

Witness Name: Nicola Sturgeon  
Statement No.: 6  
Exhibits: NS6  
Dated: 17 December 2024

## UK COVID-19 INQUIRY

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### WITNESS STATEMENT OF NICOLA STURGEON

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**In relation to the issues raised by the Rule 9 request dated 25 September 2024 in connection with Module 5, I, Nicola Sturgeon, will say as follows: -**

#### **Background**

1. My name is Nicola Sturgeon. I was appointed First Minister of Scotland by Her Late Majesty Queen Elizabeth on 20 November 2014, on the nomination of the Scottish Parliament. I held office as First Minister from then until 28 March 2023 and I am a Privy Counsellor. I was previously Deputy First Minister and Cabinet Secretary for Health in the Scottish Government, from 17 May 2007 to 19 May 2011, Deputy First Minister and Cabinet Secretary for Health, Wellbeing and Cities Strategy from 19 May 2011 to 5 September 2012 and then Deputy First Minister and Cabinet Secretary for Infrastructure, Capital Investment and Cities from 5 September 2012 to 19 November 2014.
2. I held office as First Minister throughout the period from 30 January 2020 to 28 June 2022. As First Minister during that period I was head of the Scottish Government and so had overall responsibility for our pandemic response, and for engagement with the UK Government and other devolved administrations. However, in keeping with the principle and practice of Cabinet government, I exercised that responsibility on occasion and, where appropriate, through delegation to Ministers. This witness statement relates to the matters addressed by the UK Covid-19 Inquiry's Module 5, which is considering the procurement and distribution of key healthcare equipment and supplies, including PPE, ventilators and oxygen.

3. I had overall responsibility for the Scottish Government's response to the Covid-19 pandemic, which includes the procurement and distribution of key healthcare equipment and supplies, insofar as the Scottish Government was involved. In discharging my responsibilities, I worked with a range of individuals and organisations. It is important to note from the outset that the procurement of healthcare supplies was and is the responsibility of NHS National Services Scotland (NSS). Further detail on this is set out in the Module 5 Scottish Government Director General Health and Social Care corporate statement provided to the Inquiry on 21 October 2024.
4. In the preparation of this statement, I have referred to records and material provided to me by the Scottish Government, and these have been exhibited where relevant. I have received drafting assistance and input from the Scottish Government's Covid Inquiries Response Directorate to enable the statement to be completed, however, any views or opinions expressed in this statement are my own.

**Working with other Ministers, Scottish and UK Government departments and the other Devolved Administrations**

**Scottish Ministers and Departments**

5. Scottish Cabinet was the main Scottish Government decision making body. I chaired weekly meetings of the Cabinet, which portfolio Ministers attended. Procurement of healthcare equipment and PPE was discussed within this forum regularly.
6. On matters relating to the scope of Module 5, I worked closely with Jeane Freeman, the Cabinet Secretary for Health and Sport, until she left Government in May 2021. Ms Freeman and I met daily to discuss the pandemic response. Thereafter, I worked with her successor Humza Yousaf who took over as Cabinet Secretary for Health and Social Care in May 2021. I worked closely with John Swinney, the Deputy First Minister, who was responsible for resilience structures as well as Ivan McKee, who was Minister for Trade, Innovation and Public Finance until May 2021, when his role changed to Minister for Business, Trade, Tourism and Enterprise. Mr McKee as well as Graeme Dey (then Minister for Parliamentary Business) and Clare Haughey (Minister for Mental Health) were involved with PPE and Mr McKee specifically on the creation of a domestic supply chain for PPE and other materials.

7. As First Minister, I largely received information from the Health and Social Care Directorate via the Cabinet Secretary for Health and Social Care or directly from officials.
8. Until May 2020, the Director General (DG) for Health and Social Care and Chief Executive of NHS Scotland was Malcolm Wright. This post was then split between Elinor Mitchell, who took on the role of interim DG Health and Social Care until December 2020 and John Connaghan, who took on the Chief Executive of NHS Scotland role until January 2021. From January 2021 until I left office, the DG Health and Social Care was Caroline Lamb.
9. Within the DG Health and Social Care, the key directorates from whom I would have received advice relevant to the scope of Module 5 were:
  - Directorate of the Chief Operating Officer (PPE and pandemic preparedness)
  - PPE Directorate (PPE)
  - Health Finance, Corporate Governance and Value (Sponsor of NSS and finance)
  - Test and Protect Directorate (Testing)
  - Directorate for Covid Public Health (June 2020 to June 2022), thereafter the Directorate for Population Health (Testing)
10. Neither the Chief Medical Officer (CMO) or Chief Nursing Officer (CNO) were responsible for procurement of items, as per the scope of Module 5. However, the Chief Nursing Officer did have overall responsibility for Infection, Prevention and Control (IPC) measures which are relevant to PPE. The CMO, CNO and National Clinical Director were constant sources of clinical advice to me and the Cabinet, though they would not have been directly involved in procuring goods.

#### Public Health Agencies

11. The Cabinet Secretary with responsibility for Health worked with public health agencies and the NHS in Scotland, either directly or through officials.

## UK Ministers and Departments

12. Officials and Ministers from the Scottish Government, including myself, engaged both directly and through four nations partners as part of UK-wide pandemic response measures. As I noted in my Module 2A statement [INQ000339033], there were three broad phases of interaction between the UK Government and the Devolved Administrations. These were:

- Phase 1: Pre-2020 liaison on contingency planning and preparations largely through Health and Resilience channels
- Phase 2: January to May 2020. Engagement on the initial response, primarily through Resilience and Health liaison mechanisms including the Cabinet Office Briefing Rooms (COBR), and then from March to May intense engagement including through Ministerial Implementation Groups – UK Government committees that were set up and to which in some cases devolved governments sent Ministerial participants.
- Phase 3: June 2020 to April 2022. Formal and informal official and ministerial engagement mainstreamed into the four governments' handling of the response to the pandemic and planning for recovery.

13. In phase 2 and occasionally in phase 3, I participated in COBR. In phase 3, I participated in the Chancellor of the Duchy of Lancaster (CDL) / Head of Devolved Administration Calls. In addition, Scottish Government Cabinet Secretaries and Ministers participated in Ministerial Implementation Groups (MIGs) meetings. In addition to this, the four nations health ministers met regularly from April 2020, and the Cabinet Secretary with responsibility for Health attended these meetings for Scotland's interests. I also attended two calls with the Prime Minister and Heads of the other devolved administrations.

14. Engagement with other UK Government departments, for example HM Treasury, the Department for Business, Energy and Industrial Strategy and the Foreign, Commonwealth and Development Office would have been led by the relevant portfolio Minister. For example, engagement with HM Treasury was led by the Cabinet Secretary with responsibility for Finance. I am aware that the three Devolved Administration (DA) Ministers with responsibility for Finance collectively wrote to the Chief Secretary to the Treasury in May 2020, regarding the limited supply of PPE being delivered through the UK-wide procurement approach and the significant cost



this was then having for the devolved administrations, provided: [NS6/001-INQ000336538]. In Cabinet, we were also frequently briefed by the Cabinet Secretary with responsibility for Finance on funding discussions taking place with UKG and the other devolved administrations, this was especially prominent for PPE.

15. As detailed in my witness statement to Module 2A of the UK Covid-19 Inquiry [INQ000339033], as is appropriate and standard practice, the Cabinet Secretaries and Ministers appointed by me had responsibility within their own portfolios for operationalising the decisions of Cabinet; taking decisions that did not require Cabinet approval; engaging with counterparts in the UK Government and other devolved administrations; and communicating with stakeholders. Any issues which I needed to be made aware of would have been raised with me directly or in Cabinet.
16. I was not involved in the Covid-19 Daily Strategy Meetings (9:15s), the Covid-19 Strategy Committee, the Covid-19 Operations Committee nor the Quad.

#### **The Procurement and Distribution of Healthcare Equipment and supplies**

17. The procurement and distribution of PPE for the NHS in Scotland was and is delegated to NSS. NSS, are accountable to Scottish Ministers through the Director General for Health and Social Care and the Cabinet Secretary with responsibility for Health, who in turn reported to me. If PPE supplied to NHS Boards from NSS was not sufficient to meet the needs of the Board, Health Boards were also able to procure additional stock as had been the case pre-pandemic.
18. Procurement of key healthcare equipment and supplies, including PPE, was discussed at Cabinet frequently and these discussions are set out later in this statement. The Cabinet Secretary with responsibility for Health received daily situation-reports from officials on PPE stocks (both what was in stock as well as what was expected). As demand and supply stabilised, these updates were provided weekly. Where considered necessary, the Cabinet Secretary would have informed me of issues directly or raised them at Cabinet. An example of this is when new supply routes had been established and a note was sent to me as well as other Cabinet Ministers for awareness [NS6/002 - INQ000474197].
19. Pre-pandemic, Primary Care Independent contractors (GPs, Dentists, Community Pharmacists and Community Optometrists) provided their own PPE as part of their contract to the NHS. However, in the early stages of the pandemic, provision of PPE

for primary care independent contractors was taken over by NSS too. In January 2020, the Cabinet Secretary agreed the first distribution of Fluid Resistant Surgical Masks (FRSM) to GP practices in Scotland. This was the first distribution from the pandemic (flu) stockpile.

20. During my press briefing on 18 March 2020, I was accompanied by the Cabinet Secretary for Health and Sport and the then Chief Medical Officer. During this briefing, I was asked about inappropriate PPE being used in the Scottish Ambulance Service. I made it absolutely clear that protecting our frontline staff was of critical importance and asked that any individual within NHS Scotland, who found themselves in that position should contact myself or the Cabinet Secretary for Health and Sport. On the particular issue raised with me on 18 March, I assured the journalist that I would address those issues the same day if details were provided. I took the obligation to protect health workers incredibly seriously and I expressed this repeatedly during my media briefings.
21. In order to ensure issues raised around access to PPE were being dealt with promptly, a dedicated mailbox was set up. This was operational by 1 April and the Cabinet Secretary for Health and Sport notified all MSPs, as well as the Health and Social Care Committee, of this on the same day. At the same time, each Health Board nominated a Single Point of Contact (SPoC) to be responsible for dealing with concerns relating to PPE. In the first instance, any issues accessing PPE were sent to the relevant SPoC for local resolution and if they were unable to resolve it, the SPoC would engage with NSS directly. Given the volume of queries being received about PPE, the Cabinet Secretary for Health and Sport asked Mr Dey to help oversee this work. He supported this work until May 2020, and Clare Haughey then had oversight until May 2021.
22. Provision of PPE to social care workers was also a challenge. Whilst this was not the responsibility of NSS, officials within the Health and Social Care Directorates worked with NSS to ensure there was a supply of PPE for social care providers, should normal routes fail or be inadequate. NHS Board Chief Executives, Local Authority Chief Executives, Chief Officers of Integration Authorities, Chief Social Care Work Officers and COSLA were asked to identify appropriate sites to be "PPE Hubs". PPE Hubs were supplied by NSS – this allowed social care workers to access PPE if usual supply routes had failed. In addition to this, the Cabinet Secretary for Health and Sport announced a one off 'top-up' of PPE for all care homes in Scotland in April

2020. The Cabinet Secretary for Health and Sport provided an update on this to myself and other Scottish Ministers, as well as bringing Cabinet's attention to this additional safety net for social care workers [NS6/003 - INQ000261832]. I publicised this helpline during my media briefings to ensure any issues could be addressed quickly, given that in the main we had sufficient overall stocks of all PPE.

23. In addition to recognising the difficulties facing health and social care providers, the Scottish Government was acutely aware of the difficulties facing other essential workers too. On 8 July 2020, Cabinet was provided with an update on the various strands of work underway across Scotland to ensure the provision of PPE to the health and social care sector and to other organisations providing essential public services, provided: [NS6/004- INQ000078409]. This included a new supply framework which was put in place by the Scottish Government for non-health essential services who had no or limited access to PPE. This framework was awarded to Lyreco and assisted essential workers who were struggling to access PPE. All Scottish public bodies outwith the NHS or the regulated care sector, registered Scottish charities and private companies employing staff undertaking essential public services, were able to access PPE via this framework.

24. NSS were also responsible for the procurement and distribution of ICU equipment. For ICU expansion, the pre-pandemic agreement with NHS Boards was to double ICU capacity. This was in line with international standards for a pandemic and was the starting point for our Covid-19 response.

25. In early Cabinet meetings, the availability and uncertainty of ventilator supply was discussed, with the availability of key healthcare equipment agreed as a national priority on 17 March 2020. The relevant Cabinet paper is provided: [NS6/005 – INQ000362664].

26. Given his professional background, the Minister for Trade, Investment and Innovation, Ivan McKee approached the Cabinet Secretary for Health and Sport to offer his assistance, and thereafter started work to assist in responding to the procurement pressures being faced by the unprecedented demand for PPE and other healthcare equipment. Mr McKee chaired an NHS and Scottish Manufacturing Supply Chain Working Group, which met seven days a week initially. This group included Scottish Government, Scottish Enterprise, Scottish Development International, NSS and the National Manufacturing Institute Scotland (NMIS)

27. A strategy for supporting procurement of PPE, other consumables and equipment was developed between members of this group. The strategy was split into two parts “buy” and “make”. The buy aspect was focussed on securing supplies from the global market as quickly as possible, and the “make” focussed on building supply capacity within Scotland’s manufacturing base. NMIS offered a network of manufacturing research and development facilities and were asked to help process offers of support from businesses and to provide innovation support to manufacturers. Mr McKee provided regular updates to my office and Cabinet on this work. The first update was provided to Cabinet on 24 March 2020. As is set out in the Module 5 DG Corporate statement, several new domestic supply chain routes were created as a result of this strategy. So, not only did we meet the urgent need, we also created greater self-sufficiency in Scotland. Hand sanitiser, non-sterile gowns, disposable aprons and visors are examples of items produced in Scotland. We were able to procure enough key medical equipment and supplies, including PPE, throughout the pandemic, which suggests it was a success.
28. Offers were received via a dedicated mailbox, where they were triaged and then considered by the Group. NHS colleagues within the group provided advice on the prioritisation of items and resources, based on current stock levels.
29. Separately, and within the Scottish Government Health and Social Care Directorate, the ICU Resilience Group was established, led by the Director of ICU Resilience (John Connaghan and then Caroline Lamb from March 2020 to May 2020). This group included NSS, as well as clinical advisors, and policy officials – and provided central coordination and made decisions on the distribution of ICU equipment to NHS Boards. This group monitored the situation within Health Boards on a daily basis and provided regular updates to Ministers on the progress made to meet the ICU expansion target of a maximum 714 ICU beds.
30. Due to the global demands, the cost of ICU equipment increased, as did delivery lead-in times. The uncertainty of the supply chain for ventilators was very much on my mind in the early stages of the pandemic and was noted as a critical concern in early Cabinet meetings. As a result and alongside all possible efforts to secure additional equipment, the ICU Resilience Group undertook to repurpose anaesthetic machines to mitigate against any potential shortage of ventilators – this was discussed in Cabinet on 31 March 2020, with potential for it to create more than 200 additional machines which, crucially, would be available in the short term. This was

considered less of a risk than utilising unfamiliar brands of ventilators, especially when the workforce was already under such pressure.

31. Alongside Scottish efforts to procure additional ICU equipment, NHS Scotland also secured equipment on loan from the UK Government's Department for Health and Social Care - with NHS Scotland allocated up to an 8.2% share of all the equipment procured or stockpiled. The equipment available through this UK stockpile was assessed within NHS Scotland and a small number of ventilators were accepted of brands familiar to NHS Scotland.

### Testing

32. The Scottish Government did not procure Polymerase Chain Reaction tests (PCR) or Lateral Flow Devices (LFD) directly as this was done on a four nations basis. The four nations collaborated on the development of a testing programme. A Testing Programme Memorandum of Understanding (MoU) was put in place, signed by the Cabinet Secretary for Health and Sport in April 2020. This MoU formalised arrangements that were in place to deliver testing across the UK since the beginning of the pandemic.
33. Advice and updates in relation to procurement within the testing programme in Scotland were generally directed towards the Cabinet Secretary with responsibility for Health and I was copied in where appropriate. For example, I was copied into key submissions regarding the potential procurement of the LumiraDX antigen tests in August 2020 and their eventual use within healthcare environments.

### Timeline of Cabinet discussions

34. As I have already set out in this statement, whilst I was briefed on the procurement activities taking place, day to day responsibility sat with the relevant portfolio Minister. The below timeline illustrates discussions that took place at Cabinet on the procurement of key healthcare equipment and supplies. Cabinet did not take decisions on the procurement of these items.

Cabinet meeting	Discussion
17 March 2020	<ul style="list-style-type: none"> <li>• Availability of ventilators and other essential equipment and status of orders placed on behalf of NHS Scotland should be pursued as a national priority.</li> </ul>
24 March 2020	<ul style="list-style-type: none"> <li>• ICU and ventilator capacity issues.</li> <li>• Mr McKee update on ongoing discussions as part of his Ministerial Group on manufacturing.</li> </ul>
31 March 2020	<ul style="list-style-type: none"> <li>• ICU capacity tripled and hoped to increase four-fold once additional ventilator beds in place.</li> <li>• Reasonable grounds for confidence that NHS Boards would have ventilator capacity in next two weeks.</li> <li>• Pipeline of orders need to be monitored closely.</li> <li>• Official level engagement ongoing with UKG.</li> <li>• Work underway to repurpose anaesthetic machines to be used as ventilators – this would make more than 200 additional machines available in the short term.</li> <li>• New supply routes been put in place for PPE.</li> </ul>
7 April 2020	<ul style="list-style-type: none"> <li>• Availability of appropriate PPE a concern for healthcare workers, social care and critical services across UK.</li> <li>• 4N mutual aid arrangements operating.</li> <li>• Ventilators being procured as quickly as possible.</li> <li>• Work underway on resilience of PPE supply chains.</li> <li>• At UK level, there is a scheme for the centralised ordering and distribution of PPE. Scotland would take part in mutual aid but Scottish supply and distribution routes would remain in place.</li> <li>• Mr McKee and officials pursuing further sources of PPE from a variety of potential suppliers, as well as ventilators, hand sanitiser and other equipment.</li> <li>• Distribution of PPE raising concerns in social care.</li> <li>• Distribution of PPE to Police Scotland raised.</li> </ul>
14 April 2020	<ul style="list-style-type: none"> <li>• Active consideration given to ensuring adequate stocks of medical supplies being maintained.</li> <li>• All possible efforts being made by NSS to identify additional sources of supply for NHS Scotland.</li> </ul>

	<ul style="list-style-type: none"> <li>• Mr McKee also continuing to seek out new suppliers in the domestic market. Main constraints related to quality.</li> <li>• ICU capacity three times greater than pre-pandemic.</li> </ul>
21 April 2020	<ul style="list-style-type: none"> <li>• Levels of PPE within care homes being checked. Although they are responsible for their own supplies of PPE, NHS Scotland was providing a top-up services to recognise the exceptional level of demand in all settings.</li> <li>• Work continued on 4N basis to increase capacity of testing in Scotland as part of the UK-wide scheme.</li> <li>• Supply of PPE continues to be a problem. Mutual aid operating (Scotland sent 1million masks to Wales, to be replenished by end of the week by Wales).</li> <li>• NSS pursuing possible procurement from new manufacturers.</li> </ul>
5 May 2020	<ul style="list-style-type: none"> <li>• [Cabinet paper by Kate Forbes] - strong focus at present on providing increased PPE.</li> <li>• The consequential for this are minimal at the moment, potentially reflecting a UK Government expectation that the majority of this will be allocated via the UK stockpile. Scotland is purchasing significant amounts of PPE as well as ventilators, and will continue to do so, potentially without further UK funding towards these additional costs.</li> </ul>
19 May 2020	<ul style="list-style-type: none"> <li>• Ongoing dialogue with UKG about funding the costs of PPE and testing.</li> <li>• Work ongoing with UKG on 4Nations PPE Protocol.</li> </ul>
3 June 2020	<ul style="list-style-type: none"> <li>• Funding of PPE.</li> </ul>
9 June 2020	<ul style="list-style-type: none"> <li>• Growing Scotland's capacity and capability to produce key products such as PPE and build resilience for the future.</li> <li>• New domestic supply chains in record time, mean we are working towards self-sufficiency in many key items.</li> </ul>
16 June 2020	<ul style="list-style-type: none"> <li>• Since 19 March, helpline has delivered emergency PPE directly to social care providers.</li> <li>• Also established local PPE Hubs, allowing care homes to collect equipment or have it delivered onwards to them.</li> </ul>

8 July 2020	<ul style="list-style-type: none"> <li>Increased both the volume of PPE being manufactured in Scotland and the amount being improved for immediately and future needs.</li> <li>Working with partners cross Scotland and the four nations to ensure continued supply and distribution.</li> <li>All Health Boards now have Single Point of Contact (SPoC) to manage local PPE supply and distribution. Top up and emergency provision being provided to social care.</li> <li>Other public services, such as police and fire are involved in SG led working group on procurement and supply for non-NHS PPE. A process has also been established with a third party supplier, to make PPE available for purchase to organisations who were providing essential services but having difficulty accessing supplies.</li> </ul>
29 July 2020	<ul style="list-style-type: none"> <li>Funding for PPE.</li> <li>Covid-19 Route Map: Reviewing of phasing.</li> </ul>
18 August 2020	<ul style="list-style-type: none"> <li>Covid-19 Route Map: Reviewing of phasing.</li> </ul>
25 August 2020	<ul style="list-style-type: none"> <li>Programme for Government.</li> <li>Establishing Scottish PPE supply chain.</li> </ul>
8 September 2020	<ul style="list-style-type: none"> <li>Covid-19 Route Map: Reviewing of phasing.</li> </ul>
22 September 2020	<ul style="list-style-type: none"> <li>Funding of PPE and Louisa Jordan, including ventilators.</li> </ul>
2 October 2020	<ul style="list-style-type: none"> <li>EU Exit: ensuring the continuity of medical devices and clinical consumables supply chain, and of PPE for health and social care workers.</li> </ul>
1 December 2020	<ul style="list-style-type: none"> <li>PPE required for administering vaccinations.</li> </ul>
8 December 2020	<ul style="list-style-type: none"> <li>EU Exit: medical devices, clinical consumables and PPE supply chains.</li> </ul>
15 December 2020	<ul style="list-style-type: none"> <li>EU Exit: medical devices, clinical consumables and PPE supply chains. Update on NSS' work to build up stock. PPE at 4 months supply.</li> </ul>

35. I have been asked to confirm whether any of the decisions made were communicated by WhatsApp or any other informal messaging platform. The only messaging platforms I used were text messages and WhatsApp. However, I did not



use either to a significant extent in relation to the pandemic response, and certainly not to make decisions. I was working in St Andrew's House on a daily basis as were some of the colleagues that I worked most closely with i.e. the Cabinet Secretary for Health and Sport and the Chief Medical Officer – so even when in March 2020, some decisions were taken out with formal structures, this tended to be in face-to-face discussions. I would, of course, send messages on occasion to my private office seeking information or feeding in views, or to special advisers asking them to do so on my behalf, and I then relied on my private office to action these requests which I understand they would do by email.

### **Preparedness for procurement in a health emergency**

#### **Pre-pandemic**

36. As covered in my Module 1 statement [INQ000182606] in my view, the systems, processes and structures for pandemic preparedness in Scotland operated effectively, as can be demonstrated by the partnership working, at national, local and regional levels, which underpinned our approach before, during and after the pandemic. That said, it is important that lessons are learned.
37. I was the Minister with responsibility for Health during the Swine Flu pandemic, and as such, experienced first-hand the challenges of responding to a health pandemic. In April 2010, as chair of the Scottish Government Resilience cabinet sub-committee, I commissioned and introduced a paper for the group to consider setting out the Scottish Government's response to the Influenza A(H1N1) (Swine Flu) pandemic and the lessons learned from it [NS6/006 - INQ000102936]. The lessons learned by Scottish Government from this pandemic were taken forward and built into our pre-pandemic planning over the subsequent years. This work would have been led by successive Cabinet Secretaries after I ceased being the Minister with responsibility for Health in 2012.
38. The Scottish Government approach to pandemic planning, preparedness and resilience was informed by scientific and expert advice, prior experience, and international guidance and best practice. Our co-operation and active participation in the four nations approach was also key to the efficacy of our approach.
39. Specific examples of our approach and measures which were important in supporting our response to the pandemic included:

- The development of a pandemic strategy and system-wide guidance – including the UK Influenza Pandemic Preparedness Strategy 2011 [NS6/007 – INQ000102974] and the revised UK Pandemic Influenza Communications Strategy 2012 [NS6/008 – INQ000102973] (whilst this was focused on the English context, it was used extensively across the devolved administrations).
- Guidance was prepared for all levels (national, regional and local) in conjunction with a wide range of relevant stakeholders, to support responders.
- Maintenance of significant countermeasure stockpiles (including PPE, antivirals, antibiotics and access to pandemic specific influenza vaccines) based on the reasonable worst-case planning scenario.
- Continuous improvement - reviewing preparedness and making improvements to relevant plans and guidance following exercises.
- The establishment of four nation and Scotland-specific Pandemic Preparedness Boards.
- Cross UK-working to share learning and pool resources – as evidenced by common guidance and preparedness measures.

40. Exercise Iris was a single day table-top exercise conducted in Scotland on 12 March 2018. It assessed NHS Scotland's response to a suspected outbreak of Middle Eastern Respiratory Syndrome (MERS-CoV), a High Consequence Infectious Disease (HCID). The exercise was not designed to test pandemic flu readiness, but to assess and strengthen Scotland's readiness to respond to a MERS-CoV outbreak. The learning and discussion were relevant and useful in considering readiness for other outbreaks.

41. The report on Exercise Iris [NS6/009 – INQ000103013] identified 13 action points and the Scottish Public Health Network established a sub-group on their implementation which reported in November 2019. As a result of this, actions taken include:

- The Respiratory Protective Equipment Survey, which has been carried out since 2015, was expanded to capture data on training in the use of HCID enhanced PPE in Scotland. This includes the number and type of staff trained, and the methods and frequency of training.

- A unified PPE Ensemble for managing cases of HCIDs has been agreed and training resources for donning and doffing have been established, along with posters on the recommended use of PPE.
- A letter was issued to Health Boards in July 2019 [NS6/010 - INQ000102870], which included a reminder of their obligations to ensure that sufficient numbers of staff are Filtering Facepiece 3 (FFP3) fit tested and trained in the use of enhanced PPE.
- Health Protection Scotland have also published infection prevention and control guidance for an outbreak of MERS-CoV and Avian Flu, including appropriate levels of PPE.

42. Further work on the recommendations was paused due to the impacts of the Covid-19 pandemic. Of the recommendations from Exercise Iris which were outstanding at the point of the Covid pandemic, the key areas covered included:

- Updating guidance on MERS-CoV – and incorporating various operational points in relation to care pathways and management of infected staff.
- NHS Boards building in the potential impact of contact tracing and community sampling during an outbreak.
- Continuing existing work to promote standard PPE requirements and the specific requirements of HCID.

43. As also set out in my Module 1 statement [INQ000182606], Exercise Silver Swan was a series of events held in 2015 which assessed the preparedness and response of Scotland's local and national arrangements to a pandemic influenza outbreak over a prolonged period. A review event was held in December 2016. Silver Swan reported 17 recommendations [NS6/011 – INQ000103012] of which 13 had been implemented before the beginning of the Covid pandemic. Substantive progress had been made on the outstanding recommendations. As explained in my Module 1 statement, I consider the pre-pandemic exercises had the substantive impact on Scotland's preparedness, which they were designed to achieve. The lessons learned are reflected in various documents which are relevant to a pandemic response. Most notable for the interests of Module 5 will be the updates made to the online National Infection Prevention and Control manual sections related to MERS-CoV and Avian Flu. This was updated by Health Protection Scotland, and included details regarding appropriate levels of PPE.

44. A small number of participants from Exercise Silver Swan noted that they were not aware of the national stockpile. The existing pandemic guidance for health and social care workers makes it clear that there is a national stockpile available to stakeholders. For Covid-19, SG responded quickly to build and strengthen distribution to health and social care settings.

#### During and post-pandemic

45. There have been several reflection exercises undertaken since March 2020 which have identified useful lessons to be considered for future preparation for whole system civil emergencies, including pandemics.
46. One of the key learning points from the pandemic has been the demonstration of the effective collaboration between public services, which has informed the approach to recovery from Covid-19 – which includes looking at redesigning and rebuilding public services, including reform of the education system and the establishment of a National Care Service.

#### Four Nations Stockpile

47. As part of the Pandemic Influenza Preparedness Programme (PIPP) the four UK nations implemented a joint procurement venture to ensure there was an adequate stockpile of PPE items based on a 'Reasonable Worst Case' scenario for an influenza pandemic. The stockpile was based on an assumed pandemic wave of 15 weeks, after which normal procurement arrangements would have recovered.
48. Scotland owned its share of the stockpile, but the procurement was coordinated by Public Health England (PHE) (later the UK Health Security Agency) on behalf of the four nations. The Health Emergency Preparedness Resilience and Response Division (EPRR) within SG's Health and Social Care Directorate liaised with NSS and PHE on the procurement of items into the stockpile and delivery into Scotland. NSS was responsible for the daily management of stock, such as rotation and disposal. In March 2020, NSS was delegated the authority to use items within the stockpile to respond to the pandemic. Further details on the delegation to NSS are provided in the Module 5 Director General Health and Social Care corporate statement, provided to the Inquiry on 21 October 2024.

## **EU Exit**

49. As I explained in my Module 1 statement [INQ000182606], Scotland's economy experienced a significant shock due to the concurrent impacts of Covid-19 and EU Exit, as outlined in our "Covid Recovery Strategy: for a fairer future" (October 2021) [NS6/012 – INQ000131075]. The impact of EU Exit, a decision which was not made by the Scottish Government, on funding levels and structures and subsequent impacts on health and social care systems and pandemic preparedness cannot be ignored.
50. Ahead of the UK's exit from the EU, extensive preparation was undertaken to mitigate the possible consequences of disruption. The EU Withdrawal Team, within the Health Workforce Directorate, worked to plan and mitigate potential impacts across a wide range of areas, including workforce planning, medicines, medical device regulation and supply.
51. I sought assurances from my ministerial team that appropriate plans were in place for the delivery of healthcare services in Scotland and Scottish Ministers had responsibility for ensuring Scottish-level plans and mitigation measures were in place. The Scottish Government Resilience Room (SGoRR) activated its Brexit operation on 7 December 2020 and regular meetings were held to co-ordinate preparations for the potential impacts arising from Brexit, with support from nine policy hubs (including hubs focused on Communities and Public Services and Health and Social Care). Despite the circumstances, Scotland took appropriate steps during the pre-EU exit period, to ensure pandemic preparedness and planning could be implemented effectively.
52. The focus in the period prior to 21 January 2020 was very much on 'No Deal' planning, rather than the potential interaction with concurrent threats, such as a pandemic or other significant event. Nevertheless, the preparations made for a potential 'No Deal' (including the increased stockholding of medicines and medical devices) and the relationships fostered during that period, were positive developments that helped the pandemic response.
53. Regular updates were received in Cabinet about the impact of EU Exit on medical devices and clinical consumables, procurement of medicines and PPE for health and social care workers. I was also briefed on this directly on 4 October 2020 with the

“EU Exit” Transition Delivery Reports providing regular updates about ongoing discussions with UKG and the work underway by NSS to mitigate against these potential supply chain issues.

**Principal issues with procurement as Scotland entered the pandemic**

54. Going into the pandemic, there were robust procurement processes in place through NHS NSS and those processes continued to operate, albeit under extreme pressure due to unprecedented global demand.
55. As is explained in the Module 5 DG Corporate statement provided to the Inquiry on 29 August 2024, Scotland was able to mobilise PPE procurement very quickly. The procurement and distribution of PPE in Scotland was enabled through networks, professional relationships, collaborations and levels of commercial professionalism, that were built up through a significant Procurement Reform Programme that started in 2006. As a result of this, contacts and relationships were already in place across all sectors which could be relied upon for sharing of intelligence, suppliers, stocks and distribution. Within Government and the wider public sector, Scotland was able to rely on existing commercial capacity to source additional stocks, without the need to engage private sector commercial officers or buyers. This meant that those procuring PPE were already used to working within public sector procurement policy and legislation, as well as having well established connections with technical and clinical experts, and people using the PPE procured. Within Government, the connections between different policy areas allowed Mr McKee's work to progress at pace.
56. The main challenge experienced in relation to the procurement of ICU equipment was the impact of global demand. As set out in the Module 5 DG Health and Social Care statement provided to the Inquiry on 21 October 2024, there is no manufacturing base for ICU ventilators in the UK meaning all stock had to be sourced from abroad. Worldwide, many countries were competing for limited stock. This resulted in several obvious issues including increased prices, long lead in times and “pop-up vendors” who sometimes did not have the stock they so claimed. There was also competition for more familiar brands of equipment which often came from Europe – and where those stocks were not available, procurement involved introducing unfamiliar equipment which was particularly problematic given the pressure that health and social care workers were working under.

## **Call to arms**

### **Operation Moonshot**

57. I did not have an active role in Operation Moonshot – however, I was briefed on it by my officials in August 2020 and kept updated as required. Operation Moonshot was a UK Government plan, to scale up testing significantly, with the ambition to carry out up to 10 million Covid tests per day by early 2021. As I understand, this programme was absorbed into the UK Government's wider Test and Trace initiative and did not actually proceed at the scale initially envisioned.

### **Ventilator Challenge**

58. The SG had no role in the Ventilator Challenge (an initiative launched by the UKG, challenging manufacturers and medical device companies to step up production of existing designs and design new ventilators from scratch). The DHSC did offer supply of these devices to NHS Scotland and the other DAs. I understand that the Penlon ES02 was trialled by two NHS Scotland Health Boards in May 2020, but it was decided by the ICU Resilience Group that these did not meet NHS Scotland requirements.

## **Contracts and awards**

### **Overall value of the contracts awarded and spending controls**

59. The rules for spending money, accounting and auditing arrangements, and the accountability of officials is set out in The Public Finance and Accountability (Scotland) Act 2000 (the 2000 Act).
60. Portfolio Accountable Officers are answerable to the Scottish Parliament for the resources for which they have a designated personal responsibility. Accountable Officers delegate authority for budgets and associated financial management responsibilities to Directors (or equivalents) for further sub-delegation as they consider appropriate. The Scottish Government follows the guidance set out in the Scottish Public Finance Manual to ensure the proper handling and reporting of public funds.
61. Further details on how the Scottish Government managed finances for the portfolios within the remit of Module 5 are set out in the Module 5 Scottish Government Director

General Health and Social Care corporate statement, submitted to the Inquiry on 21 October 2024.

62. As noted, NSS is a Procurement Centre of Expertise in Scotland and is responsible for the procurement, storage, distribution, demand modeling and forward buying of PPE in Scotland. As experts on the PPE market, NSS advised on the PPE pricing options throughout the pandemic and in line with their responsibility to provide best value for the citizens of Scotland. However, the Directorate for Health Finance, Corporate Governance and Value acted as a sponsor for NSS and maintained an oversight function of NSS spending as mandated in the Scottish Public Finance Manual.
63. In terms of determining the quantity of PPE that should be purchased, PPE modeling for the pandemic was initially undertaken by the Scottish Government and NSS together. NSS took on full responsibility for key parts of the modelling work, such as the demand signal and modeling dashboard, in August 2020. The relevant Scottish Government teams continued to provide input into the assumptions and parameters used to produce the models.
64. NSS initially distributed PPE to Health Boards and Independent primary care contractors via a 'push' model, whereby NSS determined the amount that should be provided after consultation with the relevant SG policy officials. This model allowed PPE items that were under the greatest pressure to be deployed efficiently and reduced the administrative burden on the recipient services. A 'pull' model was later adopted which allowed services to request the items they needed via an online portal, all managed by NSS.
65. Groups such as the NSS led Single Point of Contact Strategic Oversight Group enabled Health Boards to raise any issues with PPE supply directly, as well as receiving updates from PPE Clinical Advisory Panel on when/how to use PPE in different settings and innovative new products in development. Similarly, the Primary and Adult Social Care PPE Steering Groups, attended by both NSS and the Scottish Government, provided a forum for these sectors to raise any issues they were experiencing with PPE supply. Frontline staff could also raise any issues with the quantity or quality of PPE available to them via the dedicated PPE mailbox from 1 April 2020, as described earlier in this statement.



66. The type of PPE NSS procured was determined by the Infection Prevention and Control guidance produced by clinical and scientific experts including NSS Antimicrobial Resistance and Healthcare Association Infection (ARHAI) and Public Health Scotland.
67. Given the global demand, prices of key healthcare equipment and supplies increased drastically. NSS provided advice on the cost of items and whether the prices were reasonable under the market conditions at the time.
68. The budget position, because of the pandemic, was discussed frequently at Cabinet. The demand for additional medical equipment and PPE undoubtedly put pressure on the Scottish budget position – and the uncertainty of UK Government funding was a key focus for the Cabinet Secretary for Finance. The action taken by officials to allow Health Boards to deal with the novel situation at hand, whilst also ensuring appropriate scrutiny is discussed in detail in the Module 5 DG Health and Social Care corporate statement provided to the Inquiry on 21 October 2024.
69. For ICU equipment, NSS was responsible for procurement in collaboration with the Scottish Government's ICU Resilience and Support Group. The Group undertook modelling to determine the quantity of ICU ventilators that were determined to be required, as well as arranging for the assessment and evaluation of unfamiliar brands of ICU equipment. I was kept updated and maintained oversight of the work being taken forward by the Cabinet Secretary with responsibility for Health and received various official briefings.
70. It is my clear view that no individual or company received preferential treatment in procurement or the award of contracts as a result of being a donor to or connected with the SNP, and to the best of my knowledge no suggestion to the contrary has ever been made. The reason for my answer is that it did not happen. This is, in my view, an example of an issue which has been raised as a result of alleged conduct in the UK government and it is important that the devolved administrations are not simply assumed to have been acting in the same way.

#### Steps taken to eliminate fraud and the prevalence of fraud

71. NSS have their own fraud-prevention policies and procedures, and while it is my view that they work effectively, they are better placed to comment.

72. For the small number of contracts that the Scottish Government entered into (as outlined at paragraph 23), I am not aware of any concerns being raised about the protocols in place to identify fraud or potential fraud.

73. More widely, the Scottish Public Finance Manual sets out the Scottish Government's policies and procedures for fraud prevention in public procurement.

#### Conflicts of Interest

74. During the pandemic, the 2018 edition of the Scottish Ministerial Code was in place, provided; [NS6/013 - INQ000102901]. The Ministerial Code is a code of conduct that applies to myself and all Ministers, providing guidance on how Ministers should act and arrange their affairs in order to uphold the highest standards of propriety.

75. Ministers must ensure that no conflict arises or could reasonably be perceived to arise, between their public duties and their private interests, financial or otherwise.

76. The Code of Conduct for Members of the Scottish Parliament is the responsibility of the Scottish Parliament, as is the published register of interests which is available on the Scottish Parliament website, dating back to 2014.

77. No conflicts of interests by Civil Servants or Ministers were identified for the contracts managed by the Scottish Government relevant to the scope of Module 5.

#### Contractual provisions and performance by suppliers and manufacturers

78. I am unable to comment on the contracts awarded by NSS. NSS, as a Procurement Centre of Excellence, has established due diligence procedures in place and neither officials nor Ministers within the Scottish Government had a role in scrutinizing the contracts awarded.

#### Compliance with public law procurement principles and regulations

79. During the early months of the pandemic there was unprecedented global demand on PPE supply routes, with many established routes collapsing and the price of PPE increasing rapidly. The Scottish Government's priority was to ensure there was a secure supply of high-quality PPE for the people who needed it. While there was some deviation from usual procurement practices in order to achieve this, all existing procurement legislation and policies were adhered to.

80. In March 2020, the Scottish Government issued a national procurement policy note, titled, "Coronavirus (COVID-19): procurement regulations for public bodies SPPN 4/2020", provided: [NS6/014 - INQ000485746]. This reminded those responsible for purchasing goods, services and works in the Scottish public sector on compliant procurement routes to market. That Scottish Procurement Policy Note (SPPN) and existing legislation recognised that in exceptional circumstances, public bodies in Scotland may need to procure goods, services and works with extreme urgency, providing information on options available to purchasers in these circumstances. The SPPN did not change throughout the pandemic.
81. Emergency procurement approaches were used by NSS including the use of emergency procurement legislation and the direct awarding of contracts. To mitigate against the risks of awarding contracts to new partners, Scottish Enterprise carried out significant due diligence checks, such as visiting factories to see them first hand, including those based in China and the Far East. Use of emergency procurement legislation allowed NSS to establish new supply routes quickly and ensure there was an adequate supply of high-quality PPE for NHS Scotland. It also allowed them to expand their supply and distribution services in the early pandemic to both independent primary care contractors and the PPE Hub network for the social care sector.
82. There were some delays in NSS publishing some of these award notices within the required time period as staff were working under extreme pressure. However, when they were published the delayed notices had an additional note providing the reason for the delay. NSS would have to be approached directly for further details on the contracts awarded by them and their due diligence procedures.
83. In terms of procurement action undertaken by the Scottish Government, as mentioned previously, a contract was awarded to Lyreco by the Scottish Government to supply PPE to non-health or social care essential services. This contract was awarded under a Non-Competitive Action. Lyreco was an existing and trusted supplier to the Scottish Government and had been subject to the relevant due diligence checks previously. The Scottish Government's PPE Directorate managed this contract on a day-to-day basis, having daily calls and receiving regular reports on the stock position. This contract ensured essential services, such as funeral directors and abattoirs, had access to a stable supply of high quality PPE if their usual supply routes collapsed and could continue to operate safely throughout the pandemic.

84. The Scottish Government implemented regulations in early 2021 to temporarily continue CE marking easement arrangements for pandemic PPE after EU Exit. Although use of eased PPE within Scotland was relatively low, these regulations mitigated against any potential disruption to PPE supply in Scotland given the unknown trajectory of the Delta variant at the time. It also ensured Scotland was in regulatory alignment with the rest of the UK, allowing for the free movement and use of PPE across UK borders if required.
85. All NSS and Scottish Government procurement activity was undertaken in line with existing policies and legislative obligations, including the Public Contracts (Scotland) Regulations 2015, and usual procurement practices resumed when PPE supply had stabilised. Both the Section 22 audit report for NSS (published October 2021), provided: [NS6/015 - INQ000182702], and the Audit Scotland report for pandemic PPE supply (published June 2021), provided: [NS6/016 - INQ000108737], stated that there was no evidence of bias found in the awarding of contracts.

### **Disposal strategies**

86. In order to ensure adequate stocks of PPE, significant levels of stock were procured in line with the potential worst case scenario modelling. Forecasting demand was challenging and by the end of 2020, the demand for PPE had increased by 350% compared to 2019. It is my view that the processes and procedures followed worked well, albeit in challenging circumstances.
87. There was some PPE stock which was written off during the pandemic. However, the PPE was procured to ensure that Scotland could cope with a 'reasonable worst case' scenario so was not unnecessary.
88. Where it was identified that some PPE stock was unlikely to be used in health and social care settings and following a robust assessment by NHS NSS that NHS Scotland would not need this PPE, it was directed to other areas of the public sector, donated internationally or recycled.
89. As stated in the Module 5 DG Health and Social Care Statement provided to the Inquiry on 21 October 2024, as supply chains strengthened and there was greater stability in the global market, and forecasting for PPE usage became clearer, a Short Life Working Group was set up to reduce the amount of stock held, focused on

minimizing wastage and maximizing the benefit to the public sector, obviously, whilst ensuring that NHS Scotland staff were suitably protected. Advice was provided to the Cabinet Secretary for Health and Social Care on the options for reducing stock levels. Significant donations to the public sector and other charities, including food banks, were made. In August 2021, the Cabinet Secretary for Health, Mr Yousaf, approved the shipment of around 26 million units of PPE under the NHS Scotland Global Citizenship Programme to Scotland's international development partner countries in Malawi, Zambia and Rwanda. The stock provided was high quality, certified and met the standards for clinical use in the UK.

### **Distribution of key healthcare equipment and supplies**

90. NSS were responsible for the distribution of PPE to Health Boards via the National Distribution Centre (NDC). As stated earlier, PPE was initially sent out to Health Boards on a "push basis". This meant that Health Boards did not specify the amount or mix of items required. This was done in order to reduce the administrative pressure that Health Boards were operating under whilst ensuring that PPE was available.
91. After this initial push, distribution reverted to a pull model, whereby Boards ordered stock that they needed from NSS directly. NSS set up a PPE Supplies Portal to allow Health Boards to order and track their orders.
92. A PPE helpline was established by the Scottish Government to assist individuals who could not access the PPE they required. This helpline received a lot of traffic in the early stages of the pandemic but after 24 June 2020, no new queries about frontline staff access to PPE were raised, which suggests that the systems in place were working.
93. Distribution of key healthcare equipment, such as ventilators, was undertaken by NSS, with support for the ICU Resilience Support Group. The process for allocating ICU equipment was to respond to the specific equipment needs of individual Health Boards to provide for their ICU beds and to support the prioritisation of clinical need.
94. It is my view that these systems worked well overall.

### **Suitability and resilience of supply chains**

95. Prior to the pandemic, Scotland's PPE supply chain ensured that adequate, high-quality PPE was procured. As a Centre of Procurement Excellence, NSS supplied NHS Scotland with high quality PPE at a price that represented best value for the citizens of Scotland. For those sectors that NSS did not supply (primary care, adult social care, etc.), the same high quality could be obtained at an affordable price from a range of suppliers. Scotland also maintained a joint stockpile of medical equipment with the rest of the UK in preparation for the pandemic experts had considered most likely - pandemic influenza.
96. However, as with most supply chains in today's world, Scotland's PPE supply chain was international and based on a level of global demand that was relatively stable compared to the sudden volatility brought about by the pandemic. It therefore lacked the resilience to withstand the sudden and unprecedented global demand for PPE and the disruption to global transport networks. While these general circumstances had been prepared for within Scotland's pandemic preparedness planning, the quantity of items within the stockpile was based on the 'Reasonable Worst Case' scenario for pandemic influenza (fifteen weeks) and not for a novel virus. Nevertheless, the stockpile was a vital part of the Scottish Government's initial response to the pandemic.
97. The Scottish Government, NSS and other partners responded quickly and effectively to meet these challenges and establish new, resilient supply routes. NSS engaged new suppliers to provide high quality PPE and expanded their supply and distribution operations significantly. While supplies of some PPE items were stretched in the early months of the pandemic and there may have been localised issues with the distribution of PPE, Scotland did not run out of PPE at any point. The Scottish Government also worked with NSS, Scottish Enterprise and private industry to successfully develop new domestic PPE supply chains and innovative solutions to shortages of specific products.
98. The use of emergency procurement legislation was necessary and contributed to the speed at which the Scottish Government and NSS could implement their response. It is also important to again note that all procurement undertaken during the pandemic adhered to existing procurement legislation and policies, including robust due diligence checks. I believe such legislation was used effectively and this is reflected

in the Section 22 audit report for NSS and the Audit Scotland report for pandemic PPE supply, provided above.

99. To ensure there is a robust and resilient supply of PPE in the future the Scottish Government's PPE Implementation Project Board undertook work to learn the lessons from the pandemic and implement new supply arrangements. The project produced a number of outcomes, which are set out in the Module 5 DG Health and Social Care statement provided to the Inquiry on 21 October 2024, including:
- There is agreement as to how inbound supply of pandemic PPE for NHS should be achieved, along with a surge capacity element.
  - There are proposals for providing access to the national PPE buffer stocks for health and social care and essential public service organisations during a health emergency.
  - Plans have been developed to enable public sector organisations with high Business As Usual use to access PPE in both BAU and health emergency situations on a collaborative procurement basis. This will maximize rotation of the pandemic PPE stock, increase resilience and reduce waste. This would also help to create the critical mass of demand needed to make supply to NSS a feasible opportunity for domestic PPE manufacturers.
  - Sectoral pandemic PPE preparedness guidance for health and social care and non-health and social care has been drafted by the project team and discussed with the stakeholder engagement group and project board during the drafting process.
  - PPE Standup guidance has been drafted and has been shared with the Scottish Government Population Health Resilience and Protection division to develop further in line with wider pandemic preparedness work.

### **Lessons learned**

100. I am asked if I agree with Boris Johnson's comments that "[w]e should probably try to proceed as one UK, with the simplest possible messages and decisions." As stated in my Module 2A statement, I do not agree with this. In my opinion, people of the four nations expected their respective governments to take – and be accountable for – decisions they considered best to minimize the harms of Covid-19. It would have been wrong from the perspective of public health, nor would it have been in keeping with the principle of democratic accountability – for the Scottish Government to have adopted, for purely presentational reasons, an approach that prioritised 'consistency'

over taking what we considered to be the most appropriate action, not least because in a UK context this inevitably would have involved replicating UK government decisions whether or not we agreed with them.

101. With regard to procurement of key healthcare equipment and supplies, there was a lot of work undertaken on a four nations basis and further details of this are set out in the Module 5 DG Health and Social Care statement provided to the Inquiry on 21 October 2024.

#### Audit Scotland recommendations on pandemic preparedness

102. The Audit Scotland report, NHS in Scotland 2020, produced in February 2021 and provided above, includes several recommendations regarding the Scottish Government's approach to pandemic preparedness (at pages 20-21). This passage formed part of a regular annual Audit Scotland review of the NHS, which is a standard part of their Audit schedule. The Scottish Government welcomed this report and accepted the recommendations made in full

103. In August 2021, I commissioned the Standing Committee on Pandemic Preparedness (SCoPP) to ensure we are prepared as possible for the future risks of pandemics. The Committee's scope covers pandemic preparedness in relation to public health and connected issues – but not the economic or wider aspects of preparedness not connected to public health. The four key recommendations included in the SCoPP's interim report (30 August 2022), provided: [NS6/017 – INQ000103004], include:

- Collaboration: to develop proposals for the creation of a Centre of Pandemic Preparedness in Scotland.
- Data: to build on Scotland's existing data and analytics strengths to support proposals that advance the development of these as core infrastructure for future pandemics.
- Advice: to develop linkages to Scottish, UK, and international scientific advisory structures, networks, and agencies and strengthen information flows from these in order to inform Scottish preparedness and response in the face of future pandemic threats.
- Innovation: to support continued innovation in life sciences and public health research for the development of diagnostics, vaccines, and therapeutics to provide the capability to respond to novel threats when required.



104. I welcomed and accepted the recommendations in the interim report. The final report published on 26 November 2024 and is provided: [NS6/018 - INQ000530949]

**Statement of Truth**

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

**Signed** PD

**Dated:** 17 December 2024