UK Covid-19 Inquiry Before Baroness Heather Hallett

Module 7 Hearings: 12 to 30 May 2025

WRITTEN CLOSING STATEMENT

on behalf of

THE SCOTTISH GOVERNMENT

Introduction

1. The Scottish Government reaffirms its commitment to assisting the Inquiry in examining what happened during the pandemic and identifying lessons for the next pandemic. It has listened carefully to Scottish Covid Bereaved, Covid-19 Bereaved Families for Justice UK, FEMHO and all Core Participants in relation to TTI. Echoing the words of Nicola Boyle, representing Scottish Covid Bereaved, the Scottish Government will not allow the deaths of those who lost their lives to be in vain, and is committed to learning the necessary lessons to prevent others having to experience what the bereaved have been through. The Scottish Government acknowledges the pain, difficulty and loneliness caused to so many by the pandemic response. It recognises the devastating emotional impact of restrictions on visiting and being with loved ones at the end of life. It appreciates the unequal impact of the pandemic response on people across Scotland. The Scottish Government will do all that it can to learn lessons and follow this Inquiry's recommendations, so that unnecessary harm is avoided, and lives saved in the future.

2. The evidence heard by this Inquiry is that the Scottish Government worked effectively, allowing decisions to be taken in extremely challenging and uncertain circumstances. The fast-moving public health emergency had to be matched by rapid decision-making, reflecting the development of scientific understanding and the spread of new variants. The overarching objective of the Scottish Government was to protect the population from the harms of Covid-19 and to minimise the loss of life. The delivery of testing and contact tracing in Scotland, Test and Protect, was a remarkable achievement delivered by the Scottish Government in partnership with public agencies. Nothing like this had ever been done before in Scotland and its success is testament to the resilience and determination of all the clinical, scientific, support and administrative staff involved.

3. This closing statement addresses the six key chapters from the list of issues:

1. Decision making
2. Infrastructure and capacity
3. Key policies
4. Adherence
5. Public communications and
6. Lessons learned.

Chapter 1. Decision making

Partnership

4. The Scottish Government was party to the Four Nations Testing Programme and collaborated with the DHSC and UKHSA on delivery of Scotland's testing programme including for the supply and demand of tests. Within Scotland there was close partnership between public agencies which worked together to deliver Test and Protect. It was a collaborative programme delivered jointly by national health boards, Public Health Scotland, NHS National Services Scotland, the Scottish Government, the territorial health boards and local authorities, ensuring a coordinated approach to testing, contact tracing, and isolation across Scotland. The Scottish Government worked in close collaboration with health boards throughout the design and development of Test and Protect. This included developing national strategy, guidance, Standard Operating Procedures for defined pathways, funding and digital infrastructure including for contact tracing and communication resources to help promote testing locally. The Scottish Government established the Test and Protect Steering Group, Test and Protect Oversight and Assurance Board, and the Testing Transition Board.

A different contact tracing app in Scotland

5. There was strong political and policy support to avoid duplication of work and to adopt a UK approach where possible. It had been the intention of the Scottish Government to adopt what became the NHS Covid-19 App, which was used in England and Wales. But, due to the different nature of health services across the UK, and the evolution of the use of technology within each nation's health service over many decades, it became clear that developing a single UK wide contact tracing app would be too complex to achieve quickly. As Scotland used a different contact tracing system to England, the app would not work for Scotland. As a result, Scotland developed and deployed its own app: Protect Scotland. As has been heard in evidence, it was important for the apps to be interoperable, which was achieved among the four UK nations (Transcript, 2/166/8-10; INQ000587342/192 at [598]).

The Protect Scotland app

6. The Protect Scotland app was designed to suit the needs of the Scottish population and to integrate with the Scottish healthcare system. The Inquiry heard that there were difficulties ensuring that the UK Government contact tracing app reflected Welsh needs and circumstances (Transcript, 6/191/7-8). Mr Mark Drakeford suggested this may be one of the reasons for the low uptake in Wales. Mr Vaughan Gething emphasised the need for trust in the person promoting the app (Transcript, 6/148/23 – 6/149/2). The Scottish Government avoided similar difficulties by developing the Protect Scotland app.

The Check In Scotland app

7. The separate Check In Scotland app helped businesses comply with the requirement to gather customer contact details to support public health teams with contact tracing. These apps were part of the wider contact tracing system. At no point was contact tracing wholly dependent on technology. Manual contact tracing continued. The Scottish Government worked in partnership with NHS National Services Scotland and territorial health boards to deliver locally led contact tracing, blending national oversight with local and regional ownership. The Scottish Government preferred to use existing public health infrastructure, and the existing 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. As noted by Professor Martin McKee, using local public health teams, who have local knowledge and experience, is preferable to using a centralised call centre (Transcript, 2/96/6-19).

Decision-making drew on a range of expert advice

8. The Scottish Government's policies on TTI drew on a comprehensive range of expert input from clinicians, stakeholders, academics, and researchers. This breadth of advice was reflected in official policy submissions to Ministers. A key mechanism for considering different sources of evidence was the Four Harms Framework, which ensured that policy decisions balanced direct Covid-19 health risks, broader health harms, social harms, and economic harms. This included engaging with scientists outside of government. Professor McKee singled out the Scottish Government for its engagement with Independent SAGE during the pandemic (Transcript, 2/45/10-15). Professor Timothy Spector mentioned that the Scottish Government engaged with the ZOE app to help identify localisation of hotspots to warn hospitals and allocate resources of these (Transcript, 5/23/22 – 5/24/5).

Chapter 2. Infrastructure and capacity

Laboratories

9. The UK and Scottish Governments worked well together. The Lighthouse Laboratories are a shining example of the benefits of positive co-operation in a public health emergency. Economies of scale made this the most cost-effective way to process high volumes of community PCR tests.

10. From April 2020, the Scottish Government built a network of labs across Scotland. This consisted of NHS, university, and veterinary laboratories. The National Laboratories Programme and the Scottish Microbiology and Virology Network assessed the capabilities of these laboratories. They bridged the gap between the beginning of the pandemic and the scaling up of testing capacity through the Lighthouse Laboratories (Transcript, 11/58/8-21). These laboratories were linked into NHS Lothian, ensuring seamless transferring of data on test results (Transcript, 11/62/8-16). This network provided additional capacity, allowing quick turnaround of tests for hospitals and care homes. From December 2020, new NHS Regional Hub laboratory capacity started to come online. It was fully operational by February 2021. This provided both scale and resilience. In a future pandemic it will be important to be able to provide this scale and resilience much sooner.

Legacy

11. The Inquiry heard that the equipment from the Lighthouse Laboratories has been sold, donated, or otherwise repurposed, meaning that the physical infrastructure developed during the pandemic is no longer available for immediate reuse. The Scottish Government considers that the UK should develop and preserve the legacy of the TTI systems for responding to a future pandemic including capacity for mass testing for novel viruses, to perform manual contact tracing with accuracy and speed, and to roll out digital contact tracing within weeks.

12. The Scottish Government maintains a baseline testing infrastructure by continuing to fund assay platforms and platform maintenance in territorial board diagnostic laboratories. In the event of a new pandemic, there would inevitably be a lead-in period for designing and producing the tests before large-scale testing could commence. Since the wind-down of Test & Protect in spring 2022, Scotland has chosen to put its digital contact tracing systems into standby rather than fully dismantling them, meaning the core technology for contact tracing could be reactivated.

13. Scotland's diagnostic laboratories collectively hold capacity for up to 65,000 Covid PCR tests per week under normal operating conditions (Transcript, 11/100/25 – 11/101/3). This capacity offers a pathway for ongoing surveillance and routine diagnostic demands. Scotland's genome sequencing service continues under Public Health Scotland leadership. Professor McKee highlighted the benefit of wastewater testing, noting that it is an effective way to monitor levels of Covid-19 and provides an early warning system for outbreaks (Transcript, 2/92/23 - 2/93/3). Scotland's wastewater monitoring system continues to test for Covid-19 as outlined in the 3-year strategic plan published on 22 August 2024 (INQ000569837/1). Operational knowledge has also been preserved. Data-sharing arrangements have been consolidated and enhanced. Together with the existing laboratory capacity for diagnostic testing, these retained systems mean Scotland could restart a TTI programme faster than it built the original one in early 2020. The main limiting factors would be how quickly trained staff could be brought online and the time it would take to develop, scale and procure new tests for a new virus.

Chapter 3. Key policies

Community Engagement

14. Local authorities in Scotland administered support schemes and there was community engagement through Targeted Community Testing Programmes. The Scottish Government responded quickly to the gaps that were identified with the help of local authority delivery partners. The targeted community testing dashboard helped local authorities and health boards understand where there were spikes of high prevalence and where to target testing. This programme also sought to address barriers to testing. For instance, a testing station was opened in Glasgow Central Mosque in order to help minority ethnic communities engage more easily with the testing programme (Transcript, 11/103/21 – 11/104/4). An evaluation of this targeted community testing programme found that it had been effective at finding cases, including asymptomatic cases, and helped reduce transmission. The evaluation also found that sustained communication and engagement was likely to have improved access to testing and encouraged certain groups to engage more with testing (INQ000243924/6).

The Self-isolation Support Grant

15. The Scottish Government announced its £500 Self-isolation Support Grant (SISG) in September 2020, before it had confirmed what consequential funding would be received from the UK Government. The principle of the SISG was to provide support to workers

who would otherwise find the requirement to self-isolate an unmanageable financial burden. Analysis was undertaken to test the notion that support should be provided only to those in receipt of income-related benefits. That study found that such an approach would not reach the desired level or range of recipients.

16. The SISG focused on groups who would be at higher risk of not complying without financial support. It was recognised in the Equality Impact Assessment for SISG that people on lower incomes or in insecure work, without the protections provided by contractual or statutory sick pay, stand to be impacted the most from a requirement to stay at home. Throughout the life of the SISG it was reviewed regularly to ensure that it continued to support underlying low-income policy objectives such as the Real Living Wage. In response to findings from these reviews, the eligibility criteria were widened. Examples of groups to which eligibility was extended include parents of children who were told to self-isolate; those with an immigration status that meant they did not ordinarily have access to public funds; those on council tax benefit; and seasonal workers. The SISG was intended as compensation for wages lost rather than a reward for isolating.

17. The Inquiry heard from Mr Will Garton, Director General for Local Government, Growth and Communities that the different approach adopted in Scotland did not cause difficulties or additional complexities (Transcript, 3/59/4-13). In their closing submissions by Mr Jacobs, the Trades Union Congress described themselves as a "broken record" in relation to the need for financial support for self-isolation. The TUC spoke of a scepticism on the part of HM Treasury that financial consequences were an issue for self-isolation. The Scottish Government was in no doubt that it was imperative to offer financial support to those who were required to isolate. For that reason, the SISG was launched with great urgency in Scotland. The SISG also remained in place after the other schemes in the UK were withdrawn. It was maintained in Scotland, albeit at a lower level until 6 January 2023. This was to provide transitional arrangements to support the "Stay At Home" guidance that was introduced in Scotland from 1 May 2022. Offering some level of the SISG acknowledged the difficulties faced by workers when the 3-day SSP waiting period was reinstated by the UK Government. This would leave many employees with no income, making adherence to the guidance unsustainable.

18. The Scottish Government proposes a centralised delivery model for the future. During the pandemic, the Scottish Government made requests to the UK government that a centralised system be used, for example an enhanced version of Statutory Sick Pay for those required to isolate. This did not prove possible. HMRC advised that they were not

able to provide a support infrastructure or access to verifiable data for this type of grant system. An employer-based system where isolation payments are made through a company payroll system to isolating employees would make use of existing systems. But such an approach would require investment in additional infrastructure to ensure that workers were receiving payments, that it could respond flexibly to rapidly changing health guidance and that employers could be reimbursed. Alternatives would also need to be provided for the self-employed and those in insecure employment.

Testing policy

19. Testing was scaled up dramatically after March 2020. It was used for more targeted purposes in the early period, to protect the most vulnerable and ensure that the harms of lockdown did not continue for longer than necessary. Testing those who were symptomatic was prioritised initially due to the unclear role of asymptomatic transmission. On 25 November 2020, testing was expanded to those visiting people in care homes, and beyond care homes to the wider adult social care workforce, including care at home, adult day centres, and housing support. Asymptomatic testing became available and was trialled from 2 December 2020.

20. 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.

21. The Scottish Government acknowledges that the issues of the discharge of patients from hospital to care homes and asymptomatic transmission have been mentioned in Module 7. The Scottish Government will address these issues in more detail in Module 6 but notes initial learning on testing logistics. The Scottish Government recognises that a further important issue for Core Participants, including Scottish Covid Bereaved, was the transfer of hospital patients between wards and units without having been tested for Covid-19. When asked about this in evidence, Caroline Lamb explained that the starting point is the Scottish National Infection Prevention and Control Manual (INQ000339585), which is used by NHS boards (Transcript, 11/142/9-16). In relation to the transfer of patients and staff between wards, it was for NHS boards to make their own assessment of the risk (Transcript, 11/144/3-16).

Chapter 4. Adherence

22. The purpose of testing was to identify those who needed to isolate to reduce onward transmission of the virus. At the beginning of the pandemic, when testing capacity was limited and the evidence on asymptomatic transmission was still developing, the focus was on testing those who had symptoms. This was the most effective way to reduce transmission and protect the vulnerable at that time. Asymptomatic testing was introduced as soon as possible with strategic asymptomatic testing in high-risk settings introduced in late 2020 and Scotland's first community asymptomatic test site opening on 2 December 2020 (INQ000571283).

23. As highlighted by Professor McKee, there is no point in testing someone if they do not isolate in the case of a positive result (Transcript, 2/112/1). Many people's ability and willingness to self-isolate was linked to their financial status (INQ000575999/8). As noted by Professor Arden, there is an "Intention-Behaviour Gap" (Transcript, 11/162/11-18). The Scottish Government recognised this during the pandemic and put in place a range of financial and practical support for those who were self-isolating to mitigate the barriers that may prevent people from complying with public health guidance.

The Decision to Stop Testing

24. 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. The UK Government decided to scale back its Test and Trace scheme without first consulting the Scottish Government. In early 2022, the UK unilaterally announced it would stop population testing for Covid-19 in England from April 2022, in most circumstances. 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.

Financial and practical support

25. From 18 March 2020, funding of £350 million was made available to local authorities, the third sector, and communities to enable them to support those who were self-isolating (INQ000131057, row 28). This funding package included an additional £45 million

invested into the pre-existing Scottish Welfare Fund at the start of the pandemic, in anticipation of an increase in applications as a result of the pandemic (INQ000587342/222 at [680]), a £70 million Food Fund to support households unable to afford or access food and a £50 million Wellbeing Fund to support the mental health and wellbeing of those required to isolate. In April 2020, a National Assistance Helpline was established to help people access support provided by their local authority under these funds.

26. A Local Self-Isolation Assistance Service, delivered by local authorities, was established in October 2020. This service attempted to contact the majority of people who had engaged with the contact tracing system to offer financial or practical support during self-isolation. Initially the service was accessed by people who were self-isolating. The service later commenced proactive contact with people who were self-isolating following contact from the Test and Protect service. Support provided through the service included access to food and medication (INQ000587342/272). This holistic support is cited by Professor Richard Machin as an example of best practice (INQ000575999/42 at [159]).

27. This support was in addition to the £500 SISG. The SISG operated within the existing Scottish Welfare Fund and was subject to the same appeal processes. Any applicant who was unhappy with a decision could appeal to the Scottish Public Services Ombudsman (INQ000587342/225 at [691]). As noted by Professor Machin, it is good practice to allow people to challenge decisions refusing social welfare payments (Transcript, 12/12/6-17). Research carried out between March and June 2021 found that there was a high level of awareness of the formal support available among participants and that the majority of those who accessed formal support felt that their needs had been met (INQ000147424/10 & 86).

Disproportionately impacted groups

28. The Scottish Government considered the impact on disproportionately impacted groups when designing and developing the TTI Strategy. Those who were elderly, vulnerable, disabled, or from a minority ethnic background were not forgotten. The Scottish Government agrees with FEMHO that the Public Sector Equality Duty (PSED) is not simply a tick box exercise. The PSED was embedded in the Scottish Government's approach. Equality Impact Assessments were undertaken for key policies, including for the TTI Strategy published in March 2021 (INQ000147449). It highlighted the need for the TTI system to be accessible to people whose first language is not English. Guidance was provided in a range of languages and formats and the National Contact Centre had real time translation to 130 languages and video interpretation for British Sign Language users

(INQ000475006/67 at [239]). The Big Word telephone interpreting service enabled individuals to communicate with test site staff in more than 200 languages, including sign languages. The Scottish Government's equality impact assessment in relation to the self-isolation support grant was described by Professor Machin as an example of best practice that drew on a wide range of evidence (Transcript, 12/20/4-10).

29. The Scottish Government established an Expert Reference Group on Covid-19 and Ethnicity. Two subgroups of the ERG were formed, one to review health data and evidence, and the other to examine systemic issues and risk. The work of both groups was underpinned by evidence of the risks that migrant and minority ethnic communities face in contracting Covid-19. Research was undertaken by the Scottish Government during the pandemic which considered ethnicity on issues relating to TTI. In November 2020, the ERG recommended that there should be minority ethnic participation at all levels of the Covid-19 response and that Test and Protect teams should incorporate processes and expertise which reflect the diversity of the communities they serve. (INQ000475071/110, at [317]). Another key recommendation was the need to improve the collection of ethnicity data in healthcare systems (Transcript, 11/125/20-11/126/2). The Scottish Government accepted these recommendations.

30. The Scottish Government published its Equality Evidence Strategy on 24 March 2023 with a plan to improve and strengthen Scotland's equality evidence base. On 14 September 2021, the Scottish Government published the Immediate Priorities Plan (IPP) for Race Equality in Scotland. The IPP actions covered the work undertaken to implement the data and systemic recommendations of the Expert Reference Group on Covid-19 and Ethnicity. It also included the Scottish Government's continuing work to fulfil the visions and goals of the *Race Equality Framework for Scotland 2016-30* and ensure a fair, equal and anti-racist recovery for minority ethnic people in Scotland. On 28 June 2023, the Scottish Government published a progress report *Anti-racism in Scotland: progress review* which provided a detailed examination of progress against the commitments made in the *Race Equality Framework (2016-30)* and the *Immediate Priorities Plan (2021-23)*.

31. The establishment of the Anti-Racism Observatory for Scotland (AROS) is a key component to enable a truly anti-racist approach across the public sector and in advancing the Race Equality Framework. It is clear that expert independent input is vital to progress. The contract to host AROS has been awarded and is currently in its mobilisation phase (DG Communities Statement dated 26 June 2025. N.B. This statement does not yet have an Inquiry number.).]

Data relating to disproportionately impacted groups

32. A number of different models were used to analyse the impact of the Covid-19 epidemic in Scotland. The only protected characteristic employed in these various models was age. The Scottish Contact Survey analysis routinely reported on contact pattern information broken down into different age groups. With regards to at risk and vulnerable groups, only the medium-term projections model included these groups as part of the assumptions for the modelling. This model had the functionality to split assumptions such as hospitalisation rate, ICU rate, death rate, and length of stay by age, care and immune compromised status and Scottish Index of Multiple Deprivation.

33. The Scottish Government recognised that test centres had to be accessible to everyone. Accessibility was a core requirement for all testing services. Walk-through local test sites were only approved if they were wheelchair accessible and had nearby parking. Sites that failed these criteria, for instance with overly steep ramps or lift access, were rejected at an early stage. The UK-wide booking system applied a wheelchair-access filter, directing users to the nearest suitable centre, and defaulted to couriered home-test kits if none were within a reasonable distance. Every local test site included at least one larger booth so carers could accompany individuals or families could remain together. Staff were trained in disability-awareness and provided step-by-step coaching to those who needed it. Testing could be arranged through local health boards allowing people to get tested in their local area or at home, with or without assistance (INQ000147449/11). To tackle digital exclusion, tests could be booked, and results received, over the telephone in addition to online. The Connect Scotland programme also helped to tackle digital exclusion through councils and charities by providing laptops, internet access, and support to low-income, offline people, especially those shielding. (Transcript, 11/139/2-19).

Local authority boundary areas

34. Ms Nicola Boyle from Scottish Covid Bereaved explained in evidence that her husband had to drive to her mother-in-law's house to take her to a test. Ms Boyle thought that "strictly speaking he was breaking the rules" by going into another local authority area (Transcript, 2/27/14-18). The Scottish Government recognises the confusion and distress caused to members of the public such as Mr Boyle providing care or assistance to a vulnerable person during lockdown. While this was technically allowed under The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020, the Scottish Government acknowledges that there was ambiguity.

While the Scottish Government did not achieve the clear communication which was required in this instance, it recognises that clarity in the rules affecting individuals should continue to be its goal in any future pandemic.

35. Ms Boyle also suggested in both her oral evidence and in her witness statement that the local authority boundary system in Scotland appeared to have been designed with ease of policing in mind rather than being risk-based (INQ000587320/16 at [77]). Decisions for different levels and interventions in different local authorities were informed by the epidemiological conditions in each local authority. The Scottish Government acknowledges that this approach was imperfect, and that in this case the boundaries of local authorities did not correspond well with economic or social travel patterns. This drawback was outweighed by the wider benefits of a local approach and the public's understanding of local authority areas.

Level of adherence

36. Adherence in Scotland was high. Research commissioned by the Scottish Government during the first half of 2021 found that 74% of positive cases and close contacts reported full adherence with guidance on self-isolation. Only 1% of participants reported non-adherence, with the remaining 25% reporting partial adherence (INQ000147424/30). As highlighted by Professor Arden, trust is central to adherence and for protective behaviours to be maintained there needs to be trust in the long term (INQ000587239/104 at [340]). The majority of the population in Scotland trusted the Scottish Government to provide information on Coronavirus. As noted by Professor Arden, in July 2020 more than 7 in 10 people said they completely or mostly trusted the Scottish Government (INQ000587239/105 at [342]).

Chapter 5. Public communications

37. At the outset of the pandemic, the Scottish Government built trust with the Scottish public over the pandemic response with open and timely communication. Between March 2020 and the end of 2021, the then First Minister led over 250 daily media briefings supported by contemporaneous British Sign Language interpretation. The daily briefings came to be the principal means of communication for the Scottish Government. They were supplemented by ministerial and clinician interviews, online publication of key documents, decisions and guidance, and statements to Parliament. It became clear in the early period of lockdown, initially from anecdotal evidence, and later from polling, that the briefings were a principal source of information and reassurance to many during lockdown

(INQ000475142/91 at [251]). The Scottish Government worked in partnership with NHS 24, Public Health Scotland and the third sector to communicate effectively across Scotland including to minority ethnic communities. Key public health information on Covid-19 was available in 17 languages and accessible formats via the NHS Inform website (INQ000587342/305 at [857]).

38. The Scottish Government undertook regular polling to understand the effectiveness of its communication campaigns. The *Every Story Matters* record for Module 7 noted in relation to Scotland that clear and regular messaging from officials helped to build confidence in people that they were doing the right thing (INQ000475132/89).

39. Scotland's response to the pandemic employed a strategy of achieving public compliance through encouragement, persuasion and support. That strategy informed the decision not to introduce a legal requirement to isolate in Scotland (INQ000587342/209 at [648]).

Chapter 6. Lessons learned

40. The Inquiry has highlighted the losses that people faced during the pandemic. The Scottish Government acknowledges that it did not get everything right and it looks forward to receiving the recommendations which the Inquiry will make in due course. Improvements have already been made to address many of the challenges faced.

41. Due to reliance on the UK's Lighthouse Laboratory network there were occasional delays with test results. When demand surged across the UK, delays naturally occurred. That experience reinforced the value of maintaining sufficient Scottish laboratory capacity and resilient logistics, which led to the creation of a network of laboratories across Scotland to bolster NHS capacity. The Scottish Government recognises the potential benefits of the "federated laboratory model" referred to by Professor McNally. This model would involve a coordinated network of university, commercial, and veterinary diagnostic laboratories, which would all adhere to standardised protocols and quality assurance measures. This would provide a more resilient and self-sufficient system.

42. A Gap Analysis carried out by Public Health Scotland, dated 7 June 2024, recommended establishing a national One Health Microbiology Partnership, integrating human, animal, and environmental health laboratories into one unified network (INQ000495928). This partnership would facilitate a rapid response to emerging infectious diseases and significantly enhance overall pandemic preparedness. Implementing a federated

laboratory model in Scotland would align closely with this recommendation. Such a model would not only enhance routine diagnostic capabilities but also provide robust, scalable, and flexible infrastructure for future pandemics. The Scottish Government supports this recommendation, recognising its potential to strengthen the nation's public health infrastructure and resilience significantly.

43. In preparation for the next pandemic, data-sharing arrangements have been consolidated and enhanced. The Covid-19 Data & Intelligence Network which facilitated rapid data flows during the pandemic has been absorbed into Research Data Scotland. It is developing a unified approvals portal and drafting secondary legislation to enable near-real-time information exchange during future pandemic emergencies. The Scottish Government recognises the importance of understanding what is happening in communities. One of the lessons learned from the pandemic is the importance of having good data, which can be disaggregated in different ways, and using it to develop insights and help improve services (Transcript, 11/105/19-11/106/6).

44. The Scottish Government implemented novel and innovative solutions to problems during the Covid-19 pandemic. New technology was developed and utilised to enhance the response. Where issues arose, creative solutions were found such as locating test centres in fire stations in rural areas. Flexibility and innovation were key strengths. Counter-intuitively, the pandemic had some positive effects on the health and social care system in Scotland. The knowledge, experience, and infrastructure developed during the Covid-19 pandemic has put Scotland in a stronger position to respond to the next pandemic.

45. The Scottish Government has established governance arrangements and work is underway to deliver a cross-government programme of work to improve pandemic preparedness. This includes senior oversight by Ministers and senior officials from across the Scottish Government. The Scottish Government is working to ensure lessons identified from the pandemic response are translated into action and that policy across government is better able to respond to the next pandemic. The Scottish Government is working with the UK Government and the other Devolved Nations to keep under review the countermeasures and capabilities required to respond to future pandemics, including retaining stockpiles of PPE and the purchase of vaccines and medicines.

Conclusion

46. The Scottish Government recognises that the Four Nations of the UK should preserve the legacy of the TTI systems for responding to a future pandemic. The Four Nations should join forces to adopt a shared framework and build scalable systems to test, trace and isolate in a future pandemic. This should include clear, flexible funding and governance arrangements for future public health emergencies and safeguarding core capabilities developed during the Covid-19 pandemic, while retaining flexible infrastructure to respond to other diverse types of pandemic.

47. Scotland could restart a TTI programme faster than it previously could due to enhanced data-sharing arrangements and retained laboratory capacity for testing. But the Scottish Government recognises that there are lessons to be learned to ensure that in a future pandemic TTI systems can break chains of transmission earlier and save more lives. This would limit both the scale and the duration of broad non-pharmaceutical interventions such as widespread social distancing requirements and lockdowns. In doing so, a more agile TTI system would also help to reduce the wider social and economic impact of any future pandemic response. It is also recognised that the Scottish Government must keep equality considerations at the heart of its response. The Scottish Government understands that a one-size-fits-all approach does not work for all communities and penalises the most disproportionately impacted groups.

48. The Scottish Government worked closely and collaboratively with the UK Government but was also able to take decisions based on Scotland's unique characteristics. The Scottish Government and its partners welcomed the opportunity to contribute to, and benefit from, a coordinated Four Nations approach to testing, recognising the advantages it brought in terms of procurement, logistical support, and delivery at scale. The Scottish Government welcomes the opportunity for the UK Government to involve the Devolved Nations in the planning and development of any future UK-wide response.

49. The Scottish Government is also striving to ensure that lessons are identified through its Future Pandemic Preparedness programme and are embedded in policy so that it is better able to respond to the next pandemic. It has listened carefully to the evidence heard in Module 7, welcomes the Inquiry's scrutiny of the pandemic response in Scotland and will engage constructively with its forthcoming recommendations. The Scottish Government wishes to repeat its thanks to the people of Scotland for their support for Test and Protect

and the sacrifices made to keep family, friends, neighbours, and communities as safe as possible.

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Fiona Drysdale, KC
Iain Halliday, Advocate
Kenneth Young, Advocate
Kristian Whitaker, Advocate

Counsel for the Scottish Government

Instructed by Caroline Beattie, Scottish Government Legal Directorate