

WRITTEN OPENING STATEMENT
on behalf of
THE SCOTTISH GOVERNMENT

Introduction

1. Testing, tracing and supporting those who were isolating was at the heart of the Scottish Government's strategy to mitigate the impact of Covid-19. In May 2020, as the country began cautiously to move out of the first national lockdown, the Scottish Government published its Test, Trace, Isolate, Support Strategy (INQ000093618). This recognised that isolation would only be effective if people were properly supported. Test and Protect, which implemented this Strategy, was launched on 28 May 2020. The Scottish Government wishes to pay tribute to the people of Scotland for their support for this strategy and the sacrifices made to keep family, friends, neighbours, and communities as safe as possible.
2. The Scottish Government's strategic objective was clear: to suppress the virus to the lowest possible level, and to keep it there. Test and Protect was central to that by identifying positive cases quickly, tracing their close contacts, and supporting individuals to isolate. The Scottish Government did not do this alone. Partnership, with the UK Government and others, was the hallmark of the Scottish Government's approach. Test and Protect was a collective effort delivered in partnership across a whole system of public agencies. It was led by the Scottish Government, implemented by NHS National Services Scotland (NHS NSS), supported by Public Health Scotland, Scotland's territorial Health Boards, local authorities, and partners in the academic, third, and private sectors.
3. The Scottish Government's Framework for Decision-Making, published on 23 April 2020, acknowledged that, although Covid-19 affected everyone, the harms caused by the pandemic were not felt equally. A key part of the Framework for Decision-Making was the 'Four Harms Approach' which provided a mechanism to ensure that a balanced approach was taken, as far as possible, and that due consideration was given to vulnerable and at-risk groups as part of the decision-making process. Equalities were

integral to the Four Harms. Equalities issues, where certain groups faced additional risks or challenges, were included within the assessments made of each of the Four Harms rather than viewed in isolation. This is reflective of the way that the Scottish Government approaches inequalities in policy development and delivery. Each individual policy is considered for its impact. This approach is consistent with the aspirations of the Scottish Government, both before and after the pandemic, to build equality into policy making across all areas of government.

- 4.** The Scottish Government welcomes the Inquiry's focus in Module 7 on the important area of Test, Trace and Isolate. It remains committed to learning all relevant lessons to strengthen preparation for the next pandemic. In this Opening Statement the Scottish Government will address five key themes as follows: supporting those people who were self-isolating, evidence-based decision making, how testing capacity was increased, the evolution of Test, Trace and Isolate interventions, and finally reflections on these issues.

Theme One: Persuasion to encourage self-isolation

5. The effectiveness of the Scottish Government's strategy depended on rapid and high compliance. The population were being asked to make extraordinary sacrifices. To encourage compliance, the Scottish Government communicated with the public in an open and frank manner, explaining clearly and quickly what they were being asked to do and why. The Scottish Government considered that the best approach was to encourage and persuade the population to comply rather than to force them to comply by imposing large fines.
6. Recognising the challenges that compliance posed for many people was key. A range of financial and practical support was introduced to reassure and support ordinary people and to remove barriers to compliance. This included adding a further £45 million into the pre-existing Scottish Welfare Fund and introducing the Self Isolation Support Grant (SISG) in October 2020. The SISG provided over £78.8m of financial support to around 152,000 low-income workers and their families. The Local Self-Isolation Assistance Service (LSIAS) provided access to a range of practical support including assisting people to access, and afford, food whilst in isolation. There were 164,236 referrals for practical, financial, or other support made by the service. The Local Government Hardship Fund, Food fund, and Business Support Schemes also helped support those required to self-isolate. The Scottish Government worked in partnership with the Convention of Scottish Local Authorities, and all local authorities, throughout

the pandemic to deliver the isolation support service and the SISG. Work was done to agree data sharing with local authorities for the purpose of isolation support.

7. A Covid-19 isolation study commissioned by the Scottish Government, based on data gathered between March and June 2021, suggested that compliance with isolation was generally high (INQ000147424). This suggests that focusing on persuasion and support along with clear public health messaging was effective. Levels of compliance do not appear to be significantly different across existing studies that have considered compliance in England, where a legal requirement to self-isolate was introduced.

Theme Two: Evidence based decision making

8. The Scottish Government's response to Covid-19 was based on the best available information and advice at any given time, and on the advice of the clinical advisers to the Scottish Ministers. As the understanding of the nature of the virus and its impact on individuals increased, the sufficiency and adequacy of the scientific and other expert advice improved. There was a process of continuous refinement and improvement of data and analysis.
9. The Scottish Government made decisions tailored to the specific needs of Scotland's population, informed by data and expert advice relevant to Scotland. Where this evidence or advice pointed to an approach for Scotland which aligned with that taken by the UK Government and the other devolved administrations, then that was adopted. But alignment in that sense could never be the over-riding priority for any of the Four Nations. Ultimately the Scottish Government's responsibility was to take decisions in the best interests of the people of Scotland, having considered the prevailing conditions in Scotland. The approach of the Scottish Government for Test and Protect evolved as the pandemic progressed. The Scottish Government considered evidence and new technologies as they emerged and adapted its approach accordingly.
10. High level clinical advice on the use of testing was broadly aligned across the Four Nations and, as a result, approaches to testing policy were similar. The testing programme was built as a Four Nations programme, later formalised through a Memorandum of Understanding in April 2021 (INQ000203654). Before the Memorandum was put in place the Scottish Government and the UK Government worked collaboratively. When the Memorandum was introduced, open engagement and close, productive relationships were fostered at an official level to support its application. The Scottish Government's use of the Four Harms approach as a

strategically defined framework supported consideration of Scotland's unique geography, demography, and political structures when making significant decisions.

11. One clear example of where the Scottish Government acted on local circumstances was in relation to Scotland's earlier school term dates. As a result of different school calendars, UK Government modelling, policies and planned actions did not take account of the earlier return to school after the Summer holidays for Scottish schoolchildren. They did not take account of the potential increase in the spread of Covid when Scottish schools returned, risking unsustainable pressure of demand on the supply of Test, Trace and Isolate (TTI) resources.
12. In August 2020, Scotland was the first UK nation to reopen schools, leading to a surge in testing demand before standard operating procedures for on-campus testing were approved. This placed short-term pressure on the system and provided learning for other parts of the UK, which supported their preparation in advance of later school return. The Scottish Government responded by increasing the capacity of the National Contact Centre, triaging cases and using automated messages for low-risk contacts. It is clear that future systems require to be flexible to increase capacity quickly. Having an earlier start to the school year than England also impacted on the method of testing that could be offered in Scotland at the start of term for schools.
13. In relation to contact tracing, the UK Government's "Test and Trace" service in England was operated directly by the government. In Scotland delivery was predominantly carried out by NHS special and territorial health board employees. The Scottish Government believed that the optimal structure for test and trace was one that was locally driven with the ability to draw on central surge capacity. For this reason, changes to UK Government policy on contact tracing delivery had a limited or negligible effect on how the Scottish health system approached tracing.
14. The Scottish approach was based on the best available international evidence, namely WHO guidance published in March 2020. NHS NSS was the central coordinator of contact tracing alongside local health boards as part of a 'hub and spoke' model. This was key to the Scottish approach, providing flexibility and capacity to manage a system across multiple partners, with a central set of digital tools and case management. The key difference, when compared with the UK Government's delivery model, was that the Scottish Government preferred to use the existing public health and other health workforce to deliver contact tracing. This approach drew on available resources across

the NHS and other public agencies including, for instance, learning and development systems.

Theme Three: How testing capacity was increased

15. The Test and Protect programme had to be built rapidly during a fast-moving and unparalleled public health crisis. The speed of development matched the urgency of the mission. Through an extraordinary expansion effort, the Scottish Government built a national testing infrastructure from scratch, combining NHS Scotland's laboratories with access to the UK-wide Lighthouse Lab network. Practical steps were taken to create an ambitious test processing system through the Lighthouse Network by May 2020. The Lighthouse Network used academic and private sector partnerships to increase laboratory processing capacity. One of the first three Lighthouse Laboratories was established at the University of Glasgow and opened on 21 April 2020. It routinely processed a substantial portion of Scotland's population-wide Polymerase Chain Reaction (PCR) testing, together with NHS Scotland laboratories. The Lighthouse Laboratory Network complemented the NHS Scotland laboratories.
16. While much of Scotland's NHS lab network performed well, reliance on the Lighthouse Labs network, particularly in late 2020, exposed the Scottish Government to delays when demand surged across the UK. That experience reinforced the value of maintaining sufficient Scottish laboratory capacity and resilient logistics, which led to the creation of the NHS Regional Hubs to bolster NHS capacity.
17. The rapid increase in testing capacity, from hundreds to tens of thousands per day, was a significant operational achievement, delivered through partnership working between NHS territorial boards, NHS NSS, local authorities, and the UK Government. At the start of 2020 testing capacity in Scotland was at a size designed for routine diagnostics rather than a pandemic response. Pre-existing frameworks were designed for limited scale outbreaks, rather than pandemic level widespread community transmission. Throughout 2020 significant effort was made in Scotland, and the rest of the UK, to increase testing capacity. The Scottish Government understood from the outset that testing would be a key part of the overall response to the pandemic. Nonetheless, the use and purpose of testing evolved as the pandemic progressed and as both testing capacity and scientific understanding of transmission improved.

18. By the middle of March 2020, emerging evidence indicated that asymptomatic transmission was possible. This required greater testing capacity than had been anticipated by pandemic planning, which had focused on influenza. The concept of comprehensive whole population community testing and contact tracing was not yet central to pandemic planning. As it became clear that asymptomatic transmission was occurring, the Scottish Government worked with the UK Government and the other devolved administrations to expand testing capacity to ensure that it was available to a wider range of individuals, regardless of symptoms.
19. Testing capacity in Scotland was increased rapidly from around 350 tests per day at the beginning of April 2020, to 8,350 tests per day by 1 May 2020, 28,626 tests per day by 5 June 2020, and 65,000 tests per day by the Winter of 2020. This was a remarkable achievement. Notwithstanding that, it is recognised that there are vital lessons to learn from the way in which Scotland's Test and Protect programme was planned and delivered.

Access to testing

20. From May 2020 the general public in Scotland could book a test at one of six drive through Regional Testing Centres, one of fifteen Mobile Testing Units, or book a home testing kit (INQ000241519/1-2). The number of Regional Testing Centres was later increased to eight and the number of Mobile Test Units increased to forty-two. The Scottish Government's aim was to ensure that no-one would require to travel more than 90 minutes to reach a testing site (INQ000241519/3). By February 2022, 99% of the population were within a 30-minute drive of a testing site.
21. The Scottish Government recognised that not everyone would be able to drive to a test site and some might not be able to attend a test site at all. According to the 2011 census and a 2018 Scottish Household Survey, around 30% of the Scottish population do not own a car. This cohort could book a home test kit and, from August 2020, could attend a walk-through test site. By April 2021, over a third of mainland Scotland's population was within a 30-minute walk of a test site. By February 2022, this had increased to over half the population.
22. Delivery of home testing kits reduced the impact on those who could not afford to travel to a testing site or were unable to do so due to reduced mobility. Local Health Boards provided access to home test kits in rural and island communities which were not well

served by couriers. Assistance was available for those who could not administer a home testing kit themselves (INQ000241519/4). The approach taken in Scotland allowed the Scottish Government to utilise and build upon the existing capability and local partnerships which were able to respond to local needs.

23. Barriers to accessing testing were identified following user feedback and steps were taken to address these. Guidance and public messaging were provided in a range of languages and formats to take account of levels of digital literacy and access, language needs, and communication preferences. To tackle digital exclusion, tests could be booked, and results received, over the telephone in addition to online.
24. In addition to the Four Nations testing programme, asymptomatic test sites were organised by Health Boards to cater to the needs of local populations. The Scottish Government collaborated with NHS Highland, the Scottish Fire and Rescue Service, National Services Scotland, and the UK Government to establish small scale test sites in fire stations. This initiative increased access to testing in remote and rural areas.
25. Community engagement was a key strength of the Scottish Government's approach. Local authorities and community partners helped bring testing directly to communities, particularly in deprived areas or among groups less likely to engage with national systems. Targeted Community Testing Programmes were introduced to increase uptake in BAME communities and in areas where a higher portion of the population live in low-income households. An asymptomatic test site was set up in Glasgow Central Mosque and Govanhill for three months, helping to identify people who had Covid, but were asymptomatic, in minority ethnic communities.
26. The Scottish Government successfully developed genomic sequencing capacity rapidly in parallel with diagnostic testing. Genomic sequencing helped to identify new variants quickly and informed the public health response. In July 2020, the Scottish Government funded the establishment of the Scottish SARS-CoV-2 Sequencing Service to analyse up to 200 samples per week from NHS Scotland testing, delivered through a partnership between specialist virology laboratories in NHS Lothian and NHS Greater Glasgow and Clyde. Public Health Scotland provided bioinformatics analysis. To expand this capacity, the Scottish Government approved £13 million of funding in March 2021 to scale the service to 5,000 sequences per week, with surge capability of up to 7,000 per week. Wastewater-based epidemiology (WBE) complemented testing by providing a community-wide snapshot of infection levels and emerging variants. By

detecting viral markers in sewage, WBE can signal rising case numbers or the introduction of a new variant before clinical tests confirm them. This early warning supported Test and Protect objectives by directing focused testing efforts, informing contact tracing, and guiding early intervention measures.

27. An evaluation of Scotland's testing programme, published in December 2021 (INQ000243926) concluded that the programme performed well and that barriers to testing had been overcome. Still, there are clearly lessons that can be learned and room for improvement. A sharper understanding now exists of the need for rapidly scalable testing capacity than existed prior to the pandemic. The Inquiry has already considered and reported on the UK's preparedness for the pandemic. The Scottish Government are committed to learning lessons and ensuring that, at the beginning of any future pandemic, structures and systems to increase testing capacity are already in place, rather than being developed in real time. As of April 2025, Scotland's diagnostic laboratories collectively hold capacity for up to 60,000 Covid PCR tests per week under normal operating conditions. The feasible and desirable level of baseline capacity to maintain in 'normal times' is one of the key issues arising from the pandemic. A future pandemic may have different characteristics so a flexible approach is required.

Theme Four: The evolution of Test, Trace and Isolate interventions

28. The Scottish Government's approach to testing adapted as the pandemic progressed. The purpose of testing is to give public health advice to people to isolate, which reduces onward transmission of the virus. When a national lockdown was implemented, the whole population was required to isolate, so testing and contact tracing at a population level was no longer necessary. As community transmission took hold, routine testing was paused and contact tracing was stopped. It was recognised across the nations of the UK that existing systems could not keep pace given the exponential growth of infections. Testing of the general public stopped and was not available until the launch of Test and Protect in May 2020.
29. Testing is only an effective intervention if a different course of action could be taken because of the result. During lockdown, opportunities for transmission were considerably reduced in the population. The population were required to stay at home regardless of whether they had Covid-19. As such, a different approach which focused on ensuring that testing capacity was directed in the most effective way was adopted. Testing was used for more targeted purposes during this period. The purpose of this

approach was to protect the most vulnerable, ensure that critical workers could continue working, and maintain surveillance of the spread of the virus through the population.

30. Testing was maintained in hospitals for admissions with suspected Covid-19 and for all Intensive Care Unit admissions with upper respiratory-related conditions, for the purposes of clinical care and diagnostics. Testing was also carried out on symptomatic residents in care homes. In May 2020 the CMO for Scotland announced expansion of the GP sentinel surveillance scheme, to include Covid-19. This was a system of early detection of outbreaks and trends in diseases, already in place for seasonal flu (INQ000202353/7) and covered approximately 1 million people in Scotland. It was an alternative to population level testing.

31. Testing capacity was limited at this time. It is possible that greater capacity could have led to a later shift from widespread testing to more targeted testing. For instance, greater capacity may have allowed for routine asymptomatic testing in care homes earlier than May 2020. Yet even with greater capacity, it would have remained the case that, once widespread community transmission became established and lockdown was implemented, testing and tracing everyone with symptoms would not have been a reasonable or effective public health intervention.

The development of technology to increase testing and tracing capacity

32. This was the first pandemic where digital innovation supported the pandemic response with electronic and digital tools delivering a rapid increase in testing and tracing capacity. In March 2020 work was already underway to provide negative test results via email and text (INQ000222973/1). The Protect Scotland app notified anyone who had downloaded the app if they had been in close contact with someone who later tested positive for Covid-19. While Scotland developed its own proximity tracing app, it still did so as part of a UK-wide approach. Scotland took the lead on providing the underlying technology platform that connected all the proximity tracing apps from across the Four Nations. The Check In Scotland app helped businesses comply with the requirement to gather customer contact details to support public health teams with contact tracing. The contract tracing services used a range of digital tools including electronic notifications and case management to support effective delivery of public health interventions. Current planning should prioritise co-design of digital platforms that are scalable and configurable to local needs.

Co-operation across the Four Nations on Testing

33. From the outset of the pandemic, the Scottish Government was clear that any pre-existing tensions and disagreements between the UK and Scottish governments had to be set aside in the face of the pandemic. The priority was to work as collaboratively and respectfully as possible to protect the population. The Scottish Government worked incredibly closely and in the main effectively with the UK Government. For example, the two governments lent one another lateral flow tests during the pandemic to cover short-term shortfalls. Day to day cooperation on multiple levels and issues was constructive and effective. In general, the coordination, dissemination and analysis of data between the different governments and agencies involved in the pandemic response worked well. The devolved administrations and the UK Government worked collaboratively on the testing programme, formalised in the Memorandum of Understanding referred to above. Tests were procured on a Four Nations basis in accordance with this and the informal arrangements which preceded it. This approach allowed Scotland to benefit from, and contribute to, UK-wide capacity, while still tailoring the programme to suit Scotland's unique needs.

Funding the Testing Programme

34. Intergovernmental collaboration on Test and Protect generally worked well with any challenges centred largely around funding. One of the most difficult challenges was ensuring people had the means and support to isolate when asked. Low-income households experienced greater hardship during the pandemic. Financial support was important as without it many people would not self-isolate or test. The Scottish Government operated within financial constraints, relying on a population share of UK-wide testing infrastructure, rather than ring-fenced funding to build independent capacity. Scotland received a population share of the UK testing capacity, as opposed to consequential funding to allow it to build its own capacity. The devolved administrations were entitled to a "Barnett share" of National Testing Programme capacity in lieu of the consequential funding they would otherwise receive from health spending in England.

35. The Scottish Government's freedom to select its own strategy was curtailed, because it was reliant on UK Government decisions on funding. While Scotland had public health and emergency response budgets aligned with established UK pandemic preparedness strategies, no dedicated, ring-fenced funding specifically designated for a rapid national Test, Trace, Isolate rollout existed at the start of the pandemic. Initial funding and its growth relied on decisions made by the UK Government. Scotland could reallocate

some of its block grant to TTI-related initiatives, but without a direct, pre-approved funding source, there was an inherent reliance on reactive measures and resource allocation. In practice, Scotland leveraged its share of UK-wide capacity, scaling up laboratory and contact tracing operations at a striking pace through collaborative arrangements.

36. The challenges that the Scottish Government faced largely reflected the uncertainty over funding flows. The Scottish Government cannot borrow for the purposes of discretionary resource spending or to respond to an emergency situation, either with economic stimulus or direct support. It would only receive additional resource funding to respond to an emergency event when the UK Government increases spending in England on areas that are devolved in Scotland, or funds the Scottish Government specifically for that purpose.
37. Until the end of March 2022, Scotland did not have to fund costs arising from the UK National Testing Programme. A UK-wide funding pot was established by the UK Government. If the UK Government announced new funding on England's testing system, Scotland would receive a proportion as a consequential allocation, although sometimes without immediate confirmation on the detail of the precise funding flows. This asymmetry limited the Scottish Government's ability to mirror or match UK Government investment in Test, Trace, Isolate in England rapidly. This experience highlights the need for clear, flexible funding and governance arrangements in future public health emergencies.
38. Some financial support, other than Statutory Sick Pay, was in place in Scotland from the start of the pandemic. This included the Scottish Welfare Fund, the Local Government Hardship Fund, Food fund, and Business Support Schemes. The Scottish Government announced its £500 Self-isolation Support Grant in September 2020. It did so before it had confirmed what consequential funding would be received from the UK Government following the introduction of a similar scheme in England. This highlights the financial constraints in which the Scottish Government were operating but the Scottish Government appreciated that it required to act swiftly. More transparent and advance agreement of funding architecture for public health would enable clarity in a public health emergency.

The Decision to Stop Testing

39. For the reasons set out above, funding of testing was reliant on funding decisions made for England. The UK Government was directly responsible for funding related to the

furlough scheme, testing and vaccination. In early 2022 the UK unilaterally announced it would stop population testing for Covid-19 in England from April 2022, in most circumstances. The UK Government decided to scale back its Test and Trace scheme without first consulting the Scottish Government. The Scottish Government was able to continue funding testing in Scotland for a short period. This significantly reduced the available consequential funding for the Scottish Government. While the Scottish Government did continue to fund testing in Scotland for a short period, the high cost involved in responding to a pandemic, lack of budgetary capacity and lack of borrowing powers meant that the Scottish government had little choice but to end mass population testing.

Theme Five: The Scottish Government's Reflections

40. The Scottish Government welcomes scrutiny of its approach to testing, contact tracing and isolation interventions by the Inquiry and has also taken other earlier opportunities to reflect on lessons learned from the pandemic. The Scottish Government endorses the recommendations and key findings of the Technical Report on the Covid 19 Pandemic in the UK. An internal lessons learned exercise was also carried out in Autumn 2023 to identify learning and experiences from the SISG.
41. The Scottish Government recognises that equality, inclusion and human rights require to be fundamentally positioned as essential parts of future testing. It wishes to build capability and capacity to put equality and human rights at the heart of policymaking. It wishes to ensure that responses to future public health crises are developed with greater awareness of the need to consider equality and human rights impacts and more informed thinking on how to prevent or mitigate the impact on those most marginalised.
42. In addition, the Scottish Government received several recommendations from the Expert Reference Group (ERG) on Ethnicity and Covid-19 including on data and published its Equality Evidence Strategy on 24 March 2023 with a plan to improve and strengthen Scotland's equality evidence base.
43. The Scottish Government's Future Pandemic Preparedness (FPP) programme of work is currently working to ensure lessons identified from its policy response to the Covid-19 pandemic are put in place and that policy across government is better able to respond to the next pandemic. The Scottish Government is committed to working with the UK Government, other Devolved Administrations and key partners to review the Test, Trace and Isolate functions and ensuring that human rights, children's rights and equality are embedded in everything that it does.

Conclusion

44. As we hope we have set out in this Opening Statement, the delivery of testing and contact tracing in Scotland was a remarkable achievement delivered by the Scottish Government in partnership with a whole system of public agencies. The starting point was nowhere near enough to respond to the Covid-19 pandemic. From that low base, a sophisticated and high-capacity programme was put in place with outstanding speed which evolved with the pandemic and as testing requirements changed. The Scottish Government worked closely and collaboratively with the UK Government but was also able to take evidence-based decisions relating to Scotland's unique characteristics.

45. In closing, the Scottish Government wishes to pay tribute to all those clinical, scientific and administrative staff who showed such dedication and continuous effort in delivering the Test and Protect programme, a system that played a central role in controlling the pandemic, reducing transmission, and helping Scotland emerge from lockdown. The Scottish Government also wishes to reiterate its appreciation of the vital role of the public. The cooperation, trust and commitment shown by people across Scotland in coming forward for testing, sharing contacts, and self-isolating when asked was fundamental to the success of Test and Protect. Their collective effort was a cornerstone of Scotland's pandemic response and helped to save lives.

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