 incubation periods and that sort of thing.  
 20 The Inquiry has also heard that there is a doctrinal  
 21 issue with the way in which the reasonable worst-case  
 22 scenario is unmitigated and encourages those planning  
 23 for risks to plan for the consequences rather than for  
 24 preventing them. Do you agree with that?  
 25 **A.** I think the doctrinal approach in resilience, I think,

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1 "Further, in line with the National Security Risk  
 2 Assessment ... methodology, revised pandemic reasonable  
 3 worst case scenario models ... represent unmitigated  
 4 scenarios and so do not include a full risk assessment  
 5 for the use of NPIs [non-pharmaceutical interventions].  
 6 Given that the imposition of lockdown in part accounted  
 7 for a 25% drop in GDP between February and April 2020,  
 8 the largest drop on record, and numerous secondary and  
 9 tertiary impacts on all sectors, this represents  
 10 a significant gap in the UK's assessment of pandemic  
 11 risk. Noting that, even without government  
 12 intervention, we would anticipate spontaneous behaviour  
 13 change and subsequent economic damage. What is more,  
 14 the secondary and tertiary impact of these measures will  
 15 have been unevenly spread throughout society,  
 16 highlighting -- and in areas exacerbating --  
 17 pre-existing inequalities."  
 18 If we can go to page 5, please, and then look at  
 19 recommendation 2.1, this recommendation is that:  
 20 "All departments to use the outputs of  
 21 recommendation 2 to produce a supplementary risk  
 22 assessment to the NSRA that assesses the impacts of  
 23 public behavioural changes on their sectors. The  
 24 outputs of this work should be reviewed by ministers  
 25 with a view to determining which behavioural changes

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1 fall within an agreed 'Response Ambition' that will  
2 provide clear planning assumptions to enhance  
3 cross-government preparedness arrangements for future  
4 NPI deployment."

5 Then if we can go down to read through paragraphs 18  
6 to 20, please:

7 "18. The unprecedented use of NPIs and significant  
8 changes in public behaviour seen during the Covid-19  
9 pandemic required the provision of far greater economic  
10 support than pre-Covid planning assumptions suggested.

11 "19. The planning assumptions in the 2011 UK  
12 Influenza Pandemic Preparedness Strategy focused on the  
13 economic impacts of sickness absence. As a result, the  
14 strategy did not include many of the significant  
15 economic impacts we have seen during this pandemic, such  
16 as the dramatic drops in economic activity, significant  
17 shifts and reductions in consumer spending and  
18 disruption to global supply chains. The OBR's Fiscal  
19 Risks Report from July 2021 suggests the UK's real GDP  
20 declined by an unprecedented 9.8% in 2020 and as of  
21 September 2021, the NAO estimated the lifetime cost of  
22 government spending on Covid-19 will reach £370 billion.

23 "20. Clearly then, in line with recommendation 2.1,  
24 our economic risk assessment for pandemics must be  
25 updated to include a broader range of impacts, including

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1 reconcile much of this information as to how we then  
2 worked our way back out of that, and it became known as  
3 the "four harms framework", where we looked at the  
4 direct Covid harm, the indirect Covid harm, the economic  
5 and the social harm that was being caused, and how we  
6 evaluated what was the right amount of risk to wrestle  
7 with, I suppose, in terms of trying to get out of  
8 a situation of lockdown. So, in a sense, I offer that  
9 information to try to illustrate that the dilemmas that  
10 are involved very much in this material were dilemmas  
11 that we were wrestling with, but I would concede that we  
12 were wrestling with them after lockdown had commenced,  
13 not before.

14 **Q.** Yes, but going forwards, what we've just read into the  
15 record become part of pandemic planning, shouldn't it?

16 **A.** I would say it needs to, yes.

17 **Q.** Mr Swinney, I'm afraid I'm not going to finish your  
18 evidence before the break, which we have to take in  
19 a couple of minutes, but before we do break I'd just  
20 like to ask you one more question, because you were  
21 Cabinet Secretary for Finance and Sustainable Growth for  
22 nine years.

23 **A.** Yeah.

24 **Q.** What are your views on the fact that, as a result of  
25 what we've just discussed, there was no real financial

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1 the significant potential impacts of NPIs and  
2 behavioural changes on different sectors of the  
3 economy."

4 So not only was much of the planning and  
5 preparedness concerned with preparing for the reasonable  
6 worst-case scenario, not preventing it from arising, but  
7 it would appear that planning was never really designed  
8 to deal with the fallout of any of the countermeasures  
9 that might be taken to prevent or cope with the  
10 reasonable worst-case scenario; do you agree?

11 **A.** I think it's difficult to -- and this gets to the heart  
12 of so much of the assessment work that has got to be  
13 undertaken here -- to identify what might well be the  
14 range of impacts that have to be wrestled with in any  
15 particular scenario, and then of course the more  
16 scenarios that we consider, the broader the range of  
17 variables that there will be.

18 But I think what the material that has been read  
19 I think fairly highlights is the very significant wider  
20 impact of the pandemic and its effect on our society,  
21 and, you know, as I -- and we may well come on to this  
22 in other modules of the Inquiry's work -- but after we  
23 took the steps to, you know, the most immediate steps in  
24 March 2020 in relation to lockdown, I led a lot of work  
25 within government which was about trying to essentially

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1 pandemic planning put in place for support or  
2 countermeasures?

3 **A.** If I answer that in relation to the context I was  
4 dealing in, which is within the Scottish Government,  
5 I suspect your question, Ms Blackwell, might be getting  
6 towards: well, why didn't you have a reserve to deal  
7 with these circumstances? And as I think a number of  
8 evidence -- witness statements have provided this detail  
9 to the Inquiry, that was not within my gift to create.

10 The financial arrangements of devolution essentially  
11 required the Scottish Government to balance its budget  
12 on an annual basis, and any resources that are carried  
13 forward are only carried forward on a very limited basis  
14 from one financial year to the next, so we are  
15 specifically, by the financial -- the  
16 Scottish Government is specifically prevented from  
17 building up a reserve that it can deploy for  
18 eventualities of this type. That's a commentary on the  
19 existing financial arrangements that exist within the  
20 Scottish Parliament.

21 Now, what I would acknowledge, and I've acknowledged  
22 this publicly on many occasions, that the scale of the  
23 economic intervention made by the United Kingdom  
24 Government in and around about March 2020 and thereafter  
25 was very welcome, from my perspective. It saved,

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1 you know, many people's livelihoods from, you know,  
2 great jeopardy, but it is an illustration of the scale  
3 of the financial challenge that comes with a disruptive  
4 pandemic of this nature.  
5 **MS BLACKWELL:** All right, thank you very much.  
6 My Lady, is that a convenient moment?  
7 **LADY HALLETT:** Thank you very much. Sorry we can't complete  
8 you this morning, Mr Swinney. I shall return at 1.45,  
9 please.

10 (12.45 pm)

11 (The short adjournment)

12 (1.45 pm)

13 **LADY HALLETT:** Ms Blackwell.

14 **MS BLACKWELL:** Thank you, my Lady.

15 Mr Swinney, the first topic I want to ask you about  
16 this afternoon is intergovernmental relations, which is  
17 something that was touched upon by Ms Sturgeon in her  
18 evidence this morning, and for you to confirm that, in  
19 relation to the Civil Contingencies Act of 2004, there  
20 was a concordat between the United Kingdom Government  
21 and Scottish Ministers that was published in February  
22 of 2021, which was an agreed framework for co-operation  
23 between Scottish Ministers and the UK Government, not  
24 a legally binding agreement but with an expectation that  
25 each party would abide by it wherever practicable. Is

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1 **A.** -- after the passage of the Civil Contingencies Act in  
2 2004.  
3 **Q.** In 2004, yes.  
4 **A.** So those arrangements were --  
5 **Q.** Were already in place?  
6 **A.** Were already in place, and they, for example, envisaged  
7 the designation of -- envisaged -- they require the  
8 designation of an individual within the  
9 Scottish Government to be, at official level, a key  
10 resilience person, if I could use that terminology, and  
11 that was always followed through. So just so that I was  
12 clear about the document.  
13 **Q.** No, thank you very much.  
14 In 2013, in fact, there was a memorandum of  
15 understanding and supplementary agreements between  
16 the United Kingdom Government and all of the devolved  
17 nations, with the intention of the devolution  
18 settlements having enduring qualities of good  
19 communication, et cetera, wasn't there?  
20 **A.** Yes.  
21 **Q.** So there were these agreements in place from, I'm going  
22 to suggest, soon after devolution happened, which always  
23 attempted to propel along a good natured agreement and  
24 good communication between the nations?  
25 **A.** That's correct, yes.

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1 that right?

2 **A.** It exists, yes, but I think the date is much earlier  
3 than 2021.

4 **Q.** Did I say 2021? I meant 2011, I'm so sorry. I'm glad  
5 you picked me up on that.

6 **A.** Yes, yes. I think it may even be earlier than that.

7 **Q.** Right, February of 2011 is the date that I have here,  
8 but we can check that.

9 In any event, it came into force, I use that word  
10 loosely because, of course, there was no legal binding  
11 nature attached to it, but an expectation that the  
12 Scottish Ministers and the UK Government would abide by  
13 it, and effectively from that date, if indeed from  
14 before, if you think that the agreement might have  
15 extended back beyond that date, Scottish Ministers  
16 agreed that certainly the spirit of the Civil  
17 Contingencies Act would be followed, and from that time  
18 Category 1 and Category 2 responders were identified, as  
19 indeed happened in England?

20 **A.** Yes. The reason why I was just being a bit precise  
21 about the timescale is that I do have a concordat which  
22 was -- pre-dates our government coming to office in  
23 2007, so it must have followed, I think, some time  
24 soon --

25 **Q.** Yes.

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1 **Q.** All right.

2 But we know that, after the onset of Covid, and  
3 commissioned by the four heads of government, there was  
4 a review of intergovernmental relations, and we know  
5 that because a report was produced dated January of  
6 2022, and I think that was referred to during this  
7 morning's session.

8 Michael Gove, who will be coming to this Inquiry to  
9 give evidence at a later date, who is currently  
10 Secretary of State for DLUHC and Minister for  
11 Intergovernmental Relations, has told the Inquiry in his  
12 written statement that at the time of the pandemic it  
13 was apparent that the broader matter of  
14 intergovernmental relations was not clearly agreed and  
15 there were difficulties encountered in relation to  
16 communication, but also matters of substance.

17 Does the fact that the four heads of state  
18 commissioned the review of intergovernmental relations  
19 suggest that Michael Gove might be right, that the  
20 practical difficulties that were encountered when Covid  
21 hit, in terms of communication and substance, indicated  
22 that further work needs to be done in terms of the way  
23 in which the nations work together in an emergency?

24 **A.** I wouldn't say that the working arrangements in  
25 an emergency were particularly poor. I think there was

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1 generally a pretty good amount of co-operation when we  
2 were operating in an emergency. In that respect, I'm  
3 going a way back to my period since 2007, generally when  
4 there was a difficulty and we were perhaps involved in  
5 a COBR call, which is a UK emergency call, there would  
6 be, you know, a lot of reasonable, practical engagement  
7 in an emergency context.

8 But the reason why that process had to be undertaken  
9 to form an agreement about how we were all going to  
10 operate was that generally relationships between the  
11 administrations were pretty poor by that point. Poor in  
12 the aftermath of Brexit, because obviously constituent  
13 parts of the United Kingdom -- well, we were -- in  
14 Scotland we were not happy with Brexit at all, or not  
15 happy with the -- and you obviously had to spend a lot  
16 of time on the no-deal Brexit, as the Inquiry heard this  
17 morning from Nicola Sturgeon. But generally relations  
18 were pretty poor.

19 **Q.** All right.

20 **A.** Therefore there was, you know, a necessity to try to  
21 formulate some working basis upon which  
22 intergovernmental relationships could be improved.

23 **Q.** So, moving forwards in terms of preparing for future  
24 pandemics or future civil emergencies, any level of  
25 clarity as to how communications and matters of

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1 Scotland, has regular dialogue with major business  
2 representative organisations, and interaction with  
3 a representative range of third sector organisations.

4 Tell us how important the Scottish Leaders Forum and  
5 the interaction between government and those sectors is.

6 **A.** Very important on all aspects of government policy.

7 I think if I -- I'm now out of government, one of my big  
8 reflections is that one of the big problems of  
9 government is that government often operates within  
10 individual compartments and the necessary of  
11 cross-responsibility working to try to sort common  
12 problems -- you know, the problem of child poverty or of  
13 climate change will not be solved in one neat little  
14 compartment in government, it will involve a whole range  
15 of different organisations, as will any issue in  
16 relation to resilience will invariably require a range  
17 of different organisations to be part of it.

18 So what the governments of which I was a part tried  
19 to foster was a climate of collaboration, co-operation  
20 across different public and private sector boundaries,  
21 third sector boundaries, so Scottish Leaders Forum would  
22 bring together basically the key public sector and third  
23 sector, private sector leaders around the country to try  
24 to formulate common purpose, and a common direction of  
25 travel in solving problems that we were all interested

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1 substance should be taken forwards between the  
2 four nations would be welcomed?

3 **A.** Yes.

4 **Q.** Thank you.

5 **LADY HALLETT:** Just in case an eagle-eyed commentator spots  
6 it, I think you, by slip of the tongue, said four heads  
7 of state.

8 **MS BLACKWELL:** I'm sorry, I didn't mean to say that, the  
9 heads of government.

10 **LADY HALLETT:** Thank you.

11 **MS BLACKWELL:** Thank you.

12 I want to move on now to ask you about the level of  
13 engagement, community engagement, between the  
14 Scottish Government and local government and also the  
15 Scottish Leaders Forum.

16 **A.** Yeah.

17 **Q.** You tell us in your witness statement that one of the  
18 hallmarks of the operating approach of  
19 Scottish Government during the period that this module  
20 is interested in was to engage widely with other public  
21 authorities, public bodies, business and third sector  
22 organisations to create a sense of common purpose in  
23 your endeavour, and you tell us that that was achieved  
24 through forums such as the Scottish Leaders Forum, which  
25 brings together senior public sector leaders from across

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1 in solving but might have slightly different  
2 perspectives about who could do what in the process.

3 **Q.** Right, in terms of emergency preparedness and pandemic  
4 planning, what level of engagement was there between the  
5 Scottish Government and the voluntary sector?

6 **A.** There would be dialogue through, you know, the routine  
7 conversations we would have with the third sector about,  
8 you know, how they could perform a role within the  
9 delivery of policy. So if I think back to periods  
10 where, you know, I had responsibility for third sector  
11 relationships, 2007 to probably about 2012, you know,  
12 we'd be regularly involved in the third sector in the  
13 formulation of strategy, what role they could perform,  
14 how they could be involved. When it got to the stage of  
15 dealing with the pandemic, the third sector  
16 organisations would be operating very closely with local  
17 resilience partnerships, because, you know, we would  
18 encourage -- we actually not just encouraged but we  
19 funded what were called third sector interfaces at local  
20 level in the 32 local authority areas in Scotland. So  
21 the third sector had an ability to influence the  
22 direction of policy and service delivery at local level.

23 **Q.** The Inquiry has received a statement from Heather Fiske  
24 representing an organisation called Inclusion Scotland.  
25 It's an independent non-party political representative

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1 organisation of disabled people across Scotland, with  
2 a network of over 50 DPO members and partner  
3 organisations as well as individual members. I want to  
4 give you the opportunity, Mr Swinney, to respond to what  
5 she tells us in her statement:

6 "Prior to January 2020 we were not invited to engage  
7 with government, UK, Scottish or local, regarding the  
8 extent to which inequalities and vulnerabilities should  
9 be factored into emergency preparedness and pandemic  
10 planning. We have routinely highlighted the obligation  
11 on the UK and Scottish Governments to involve disabled  
12 people in the development of law and policy. Failure to  
13 do this adequately means that inequalities faced by  
14 disabled people were not sufficiently factored in to  
15 emergency preparedness and pandemic planning."

16 What does it say, Mr Swinney, about the partnership  
17 approach that such a significant organisation,  
18 representing such an important and vulnerable  
19 constituency in society, were not subject to engagement?

20 **A.** I think I'm -- I've read Heather Fiskin's witness  
21 statement and obviously I'm troubled by its contents,  
22 because that's the last impression or feeling I would  
23 want a person like Heather Fiskin and the organisation  
24 she represents to have.

25 I think the government, the Scottish Government, has  
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1 and the United Kingdom Government were not perhaps as  
2 cordial as they should have been.

3 It's the UK Resilience Forum and the presence or  
4 absence of Scottish Government at these meetings, and  
5 given that there was a level of -- or a lack of clarity  
6 following Ms Sturgeon's evidence about whether or not  
7 the Scottish Government were present at some of the  
8 meetings, I think it's important for us to look very  
9 briefly at the minutes.

10 So can we look at the minutes of the first meeting,  
11 please, which are at INQ000198919.

12 This is the meeting on 14 July 2021, chaired by  
13 Paymaster General Penny Mordaunt, and if we can scroll  
14 down, please --

15 **LADY HALLETT:** I don't think Ms Sturgeon was questioning  
16 that the minutes existed.

17 **MS BLACKWELL:** No, no.

18 **LADY HALLETT:** I think she was questioning the accuracy of  
19 the minutes.

20 **MS BLACKWELL:** Or indeed whether or not the government were  
21 present.

22 **LADY HALLETT:** Yes.

23 **MS BLACKWELL:** So we can see representatives from the  
24 following organisations who were in attendance.  
25 Scottish Government are the first in the list.

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1 gone to a lot of lengths, as I just have recounted,  
2 through the arrangements that we put in place to make  
3 sure the third sector have got a voice throughout the  
4 formulation of policy, whether that's around the design  
5 of Scottish Government policy or legislation that's  
6 brought forward and, you know, there's extensive  
7 consultation with third sector organisations about the  
8 formulation of policy within the Scottish Government.  
9 So I'm very troubled that that is the impression that  
10 Heather Fiskin has about the extent to which the  
11 organisation she represents has been involved.

12 I think --

13 **Q.** It's not just an impression, is it? She sets out quite  
14 clearly that, having offered the assistance of that  
15 organisation, and acknowledging the importance of  
16 an organisation like that being involved in pandemic  
17 planning, her pleas were ignored.

18 **A.** Well, I regret the fact that that's the case, and  
19 I think that, you know, that can and should be rectified  
20 by the Scottish Government.

21 **Q.** Thank you.

22 I want to return now to, again, something that was  
23 covered in evidence this morning, and following on from  
24 your comments that certainly at some point during the  
25 Covid outbreak relations between the Scottish Government

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1 Thank you.

2 If we can now look to the second meeting, which is  
3 at INQ000198920.

4 This was a meeting that took place on 3 May 2022,  
5 chaired by Minister for the Cabinet Office  
6 Michael Ellis, and if we can scroll down, please, to  
7 those present and absent, thank you. If we can scroll  
8 up the page, please, thank you.

9 We can see:

10 "Invited organisations unable to attend:

11 "Scottish Government ..."

12 Then, finally, INQ000198921, which is the third  
13 meeting, taking place on 2 February 2023, chaired by  
14 Oliver Dowden.

15 If we can look at those in attendance and those  
16 absent, please.

17 "Invited organisations unable to attend", at the  
18 bottom of the page, we can see, fourth bullet down,  
19 Scottish Government.

20 So it rather looks as if the minutes suggest that  
21 the Scottish Government were not present in meetings 2  
22 and 3.

23 My question to you is this: do you think that their  
24 absence from these meetings was a reflection on the poor  
25 quality of relations between the nations?

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1 A. No. But I wonder if I might just see on that, the  
2 minute -- that last minute, I wonder if I could just see  
3 slightly higher up --

4 Q. The one that's on the screen now?

5 A. Yes, please. If I could just see -- it's -- I just  
6 wanted to check, it says "Meeting held in" -- sorry,  
7 it's --

8 Q. If we can go to the next page, please.

9 A. Forgive me for --

10 Q. Not at all.

11 A. -- the process here, because it's material to the answer  
12 I'm going to give.

13 Q. Yes, of course.

14 A. It says:  
15 "Meeting held in person and by video conference."  
16 Okay. Thank you for. That.  
17 So, no, I don't think it's about the nature of  
18 relations. In the short time I've had to explore this,  
19 and, as I say, I'm no longer a member of government so  
20 it takes me slightly longer to get answers to things, at  
21 least --

22 Q. No, no need to apologise.

23 A. On the first meeting, the Scottish Government was  
24 present. On the second meeting, the Scottish Government  
25 had planned to be present but, from what I have been

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1 to the Inquiry to explain that point.

2 Q. Thank you very much.

3 The final matter I want to ask you about is the  
4 National Performance Framework.  
5 We can see this at INQ000102917.  
6 This was established, I think, during your time in  
7 office, and it demonstrates that organisations in  
8 Scotland were working together, doesn't it, to achieve  
9 collective aspirations for all members of society?

10 A. Encouraging them to do so.

11 Q. Yes. It's INQ000102917, please.

12 Right. Now, this is a pictorial representation of  
13 the framework, isn't it? Can you explain to us how it  
14 works, please, Mr Swinney.

15 A. Essentially what -- at the core of it in the centre are  
16 an explanation of the purpose of Scottish public policy  
17 and the values that should underpin that, in  
18 the circular area in the centre. Then around about it  
19 are a series of national outcomes that we work with  
20 others in Scotland, whether they're in the local  
21 authority partners, third sector organisations, the  
22 private sector, to agree, to try to achieve those  
23 outcomes. So they are aspirational about the type of  
24 country we're trying to create.

25 Q. The reason that I wanted to highlight it during the

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1 advised, the videolink was not working and unfortunately  
2 there were people ready to be involved but could not  
3 participate because of technical issues.

4 On the third meeting, what I've been advised, and  
5 that's why I wanted to see this wording, was that it was  
6 an in-person meeting in London, and that minute  
7 contradicts what I've been told, and this was at  
8 a period where we were wrestling with winter weather  
9 challenges and our staff numbers were under pressure.

10 I'm also not certain that these were invitations  
11 extended to ministers to participate. So I would need  
12 to check whether that was a ministerial ...

13 But around this time, or certainly around about this  
14 period, I discussed collaboration on this question with  
15 Michael Ellis, who was I think, at the time, Minister  
16 for the Cabinet Office --

17 Q. Yes, he was.

18 A. And basically we had an in principle conversation about  
19 the necessity for co-operation.

20 So to go back to the question you put to me,  
21 Ms Blackwell, did I think this was -- the absence of the  
22 Scottish Government was in any way an indication of poor  
23 relations, on that point, no, unreservedly not. I think  
24 it was perhaps logistics and issues that got in the way,  
25 but I will make sure there is a definitive answer given

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1 course of your evidence was that the Inquiry has heard  
2 from Sir Mark Walport, who spoke of the need, regardless  
3 of what approach government takes to future funding of  
4 national resilience, we perhaps should consider having  
5 a national resilience assessment across all areas of  
6 society in order to ensure that the best level of  
7 resilience is achieved.

8 Do you think that that principle could work together  
9 with the National Performance Framework that we see is  
10 currently in force in Scotland?

11 A. I think that would be beneficial, and I think there is  
12 a constant challenge that we've got to be aware of on  
13 resilience issues about how the world is changing.

14 If I can perhaps give an illustration of that, we  
15 had a very severe and acute storm in the northeast of  
16 Scotland, Storm Arwen, and there was a very extensive  
17 amount of damage particularly to power cables, and what,  
18 of course, we discovered very, very quickly is that  
19 without power supplies, people's dependence on mobile  
20 technology, broadband, for which vast amounts of life  
21 now hinge, stops. And it's all very well saying,  
22 you know, "We'll get the power back on tomorrow", but if  
23 the power can't go on for seven days, which in  
24 Storm Arwen was the case, that is an acute challenge to  
25 people.

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1 So the resilience effort is -- you know, the Inquiry  
2 will understand I'm not much of an electrical engineer,  
3 you need the proper people who know what they're doing  
4 to do that. So the necessity for whole approaches to  
5 resilience threats, whatever they happen to be, which  
6 Sir Mark is suggesting, is a very welcome suggestion.

7 **MS BLACKWELL:** Thank you very much.

8 My Lady, that concludes my questions for Mr Swinney.  
9 You have provisionally granted permission for Scottish  
10 Covid Bereaved to ask two discrete questions. May they  
11 do that now, please.

12 **LADY HALLETT:** Ms Mitchell.

13 **Questions from MS MITCHELL KC**

14 **MS MITCHELL:** I am obliged, and in fact one of the questions  
15 has already been dealt with in full before with  
16 Ms Sturgeon, so I only need to take you to one question  
17 now.

18 I would like, Mr Swinney, for your comment on  
19 evidence given to this Inquiry by Dr Jim McMenamin. He  
20 was a consultant epidemiologist in Health Protection  
21 Scotland and, as you will know, that's the lead body  
22 protecting the Scottish public from infectious diseases  
23 at the time that pandemic planning was taking place, and  
24 also at the time just before the pandemic.

25 I'm not going to ask the Inquiry to physically go to

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1 Scotland didn't have the budget or staffing levels to  
2 provide health protection for Scotland pre-pandemic?  
3 **A.** My view is that Public Health Scotland provided the  
4 Scottish Government, our local authority partners -- and  
5 I make reference to this in my own witness statement --  
6 with a huge amount of immensely reliable information and  
7 trusted information to enable us to form our decisions.  
8 So part of the benefit of the reform which was  
9 undertaken to establish Public Health Scotland was it  
10 was a body jointly owned, if I could use that  
11 terminology, between the government and local  
12 authorities. So there was -- often local authorities  
13 might dispute the evidence base that government has  
14 taken its decisions based on. On this example there was  
15 none of that because we jointly owned the body of Public  
16 Health Scotland and there was wide confidence in the  
17 quality of the material and the information that came  
18 from Public Health Scotland.

19 So, in that respect, I want to put that on the  
20 record, about the strength of that information that was  
21 available from which decision-making then came.

22 Where I would accept is that there were financial  
23 pressures -- there were financial pressures throughout  
24 every aspect of the public sector in Scotland and we've  
25 had a prolonged period of austerity which has required

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1 the statement, but just for the record it's his  
2 statement, the Inquiry number INQ000183410.

3 In that statement to the Inquiry, at paragraph 146,  
4 he explains that staffing numbers reduced at Health  
5 Protection Scotland between 2005 and 2020.

6 Now, he indicated that this was due to a number of  
7 factors, but he specifically highlighted that one of the  
8 factors was the requirement placed on all NHS boards by  
9 the Scottish Government to make what he describes as  
10 cash releasing efficiency savings, and as a result of  
11 that, of course, clearly, staffing numbers were  
12 affected.

13 Further, he explains at paragraph 145 that the newly  
14 formed Public Health Scotland, so the body that was  
15 taking over from the other one, the opening budget for  
16 that and staffing levels were not sufficient for Public  
17 Health Scotland to deliver the health protection and  
18 response required by the pandemic.

19 From your position, having, in your own words this  
20 morning, the responsibility to make Scotland in as  
21 strong a position as it could be for any eventuality we  
22 had to face, do you accept the evidence of  
23 Dr Jim McMenamin that, amongst other factors, the  
24 Scottish Government requirement to make cash savings in  
25 the previous body, the newly formed Public Health

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1 us to make -- to live within very challenging fiscal --  
2 a very challenging fiscal environment in the  
3 Scottish Government. Having said that, the health  
4 budget, which would have funded Public Health Scotland,  
5 would have been the budget that grew the most compared  
6 to any other aspect of the public -- of public budgets.

7 So yes, there would be efficiency savings required,  
8 they were required of everybody, but in that context the  
9 health budget was growing to a greater extent than any  
10 other part of the public budgets for which the  
11 Scottish Government has responsibility.

12 So what that answer is designed to do is to  
13 acknowledge the strength of Public Health Scotland but  
14 also to accept that, in a challenging fiscal  
15 environment, we have to ask organisations to perform  
16 strongly to live within the financial resources we have  
17 available to us.

18 **Q.** So despite the fact that Public Health Scotland would  
19 have had the budget that grew most compared to other  
20 aspects of public life, it still wasn't, in terms of  
21 budget or in terms of staffing, prepared for the  
22 pandemic?

23 **A.** Well, I -- certainly from my experience of Public Health  
24 Scotland I thought Public Health Scotland contributed  
25 formidably to the handling of the pandemic and at no

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1 stage did I feel that we did not have the necessary  
2 information or interventions available to us, from --  
3 well, particularly Dr McMenamin and his colleagues at  
4 that time. So from my perspective I felt they were able  
5 to make that contribution, but I do acknowledge that the  
6 burden of austerity and the requirement for efficiency  
7 savings has been acute for many organisations.

8 **MS MITCHELL:** Thank you, my Lady, that concludes my  
9 questions.

10 **LADY HALLETT:** Thank you very much, Ms Mitchell.

11 Thank you very much indeed, Mr Swinney, thank you  
12 for your help.

13 **THE WITNESS:** Thank you, my Lady.

14 **(The witness withdrew)**

15 **MS BLACKWELL:** My Lady, the final witness of the day and  
16 indeed of this week is Catherine Frances.

17 **MS CATHERINE FRANCES (affirmed)**

18 **Questions from COUNSEL TO THE INQUIRY**

19 **MS BLACKWELL:** Please sit down.

20 **A.** Thank you.

21 **Q.** Is your name Catherine Frances?

22 **A.** It is.

23 **Q.** Ms Frances, thank you for coming to give evidence today  
24 and thank you for the assistance that you've given so  
25 far. You've provided a witness statement which we'll

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1 a realm of shifting acronyms and names, so I'm going to  
2 try and deal with it all at once so that we can then  
3 move on.

4 Ms Frances, I need your assistance in relation to  
5 how the government is formed and its previous  
6 iterations, please.

7 The Department for Levelling Up, Housing and  
8 Communities, referred to as DLUHC, which I'm going to  
9 use during the course of your evidence, has operated in  
10 various forms and under various names over its lifetime,  
11 hasn't it? It was created in 2006 to replace the Office  
12 of the Deputy Prime Minister, which had taken on the  
13 Local Government and Regions portfolio from the  
14 Department for Transport, Local Government and the  
15 Regions in 2002.

16 When it was first formed, the department was called  
17 the Department for Communities and Local Government,  
18 DCLG, but then in January of 2018 it became the Ministry  
19 of Housing, Communities & Local Government, MHCLG, and  
20 then in September of 2021 it became DLUHC.

21 Have I got that right?

22 **A.** You have got that right.

23 **Q.** Good, right.

24 You are responsible in your role for what we know as  
25 RED, which is the Resilience and Emergencies Division,

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1 look at on the screen in a moment. Before we confirm  
2 that this is your witness statement, I notice that  
3 you're quite softly spoken. That's not a criticism, but  
4 please keep your voice up and speak into the microphone  
5 so that the stenographer can hear you for the  
6 transcript. If you need a break during the course of  
7 your evidence, just ask and we will do that.

8 So can you confirm, please, Ms Frances, that this is  
9 your witness statement?

10 **A.** I can.

11 **Q.** Thank you. We don't need to go there, but can you also  
12 confirm that at the end you have signed it as being true  
13 to the best of your knowledge and belief?

14 **A.** I have.

15 **Q.** Thank you, we can take that down, please.

16 You are the Director General for Local Government  
17 Resilience and Communities, a post which you have held  
18 since April of 2019?

19 **A.** That's correct.

20 **Q.** I think that you joined the civil service in 2001, and  
21 prior to joining this department you were director of  
22 public services in Her Majesty's Treasury?

23 **A.** That's correct.

24 **Q.** Thank you.

25 Now, a warning, my Lady, we are about to enter

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1 although it is now known as the Resilience and Recovery  
2 Directorate; is that right?

3 **A.** That is correct.

4 **Q.** I'm going to refer to it as "RED" during the course of  
5 your evidence. Just pausing there, why has that  
6 particular name changed?

7 **A.** It's changed for two reasons. Firstly, because this is  
8 part of our organisation which works on resilience  
9 planning and response, and we wanted to recognise that  
10 we were thinking in a holistic way about how you recover  
11 from emergencies as well as how you just immediately  
12 respond. So the name has been changed for that purpose.

13 It's also been changed to reflect, I think over  
14 time, changes in the resourcing of that team and set of  
15 teams. It is now run by a director who has  
16 responsibility solely for that function, and previously  
17 it's been in slightly different arrangements over the  
18 years.

19 **Q.** All right, thank you.

20 The department is a ministerial department with  
21 oversight for local government and elections,  
22 homelessness, housing and home ownership, planning,  
23 building safety and levelling up and the unions since  
24 2021, but the Inquiry is interested in its oversight in  
25 terms of local government, because it oversees the local

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1 government sector and is responsible for the stewardship  
2 and oversight of local authorities in England, which  
3 includes ensuring that the frameworks for accountability  
4 and finance of local government are robust, and that  
5 local authorities operate in accordance with what's  
6 described as a "best value" regime.

7 **A.** That is a correct description of our role nationally in  
8 relation to local government. I think it's important  
9 for the Inquiry to understand, and that because local  
10 government does so many different things, in England the  
11 way that this is organised is that the lead government  
12 department for a particular service area would take  
13 national oversight and accountability for that.

14 So to give you an example, the Department for Health  
15 and Social Care would be responsible at national level  
16 for social care, even though local authorities are  
17 a major player in social care.

18 Similarly the Department for Education would be  
19 responsible for children's services, and we as  
20 a department would be responsible for homelessness at  
21 a national policy level.

22 **Q.** Right.

23 **A.** But you're correct in your description that we did the  
24 overarching framework.

25 **Q.** In terms of resilience, which is of particular interest  
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1 with overarching responsibility, and they have  
2 responsibility in terms of policy, known as doctrine,  
3 for local emergencies planning too.

4 As you have probably heard from other people there's  
5 often a lead government department which takes forward  
6 a particular risk and plans for that.

7 Locally speaking, we have a situation defined in  
8 legislation where Category 1 responders, hospitals,  
9 local authorities, blue lights, have a responsibility  
10 for planning for emergencies and then responding in  
11 emergencies. They also have a responsibility to come  
12 together in local resilience forums, and those forums  
13 are in place to enable planning and response when it  
14 needs a cross-agency response locally.

15 The role of RED in that wider system is, in a sense,  
16 relatively simple: it is the connecting team between the  
17 national level civil contingencies arrangements and the  
18 local LRFs.

19 **Q.** Right.

20 **A.** So those 38 LRFs in England will have RED connecting  
21 officers working with them, and they will work with them  
22 on planning and also in response. I hope that's clear.

23 **Q.** It is, thank you very much.

24 Local government is responsible for a range of  
25 services for people and businesses in defined areas, and  
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1 to this Inquiry, your department shares joint competency  
2 for local resilience with the Cabinet Office, I think;  
3 is that right?

4 **A.** Yes. May I set this out very clearly for you?

5 **Q.** Please do.

6 **A.** So the way to think about our department's role is in  
7 two different chunks, if you like. The first is, as any  
8 other government department, we have lead areas of  
9 responsibility, and they are exactly as you have set  
10 out: housing, homelessness, building safety and local  
11 government overarching accountancy in stewardship form.

12 There is then a separate function that sits within  
13 our department which is the Resilience and Emergencies  
14 Division, now renamed RED.

15 **Q.** RED?

16 **A.** RED. Now, RED performs a function which is not just for  
17 our own department, RED performs a function on behalf of  
18 all of government, central and local. I can set that  
19 out role for you now if it's helpful.

20 **Q.** Yes, please.

21 **A.** So this is all based in legislation and in the civil  
22 contingencies framework and then the supporting guidance  
23 that goes with this.

24 So at national level civil contingencies are  
25 arranged in such a way as you have the Cabinet Office  
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1 I'd like your assistance, please, now, on how the local  
2 government levels work.

3 So there are different times of local authorities,  
4 aren't there?

5 **A.** Correct.

6 **Q.** Can you tell us what they are, please.

7 **A.** Yes. So there are a range of different types. There  
8 are some authorities, metropolitan authorities and  
9 integrated authorities that have responsibility for  
10 a full range of services. To give you an example, that  
11 would include social care, children's services, those  
12 sorts of services, it would include libraries, it would  
13 also include responsibilities for refuse collection and  
14 things like that, and planning.

15 In other parts of the country where we don't have  
16 that unitary authority that integrates both tiers, that  
17 can be split between a county, which holds some  
18 responsibilities, and, underneath it, some district  
19 councils.

20 **Q.** Right.

21 **A.** They have separated lines of responsibilities that are  
22 set out very clearly in all legislation. For example,  
23 districts would do refuse and that sort of service and  
24 at the county level you might find adult social care and  
25 children's services.  
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1 **Q.** So differing types of local authorities --  
 2 **A.** It is a patchwork across the country, well understood by  
 3 practitioners, but it is not regular. Then, in addition  
 4 to that, in some parts of the country there are combined  
 5 authorities or mayoral combined authorities, they bring  
 6 together the authorities in the area and have certain  
 7 accountabilities that are set out in a series largely of  
 8 devolution deals and then legislation that follows  
 9 those.

10 If it would help the Inquiry, they tend to be less  
 11 directly responsible for the public services that are  
 12 affected immediately in a pandemic-type response.

13 **Q.** Right, but what's the interrelation between the local  
 14 resilience forums and local authorities? Is there  
 15 a direct correlation between the area that a local  
 16 resilience forum covers and a local authority, or do  
 17 some local resilience forums cross boundaries?

18 **A.** Thank you for asking that question.

19 So in the legislation the 38 local resilience forums  
 20 are set out as being along the same footprint as police  
 21 authorities.

22 **Q.** Right.

23 **A.** So that is what defines them.

24 You can imagine that a local resilience forum will  
 25 sometimes be responding to a situation where the police

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1 **Q.** So the department's role in preparedness and risk  
 2 management for civil emergencies, as we've established,  
 3 sits within RED, and you've explained how RED really  
 4 sits between central government and local government,  
 5 and provides a conduit for advice.

6 Does that extend to assurance? So what level of  
 7 assurance does RED have over plans and arrangements that  
 8 a local -- that might be held at a local level?

9 **A.** Okay, just to break this down, so firstly I think we do  
 10 have civil contingencies responsibilities as  
 11 a department outside RED as any other department would.

12 **Q.** Yes.

13 **A.** But just looking at RED, its role is to act as the  
 14 connecting point between central government and LRFs.  
 15 So in the preparedness phase, RED's role is to act as  
 16 a critical friend of local planners, to check that they  
 17 are asking themselves the right question, because the  
 18 accountability for planning lies with them, to share  
 19 with them and point them in the direction of guidance  
 20 that's been issued, so that they can understand that, to  
 21 ensure that they understand the national risk registers  
 22 that are issued, and then of course local planners then  
 23 have to make their own community risk registers, and to  
 24 help local partners identify risks.

25 In a response phase, RED's interaction would build

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1 may be other lead agency, so one can see why it's set  
 2 out like that --

3 **LADY HALLETT:** I thought there were 42 authorities? Sorry  
 4 to interrupt.

5 **A.** 38.

6 **LADY HALLETT:** I thought there were 40 ...

7 **A.** I would bow to your greater knowledge on the police.

8 **LADY HALLETT:** I thought it was over 40 police forces.

9 Forgive me for interrupting.

10 **A.** It may have changed, I don't know. I'm afraid I can't  
 11 help you on that one.

12 You asked about the connection with local  
 13 authorities?

14 **MS BLACKWELL:** Yes.

15 **A.** Because they are Category 1 responders, they are  
 16 required to engage with the local resilience forum of  
 17 which they are a part.

18 **Q.** Under the Civil Contingencies Act?

19 **A.** Exactly.

20 **Q.** Yes.

21 **A.** In practice, what that can mean is that you'll have  
 22 a local resilience forum that has several councils in  
 23 it, that is perfectly standardised, and you may find  
 24 that councils don't all individually attend, they can  
 25 nominate each other to attend on each other's behalf.

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1 on that sort of relationship, and effectively they would  
 2 act as a communicator between the local LRF and the  
 3 centre, highlighting where there are issues that need to  
 4 be resolved and facilitating the transfer of information  
 5 between central and local.

6 For the avoidance of doubt, RED has no role in  
 7 assuring the local plan, because the local plan is the  
 8 responsibility of the local responders, and legislation  
 9 and accountability very clearly sits there.

10 **Q.** All right.

11 The identity of the person that sits in RED who  
 12 communicates at a local level, is that person called  
 13 a resilience adviser?

14 **A.** They are called a resilience adviser when they're  
 15 planning and advising, yes.

16 **Q.** In the event of a response period, if you like, does the  
 17 name of that person change to become a government  
 18 liaison officer?

19 **A.** They do, and the reason for the change of name is  
 20 literally that they turn into a function where they are  
 21 liaising very proactively between the local and the  
 22 national to make sure messages get through and to make  
 23 sure they're helping to solve problems and handing  
 24 things to lead departments and things where it's needed.

25 **Q.** Is it more often than not the case that that person is

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1 the same person, the resilience adviser is the same  
2 person as the government liaison officer?  
3 **A.** Often and usually -- we may come on to this later -- at  
4 points where the whole country's systems are activated,  
5 as in a pandemic response, we had to work on shift bases  
6 and with a bit more variety, but normally we would try  
7 for as much continuity as is possible.

8 **Q.** All right.

9 Do you think it's perhaps unnecessary and a little  
10 confusing that the name of that person changes or the  
11 title of that person changes, or do you think it's  
12 helpful?

13 **A.** I think for people who work in the system, they  
14 understand absolutely exactly how the systems work.

15 **Q.** In terms of oversight and assurance, you've explained  
16 why RED does not hold a responsibility of assuring that  
17 the local plans are in place, et cetera. Do you think  
18 it would help if RED did have that level of assurance  
19 and accountability to provide at that level comfort that  
20 the local plans are dealing with the national risks  
21 appropriately?

22 **A.** I think it potentially could be quite confusing done in  
23 that way, because what we are trying to achieve in RED  
24 is a situation where RED supports the local people who  
25 are accountable for planning and helps them in

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1 risk, such as pandemic planning, extended as far as  
2 facilitating the communication in those sort of  
3 joined-up ways between local and national.

4 The second thing to say, I think, is just that we do  
5 recognise that LRFs need to be able to assure themselves  
6 and have good accountability locally for their own  
7 plans, and although I believe it wasn't set out in my  
8 witness statement, because it postdates it, we have made  
9 some further announcements about further work on that.

10 **Q.** All right, thank you.

11 At the heart of the system is the principle of  
12 subsidiarity; is that right?

13 **A.** Correct.

14 **Q.** Can you explain to us what RED's approach is to that and  
15 how it ensures that matters cascade down in the way that  
16 that principle expects.

17 **A.** Well, the principle of subsidiarity is that decisions  
18 should be taken at the lowest possible level, and  
19 co-ordination should happen at the lowest necessary  
20 level. In general, RED's approach is therefore to make  
21 sure that information is cascaded down, if I can use  
22 that terminology, to local resilience fora. So, to give  
23 you an example, RED will have facilitated events  
24 following -- workshops and things, following the issue  
25 of the National Security Risk Assessment to make sure

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1 a supportive, collegiate way to assure themselves that  
2 they are at an appropriate level of preparedness, and  
3 that accountability and the clarity of that  
4 accountability is relatively important, I think.

5 I would say two additional things, if you would let  
6 me. The first I think is that that's not the same as  
7 saying that RED disengages from the process of local  
8 plans and local risk assessments. If I can take  
9 an example in pandemic preparedness, we may come on to  
10 it later, I mean, RED has participated in a lot of the  
11 exercises over the years that have been important in  
12 pandemic preparedness, but we have also taken steps over  
13 the years -- I mean, in December 2017 we interviewed all  
14 LRFs and said -- I think 35 or 38, and asked them about  
15 levels of preparedness, fed back what they said to  
16 central government departments to aid that  
17 communication. RED has additionally run workshops for  
18 LRFs to attend and had central government partners there  
19 as well, so that they could work together on the issues  
20 that needed to be grappled with in terms of planning for  
21 a pandemic. RED have also facilitated a sort of local  
22 resilience forum engagement group to work through  
23 particular issues with central government partners.

24 So although they're not assuring local plans  
25 whatsoever, RED's interlocutor role when it's a major

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1 that every LRF in the country understood that and could  
2 dock that into their plans.

3 RED's general approach is to share as much  
4 information as is possible with local resilience fora.  
5 We do that depending on the security of the information  
6 and also the sign-off of the lead government department,  
7 but we have a very strong culture of sharing with local  
8 colleagues. And in relation to a pandemic, the  
9 preparedness here really was whole-system, so RED's  
10 approach to subsidiarity there was to dock into the  
11 central structures, which you'll have heard a lot about,  
12 the Pandemic Flu Readiness Boards and structures like  
13 that, and to convey there what local resilience forum  
14 were saying and then to facilitate the flow of  
15 information into local resilience forums, to be part of  
16 joint exercising, locally and nationally, and to  
17 facilitate the flow of messages back up and down through  
18 the system.

19 So I think in summary, it is an approach based on  
20 subsidiarity.

21 **Q.** Yes.

22 **A.** It is just a whole-system approach when planning for  
23 a pandemic, because some elements of it involve national  
24 decision-making and some, quite rightly, either LRF  
25 level or more local decision-making because --

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1 Q. Even more local than that.  
 2 A. It is local partners who know their communities --  
 3 Q. The best, yes.  
 4 A. -- and we know that local planners are very good at  
 5 dealing with their communities.  
 6 Q. Well, let's have a look at a couple of documents,  
 7 please. The first is a report from the C-19 National  
 8 Foresight Group, entitled "Covid-19 Pandemic Third  
 9 Interim Operational Review".  
 10 Thank you.  
 11 Now, this is dated October of 2020 so it's outside  
 12 of our Module 1 time period but I want to look at  
 13 page 22, please, because it sets out some concerns that  
 14 were felt by -- from delegates.  
 15 If which can highlight the second paragraph there,  
 16 please, this was a group that had gathered evidence from  
 17 all but one local resilience forum and it said:  
 18 "Delegates report that they did not feel understood  
 19 or trusted by Central Government and Ministers.  
 20 Delegates have reported that Ministers and some  
 21 government departments still do not understand what LRFs  
 22 and SCGs are, what these structures can and cannot do,  
 23 and what the difference is between an LRF and an SCG."  
 24 Is that a strategic commissioning group, an SCG?  
 25 A. Co-ordination group.

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1 To avoid a huge number of letters creeping in, in  
 2 central government I think possibly sometimes people  
 3 referred to LRFs when they meant SCGs, but I don't think  
 4 that would have meant that central government  
 5 departments didn't understand what an LRF was, or indeed  
 6 an SCG.  
 7 I think this question about feelings of trust  
 8 between central government and ministers is one that one  
 9 really has to ask local partners about. We often heard  
 10 from local partners that they wanted to have advanced  
 11 notice of decisions that were being taken, and sometimes  
 12 they asked about the sharing of information in a timely  
 13 way. I think some of that is coming out here.  
 14 From a RED perspective, and indeed a wider  
 15 departmental perspective, we shared material when it was  
 16 authorised to be shared, when decisions had been taken  
 17 and so on and so forth.  
 18 Q. All right.  
 19 We can take that down, please, and let's replace it  
 20 with INQ000177803, which is the witness statement of  
 21 Mark Lloyd from the Local Government Association. He is  
 22 going to be coming to give evidence to the Inquiry at  
 23 a later date.  
 24 Could we go to page 51 and have a look at  
 25 paragraph 199, please. Thank you.

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1 Q. "This hampers the ability to integrate the national and  
 2 local approach, as the expectations from the national  
 3 decision-makers are misplaced and misaligned with the  
 4 civil contingencies' frameworks, or guidance materials  
 5 are incorrectly framed, or include incorrect details."  
 6 Is that something that you recognise, Ms Frances?  
 7 A. So I was aware of this work being done at the time, and  
 8 indeed RED attended some of the sessions to hear  
 9 first-hand, because it was important to learn from  
 10 practitioners and what they were feeling at the time.  
 11 I think, not to deflect the query you're making, but  
 12 this is October 2020 --  
 13 Q. Yes.  
 14 A. -- and I think quite a lot of what we're hearing from  
 15 delegates here is their reflection on evolution during  
 16 the pandemic and how they felt certain things were  
 17 going. The distinction between an LRF and an SCG is,  
 18 of course, important in operational work --  
 19 Q. What is the difference?  
 20 A. The distinction is literally that an LRF is the group  
 21 that brings together all of the Category 1 responders.  
 22 Q. Yes.  
 23 A. But when you go into response you need a strategic group  
 24 that is just running the response and that is designated  
 25 by the LRF, that is the SCG.

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1 "The LGA's view is that in a number of [cases], the  
 2 principle [this is of subsidiarity] is not currently  
 3 being applied effectively" --  
 4 LADY HALLETT: Areas.  
 5 MS BLACKWELL: "Areas", I'm so sorry.  
 6 "... in a number of areas, the principle is not  
 7 currently being applied effectively. Subsidiarity  
 8 implies that local agencies are trusted, equal partners  
 9 in emergency preparedness and response which, in  
 10 appropriate circumstances, are empowered to lead local  
 11 resilience work. However, there are a number of  
 12 examples of practice suggesting otherwise."  
 13 If we could read on to the next paragraph, please:  
 14 "As noted, a persistent issue, which has undermined  
 15 trust and therefore the principle of subsidiarity, has  
 16 been the extent of central Government's willingness to  
 17 share information with local partners. There have been  
 18 repeated challenges with central Government sharing  
 19 intelligence and information about national risks  
 20 (for examples, planning assumptions reasonable  
 21 worst-case scenarios) on a limited basis or not at all,  
 22 thereby undermining the ability of local areas to  
 23 undertake timely and informed local planning."  
 24 Thank you.  
 25 It appears from what Mark Lloyd has to say,

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1 certainly in those two paragraphs, is that there was  
2 a lack of sharing of information or certainly  
3 a perception at the local level of not being fully  
4 informed about the National Risk Assessment and what lay  
5 behind it.

6 Do you agree, Ms Frances, that if the risk  
7 assessments at a local level are going to be meaningful  
8 and adequate, there needs to be an understanding of the  
9 assumptions that are being used at a national level to  
10 perform the National Risk Assessment?

11 **A.** So the national risk security assessment is shared with  
12 every LRF in England. There are elements of it that can  
13 be secure and they can be accessed through secure  
14 routes. LRFs themselves nominate who has access to that  
15 information. So -- and we use the LRF to cascade that  
16 information because it is the named ways for doing so in  
17 civil contingencies approaches in legislation.

18 **Q.** Just so that I understand it correctly, there is  
19 a confidential -- there is a secret part of the National  
20 Security Risk Assessment, isn't there? There is  
21 an element of it which is not public facing? Are you  
22 suggesting that, in relation to that part of the  
23 assessment process, there is a facility whereby the  
24 local resilience forum can have access to that, but it  
25 requires the nomination of a person, presumably who has

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1 I think I'd say two things here.

2 I mean, the first is that before the pandemic local  
3 planners had the same epidemiological sort of  
4 assumptions that were there in all of the documentation  
5 as national planners were using from the 2011 and 2013  
6 documentation, and were working using the same planning  
7 frameworks as central government planners, and I think  
8 we also shared with them updated Covid material when it  
9 was available.

10 So I understand that local partners -- and we did  
11 hear local partners saying, "Are you sharing as much as  
12 you can?" But I think in terms of pandemic preparation  
13 the basic building blocks were all common across central  
14 and national government. The exercises that we were  
15 doing were on common bases, and the same for planners.

16 I would say that in the pandemic things moved at  
17 pace, and sometimes that may have led local planners to  
18 say, "Could you not have told us this earlier?"

19 **Q.** Yes.

20 **A.** Totally accept that. That's absolutely something we  
21 heard.

22 **Q.** But in terms of preparedness and the National Risk  
23 Assessment and the ability of that to be carried  
24 forwards and cascading down to a local level, do you  
25 think there is a disconnect between what happens at

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1 security clearance to do that?

2 **A.** So my understanding is that the NSRA is shared with  
3 every LRF in the country, and certainly in 2019, when it  
4 was updated, RED and the CCS ran a series of events with  
5 local resilience fora, so that they understood changes  
6 to the NSRA and appreciated how that could affect them.

7 That is not the same as saying that every local  
8 partner saw the NSRA or the associated documents.  
9 An LRF would each have had to decide who had access to  
10 that material, and my understanding is that the areas  
11 that are more secure are treated in a more secure way.

12 **Q.** Right.

13 **A.** But it would have been for the LRF to determine who saw  
14 that, and I would certainly expect key people to have  
15 seen the key documentation.

16 **Q.** So does it surprise you that Mr Lloyd's opinion appears  
17 to be that there have been repeated challenges about the  
18 sharing of information?

19 **A.** I think that he's making two points, if I read this  
20 right. So the first is around the national risk  
21 assessments where, as I've said, it was shared in the  
22 appropriate way down the appropriate routes.

23 The second point I think he's making is a general  
24 question about whether information more widely was  
25 shared.

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1 a national and a local level or are you confident that  
2 there is sufficient quality of information flowing from  
3 the top to the bottom?

4 **A.** Well, I think if we set out the National Risk  
5 Assessments we hold a series of events to explain the  
6 changes and then LRFs are required, and I think do,  
7 understand what's in the national risk assessments, that  
8 that's acceptable. I think they then need to work out  
9 at a local level, and this can be challenging actually,  
10 how the local community risk assessment works, because  
11 you may have a part of the country which has a different  
12 balance of risk assessment to another, for entirely  
13 legitimate reasons. Maybe it's subject to more flooding  
14 than another part of the country or something. We see  
15 those sorts of variations. But, yes, I think local  
16 planners had those framework pieces.

17 **Q.** What are regional resilience teams?

18 **A.** So are you referring to the arrangements which were in  
19 place before RED started in our department?

20 **Q.** Yes.

21 **A.** Yes. So before 2011 --

22 **Q.** Yes.

23 **A.** -- government was structured in a different way and  
24 there were a series of government offices across  
25 England. In that context, there were a series of

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1 regional resilience teams and they were Cabinet Office  
 2 teams who reported directly in to the Cabinet Office,  
 3 and they did -- what the name suggests, actually --  
 4 a very similar function to that which RED performs and  
 5 has performed since 2011.

6 **Q.** But spread out across the country?

7 **A.** Yes, exactly. Located in those government offices which  
 8 no longer exist and didn't after 2011.

9 **Q.** Yes. If it were to be suggested that consideration  
 10 perhaps should be given to the reinstatement of regional  
 11 resilience teams to add an additional level of  
 12 assistance, and perhaps combined with a level of  
 13 assurance between central and local government, do you  
 14 think that that's an idea that's worth considering?

15 **A.** There are very different views around the country on the  
 16 regional situation, and I think that we think that the  
 17 regional position is more complex than -- in resilience  
 18 terms, than existed prior to 2011.

19 To explain that a little bit more, there are some  
 20 parts of the country where the collaboration jointly  
 21 between resilience planners on the old regional  
 22 footprint still continues to feel relatively natural, if  
 23 I can put it that way.

24 So to draw an example, the northeast or the  
 25 southwest, the LRFs in those areas tend to work jointly

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1 needed to be made on the regional basis we were  
 2 facilitating that.

3 **Q.** Right, so from what you have said, RED takes the issue  
 4 that's been raised, considers the area in which it's  
 5 being raised, and prepares and presents a suitable  
 6 solution, and it's got flexibility within the  
 7 organisation in order to be able to do that?

8 **A.** That is a very good way of putting it, thank you.

9 **Q.** Thank you very much.

10 I want to move on to resources now, please.  
 11 The Inquiry will hear that, in terms of local government  
 12 funding, there were real terms reductions over the  
 13 period of time that this Inquiry is involved in, up to,  
 14 in some cases, 57%. That evidence is going to be coming  
 15 from Mr Lloyd. And that however large the reduction  
 16 was, there was a significant amount of concern at  
 17 a local government level as to whether or not there was  
 18 sufficient resource in order to be able to carry out  
 19 proper preparation for any civil emergency happening.

20 Did you witness the impact of reduction in funding  
 21 or changes in funding in your day-to-day relationship  
 22 with local government?

23 **A.** Can I correct one thing for the record, first?

24 **Q.** Yes, please.

25 **A.** I think you said that there was a 57% reduction in local

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1 in a way that is very close to the original regional  
 2 footprint, and RED works with them on that basis as  
 3 well. If they want to work like that, we support them  
 4 on that basis. But there are other parts of the country  
 5 where that geography doesn't feel so natural, maybe  
 6 because there's a very rural area next to a very urban  
 7 area, and the connection there just feels less  
 8 significant than maybe other structural connections.

9 So RED works in a way that we support collaboration  
 10 across different LRFs in the way that works for whatever  
 11 the task that needs to be done. So if I can give you  
 12 an example, in preparations for the possibility of  
 13 leaving the EU with no deal, we worked with different  
 14 LRFs across the country who had ports and airports, and  
 15 clearly they weren't all in one region but they shared  
 16 a common set of issues that they needed to deal with,  
 17 and so we would flex our approach that way.

18 I should just add one more point, which is that RED  
 19 does work on a regional basis, we have four regional  
 20 offices.

21 **Q.** Right.

22 **A.** At various times it's been four or five. But all of the  
 23 workshops that we've run in pandemic planning,  
 24 for example our workshops in, I think it was, early  
 25 2018, were run in four locations so that if connections

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1 government budgets.

2 **Q.** What I intended to say was that the councils had their  
 3 core funding from central government reduced and in some  
 4 areas that amounted to a real terms reduction of 57%.

5 **A.** So I think that's a quote from Mark Lloyd's witness  
 6 statement.

7 **Q.** That's exactly where it's come from.

8 **A.** I just think it's important for the Inquiry to  
 9 understand that that is not a measure of the resources  
 10 available to local government, particularly because it  
 11 doesn't include resources from council tax.

12 Mark Lloyd in his witness statement does make  
 13 reference to another figure which is drawn from the  
 14 National Audit Office --

15 **Q.** Yes.

16 **A.** -- and I would strongly recommend that we use that one,  
 17 because it represents a holistic view of resources for  
 18 councils, it's at paragraph 287 in Mark Lloyd's witness  
 19 statement.

20 **Q.** Do you agree that there was a reduction?

21 **A.** Absolutely.

22 **Q.** Right. And my question was: did you witness any impact  
 23 of that reduction in your day-to-day work with local  
 24 government?

25 **A.** So there was definitely a really significant reduction

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1 in local government resources in the 2010s, as part of  
 2 the wider government approach to fiscal policy. What  
 3 I've witnessed varies a lot between different councils,  
 4 and it's hard to draw simple conclusions about the  
 5 budget reductions and preparedness for a pandemic,  
 6 actually. Firstly, I think, because councils make their  
 7 own decisions about what they're going to prioritise  
 8 within the statutory framework, and so they will  
 9 naturally have looked at where they had statutory  
 10 responsibilities, like to plan for emergencies --

11 **Q.** Yes?

12 **A.** -- and for big public services, which were critical, and  
 13 will have formed a view about what was necessary.  
 14 Because they take different locally-based decisions as  
 15 well, they also take quite different strategies, and  
 16 it's hard to generalise. And they're quite good and  
 17 have been very effective organisations at working in  
 18 a creative way to get out efficiencies over this era.

19 So I would say I've seen councils' capacity being  
 20 affected, that is the case. I've also seen them working  
 21 in a very efficient way through different reductions.

22 At an overall level, when you look at the choices  
 23 they've made on services like adult social care and  
 24 children's services, they've tended to try to uphold the  
 25 expenditure in those areas and make reductions

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1 RED and the local government, both local authorities and  
 2 local resilience forums.

3 Would it assist in the planning that they have to do  
 4 for civil emergencies for there to be one single  
 5 repository of material that they need to consider?  
 6 The Inquiry has received information that there isn't  
 7 at present a single repository for relevant guidance and  
 8 information on emergency preparedness, and that that --  
 9 consideration of creating that is something that should  
 10 happen.

11 **A.** So the Cabinet Office hold a system called  
 12 ResilienceDirect which can be accessed by LRFs, and some  
 13 of the guidance is also available on public websites.  
 14 We have heard exactly the same feedback from local  
 15 planners, and you will have seen in some of our  
 16 documentation attached to my witness statement that  
 17 that's reflected in some of their feedback.

18 **Q.** The Inquiry has also heard that, in the main part,  
 19 guidance that reflects upon all civil emergencies, but  
 20 in particular pandemic planning, did not cover the issue  
 21 of non-pharmaceutical interventions. Do you think that,  
 22 going forwards, that is something, the involvement of  
 23 that in planning documents and guidance given to those  
 24 in charge of local government about non-pharmaceutical  
 25 interventions, would be a welcome addition?

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1 elsewhere.

2 And, yes, I don't think you can draw quite  
 3 a straight line from the resourcing question to their  
 4 capability and their planning, because they've seemed  
 5 quite resilient organisations to me and quite adaptable,  
 6 and they were in the pandemic.

7 **Q.** In your witness statement you make reference to "best  
 8 value duty". What does that mean?

9 **A.** There's a duty in legislation that councils have regard  
 10 to efficiency and economy and improvement, which is  
 11 a requirement on all councils essentially to govern  
 12 themselves well and to continue with due regard to those  
 13 principles. They -- the best value principle has been  
 14 used when councils are in severe difficulty, but it's  
 15 a relatively unusual context, a relatively unusual  
 16 intervention to make, on best value grounds. Most  
 17 councils govern themselves exceptionally well and are  
 18 very effective at managing this sort of resource  
 19 pressure.

20 **Q.** Do you think that at the present time the subsidiarity  
 21 model is still capable of working effectively, given the  
 22 level of funding that local government has?

23 **A.** Absolutely.

24 **Q.** Right.

25 Other issues relating to the relationship between

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1 **A.** So local planners for the pandemic were using the same  
 2 planning guidance documents and the same assumptions as  
 3 national, and thus -- as you will have heard from other  
 4 witnesses and you will have seen from the published  
 5 material -- there were elements in there, and what  
 6 happened in the pandemic, that weren't included in  
 7 there.

8 **Q.** Yes.

9 **A.** In terms of what should be in a planning document for  
 10 pandemic, whether flu or otherwise, I would absolutely  
 11 defer to the Department of Health and Social Care,  
 12 because they are the lead government department in  
 13 defining what should be included in that. So I hope  
 14 that answers your question.

15 There were gaps in terms of the comparability of  
 16 what we were planning for and what ultimately happened.  
 17 They had the same information as central government  
 18 departments, and I would absolutely defer to DH.

19 **Q.** When one considers that particularly taking into account  
 20 the model or the principle of subsidiarity, that it is  
 21 those people on the ground acting locally, following  
 22 plans and guidance locally, that are in the greatest  
 23 need of practical guidance, then it is imperative, is it  
 24 not, that the guidance that they follow includes the  
 25 practical application of things like non-pharmaceutical

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1 interventions?

2 **A.** It's absolutely necessary that the plans that everyone

3 is following are as close as can be reasonably expected

4 to be what is likely to happen, and that everybody has

5 a shared understanding of that, and that in exercising

6 and in reflecting on exercises and in workshopping

7 things we are talking about the same thing, whether at

8 a national or a local level.

9 **Q.** I'd finally like to ask you about the vulnerable and

10 what level of involvement planning and guidance has had

11 in terms of identifying those who are the most

12 vulnerable in society and how they need to be accounted

13 for in terms of planning and also in terms of any

14 response to a civil emergency.

15 You say in your witness statement that:

16 "RED engages with voluntary, community and social

17 enterprise ('VCSE') partners in preparedness, response

18 and recovery planning. This is primarily through LRF

19 engagement where VCSE partners are core partners within

20 individual LRFs."

21 Can you explain to us, please, how that works?

22 **A.** Yes, certainly. So the department is not the lead

23 department in national government in terms of overall

24 relationship with the voluntary and community sector.

25 **Q.** Yes.

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1 there's some engagement by us at the national level, but

2 our primary engagement with the VCS is to ask LRFs to do

3 that, and then we absolutely acknowledge that local

4 authorities and even smaller partners are working

5 collaboratively with the VCS.

6 **Q.** All right.

7 You mention the British Red Cross, so I would like

8 to display part of the witness statement that we have

9 from Mr Adamson, who is the chief executive there.

10 It's at INQ000182613, and if we can go to page 10,

11 please, and look at paragraph 43. Thank you.

12 "The [British Red Cross] has long believed that

13 increased engagement between the CCS and the voluntary

14 sector would be beneficial for the UK's emergency

15 preparedness. It is in that context that, in 2019, the

16 [British Red Cross] and other voluntary organisations

17 sought to engage with the CCS. Our focus was on seeking

18 to develop a strategy with the government for the

19 voluntary sector to react to a range of emergencies

20 based on the lessons learned from responding to the

21 multiple emergency events of 2017. The intention was

22 for the voluntary sector to offer something more than

23 the gold, silver and bronze model which usually

24 dominates emergency responses, in particular to focus on

25 the human aspects of recovery that are sometimes

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1 **A.** But it is absolutely critical to emergency preparedness

2 and response that the voluntary and community sector are

3 part of that. The guidance that sets out how LRFs

4 should work stipulates that LRFs should be expected to

5 work with volunteering organisations at the right

6 footprint, and so the way that we support LRFs on that

7 is simply to make sure that they are aware of that

8 guidance and to make sure they factor it in.

9 I think more precisely, in terms of preparing from

10 RED, if I can give you an example, at the national

11 level, we try and make sure we have some connections

12 with lead VCS organisations. So, for example, the

13 British Red Cross has attended our twice-yearly LRFs,

14 chairs a conference on very regular occasions, and is

15 a regular attendee and invitee, but then we channel most

16 of our work with the VCS simply by looking at the LRF

17 and what the LRF is doing.

18 To elaborate yet further, when we're in response,

19 and indeed in planning, we often find that the LRF area

20 itself is quite a large footprint for engaging with

21 charities, so in the pandemic a lot of very kind people

22 gave of their time and effort, and they did so at what

23 I would describe as a hyper-local level, so often that

24 was corralled and organised by local authorities who

25 themselves would then be part of the LRF structure. So

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1 forgotten. The experience was somewhat dispiriting and

2 there appeared to be a lack of curiosity on the part of

3 the CCS regarding what the voluntary sector could

4 provide."

5 Further down, please:

6 "44. I had also previously approached the RED

7 in 2018 and received a more positive response, including

8 a proposed approach to the CCS for a three-way meeting.

9 However, this meeting did not materialise."

10 Could more be done, Ms Frances, to engage with the

11 voluntary sector and to ensure that, so far as both

12 planning and response is concerned, those most

13 vulnerable in society, and who require the services and

14 assistance from the voluntary sector, are engaged with,

15 both at a national and also at a level at which RED was,

16 and is, existing?

17 **A.** So a lot of what you've just read out is in relation to

18 CCS, not RED. I don't know about the particular meeting

19 that Michael Adamson is alluding to in paragraph 44.

20 **Q.** But forgive me, you were talking, in your previous

21 answer, about engagement at a national level with CCS,

22 between CCS and the --

23 **A.** No, I was talking about engagement at national level

24 primarily between RED and the British Red Cross, but

25 I also noted that the British Red Cross often attended

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1 at --

2 **Q.** Yes.

3 **A.** -- are joint LRF chairs, joint with CCS there.

4 I mean, I think that there is always more to be done

5 working with the voluntary and community sector. It has

6 an incredibly distinct and important role. It is

7 exactly, as Michael Adamson notes, not the same as the

8 role that is provided through gold, silver, bronze

9 structures, so I accept his feedback that local

10 resilience partners, whether that be in LRFs or other

11 fora, can continue to build their connections with the

12 VCS.

13 I also noted in his witness statement that he talked

14 about progress that had been made about interrelations

15 with the VCS over the course of the pandemic, which

16 seemed to me to be positive and were led by the lead

17 government department for the VCS.

18 In terms of RED's engagement with the VCS, as I've

19 said the national engagement in the LRFs chairs forum

20 has been the principal one, and we have looked across

21 the sector at how people are engaging with the VCS to

22 see if we can learn any lessons or take any cues from

23 that. We haven't yet moved forward with the work.

24 **Q.** Because if RED is expecting to be able to rely upon the

25 British Red Cross and other organisations within the

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1 one day.

2 **THE WITNESS:** I'm sorry about that.

3 **LADY HALLETT:** It's not your fault, I'm afraid it's

4 systemic.

5 **THE WITNESS:** Yes.

6 **LADY HALLETT:** If only it was enough acronyms for

7 a lifetime, but I fear it's not.

8 Thank you very much indeed for your help,

9 Ms Frances.

10 **THE WITNESS:** Thank you.

11 **(The witness withdrew)**

12 **LADY HALLETT:** Right, as far as next week is concerned,

13 obviously we're not sitting tomorrow, it's a Friday, we

14 don't normally sit on a Friday. We had hoped to sit

15 Monday morning but for various reasons it hasn't proved

16 possible, so I will next sit again at 2 o'clock, Monday

17 afternoon.

18 **MS BLACKWELL:** Thank you, my Lady.

19 **LADY HALLETT:** Thank you.

20 **(3.07 pm)**

21 **(The hearing adjourned until 2 pm**

22 **on Monday, 3 July 2023)**

23

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1 VCS, in the event of a response to a civil emergency,

2 that is likely to make more of an impact if the VCS has

3 also been engaged in the preparation, isn't it?

4 **A.** RED is asking local responders but RED is acting as

5 a communicator between central and local government and

6 structures. RED is asking that local responders who are

7 responsible in legislation are content that they have

8 plans, and the Cabinet Office guidance, which is very

9 sensible, expects LRFs to have good connections with

10 the VCS. I completely agree that good connections with

11 the VCS is a vital part of the mixture, part of the

12 recipe of good response and good planning. I'm not sure

13 I can go very much beyond that.

14 **Q.** All right.

15 **A.** Our recent publications on this express a desire to

16 integrate preparedness and response more closely with

17 communities, which of course is in part about the VCS,

18 though not entirely.

19 **MS BLACKWELL:** Thank you very much.

20 Would you excuse my back, please?

21 **(Pause)**

22 My Lady, there are no questions for which permission

23 has been granted, and so that concludes Ms Frances's

24 evidence.

25 **LADY HALLETT:** I think we have all had enough acronyms for

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<p><b>W</b></p> <p><b>woefully... [1]</b> 21/25</p> <p><b>wolf [1]</b> 4/11</p> <p><b>won't [4]</b> 6/2 27/22 49/22 71/1</p> <p><b>wonder [2]</b> 113/1 113/2</p> <p><b>word [3]</b> 26/2 73/16 102/9</p> <p><b>wording [1]</b> 114/5</p> <p><b>words [2]</b> 30/17 118/19</p> <p><b>work [73]</b> 10/5 16/16 19/24 22/24 24/19 29/4 29/5 36/10 38/13 38/19 38/19 49/16 49/23 50/8 51/14 52/7 52/15 53/21 54/4 54/5 55/24 56/14 58/19 58/25 63/24 64/7 66/3 71/3 71/5 71/10 72/13 81/13 81/17 81/19 82/6 82/14 82/15 88/16 88/17 89/1 89/5 89/11 91/2 91/15 94/11 96/24 98/12 98/22 98/24 104/22 104/23 115/19 116/8 127/21 128/2 133/5 133/13 133/14 134/19 134/22 135/9 138/7 138/18 140/11 144/8 145/25 146/3 146/19 148/23 154/4 154/5 154/16 157/23</p> <p><b>worked [7]</b> 3/24 14/21 55/7 55/9 56/1 99/2 146/13</p> <p><b>workers [2]</b> 3/7 27/16</p> <p><b>workforce [1]</b> 31/5</p> <p><b>working [31]</b> 3/11 5/23 6/21 10/4 11/20 21/1 21/1 21/2 22/23 24/20 30/14 55/6 55/13 56/7 56/11 56/17 57/11 58/16 61/16 104/24 105/21 107/11 114/1 115/8 127/21 143/6 149/17 149/20 150/21 155/4 157/5</p> <p><b>works [7]</b> 115/14 124/8 144/10 146/2 146/9 146/10 153/21</p> <p><b>workshopping [1]</b> 153/6</p> <p><b>workshops [4]</b> 134/17 135/24 146/23 146/24</p> <p><b>workstreams [7]</b> 49/3 49/10 49/14 49/21 63/22 63/25 64/18</p>	<p><b>world [21]</b> 2/1 2/4 2/7 2/13 3/8 4/15 5/9 5/16 7/17 8/9 11/12 12/11 13/2 13/3 19/16 20/4 21/12 23/24 31/20 78/17 116/13</p> <p><b>world's [2]</b> 20/8 20/8</p> <p><b>worrying [1]</b> 51/13</p> <p><b>worst [9]</b> 34/10 35/6 45/13 47/6 94/21 96/3 98/6 98/10 140/21</p> <p><b>worst-case [7]</b> 35/6 45/13 47/6 94/21 98/6 98/10 140/21</p> <p><b>worth [1]</b> 145/14</p> <p><b>worthy [1]</b> 78/6</p> <p><b>would [228]</b></p> <p><b>wouldn't [12]</b> 14/8 14/20 18/2 39/3 61/17 66/5 66/10 73/9 73/15 84/21 88/10 104/24</p> <p><b>wrestle [2]</b> 91/17 99/6</p> <p><b>wrestled [1]</b> 98/14</p> <p><b>wrestling [3]</b> 99/11 99/12 114/8</p> <p><b>written [1]</b> 104/12</p> <hr/> <p><b>Y</b></p> <p><b>Yeah [11]</b> 3/2 3/23 4/21 6/19 8/3 9/15 23/14 41/13 84/15 99/23 106/16</p> <p><b>year [9]</b> 7/2 20/20 67/12 68/12 75/1 75/11 76/4 90/5 100/14</p> <p><b>yearly [1]</b> 154/13</p> <p><b>years [26]</b> 4/2 6/21 7/18 18/12 19/18 19/24 21/4 24/1 24/9 27/9 43/12 55/19 58/23 65/18 67/12 78/7 80/4 81/14 83/4 90/7 90/24 91/1 99/22 124/18 134/11 134/13</p> <p><b>Yellowhammer [3]</b> 49/17 51/12 54/10</p> <p><b>yes [101]</b> 1/3 2/2 2/6 7/21 10/25 11/5 16/17 17/15 18/5 23/7 25/3 30/2 32/15 32/19 33/3 33/6 33/18 33/22 33/24 35/18 36/9 39/10 39/24 41/6 43/7 43/8 43/20 48/14 49/15 53/19 54/3 56/10 58/2 61/23 62/12 62/23 62/25 63/3 64/2 64/3 64/12 65/16 68/10 70/19 75/3 75/12 75/18 75/25 76/6 79/5 81/13 87/25 88/6 88/14</p>	<p>90/25 93/7 94/17 99/14 99/16 102/2 102/6 102/6 102/20 102/25 103/3 103/20 103/25 106/3 111/22 113/5 113/13 114/17 115/11 120/7 126/4 126/20 128/7 130/14 130/20 131/12 132/15 136/21 137/3 138/13 138/22 143/19 144/15 144/20 144/21 144/22 145/7 145/9 147/24 148/15 149/11 150/2 152/8 153/22 153/25 157/2 159/5</p> <p><b>yesterday [4]</b> 22/10 73/21 84/2 89/19</p> <p><b>yet [6]</b> 7/10 24/2 58/10 67/3 154/18 157/23</p> <p><b>you [404]</b></p> <p><b>you know [24]</b> 40/18 45/2 46/6 54/12 78/17 83/3 83/21 86/5 95/7 98/21 98/23 101/1 101/1 105/6 105/20 107/12 108/6 108/8 108/10 108/11 108/17 110/6 110/19 116/22</p> <p><b>you'll [5]</b> 6/3 22/6 67/4 130/21 136/11</p> <p><b>you're [13]</b> 3/10 6/24 22/4 22/11 27/20 28/1 43/17 53/17 59/17 71/2 122/3 125/23 138/11</p> <p><b>you've [20]</b> 8/3 9/7 18/16 18/25 22/8 22/8 23/10 31/25 32/6 42/3 46/14 50/2 68/3 74/21 83/25 121/24 121/25 131/3 133/15 156/17</p> <p><b>young [1]</b> 4/24</p> <p><b>your [85]</b> 1/12 1/15 2/3 2/10 5/23 7/23 9/17 9/18 10/22 11/11 13/5 18/9 18/25 24/19 29/8 30/7 30/10 30/12 30/15 30/16 32/3 32/7 39/23 43/25 44/15 44/24 46/19 46/20 46/22 47/13 48/6 50/2 50/16 57/24 61/13 69/19 73/6 75/2 75/13 76/2 76/5 77/8 78/23 82/15 84/13 86/8 88/20 92/1 92/19 92/21 95/15 99/17 99/24 100/5 106/17 106/23 110/24 115/6 116/1 117/18 118/19 118/19 121/12 121/21 122/2 122/4 122/7</p>	<p>122/9 122/13 123/4 123/9 123/24 124/5 125/23 126/1 128/1 130/7 147/21 148/23 150/7 152/14 153/15 156/20 159/3 159/8</p> <p><b>yourself [3]</b> 6/25 33/4 79/15</p> <hr/> <p><b>Z</b></p> <p><b>Zika [2]</b> 7/5 10/19</p>
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