Ministers Reflect
Jeane Freeman

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Biographical details

Scottish parliament history

2016–21: Scottish National Party (SNP) member of the Scottish parliament (MSP) for Carrick, Cumnock and Doon Valley

Government career

2016–18: minister for social security
2018–21: cabinet secretary for health and sport

Jeane Freeman was interviewed by Akash Paun and Alex Nice on 5 October 2021 for the Institute for Government's Ministers Reflect project. The interview took place remotely due to the Covid-19 pandemic.

Jeane Freeman reflects on her time as minister for social security in the Scottish government, her role as cabinet secretary for health and sport before the Covid-19 pandemic and her experience of intergovernmental relations during the Covid crisis.

Akash Paun (AP): You first came into government in 2016 straight after the election. That was the election when you were elected for the first time, and you went straight into government as a minister for social security. What did that feel like? What were your immediate feelings and impressions on walking into government for the first time?

Jeane Freeman (JF): So, as you say, I was just elected in 2016 and in the first week I was appointed a minister. So, I was a little bit surprised to be appointed straight from the backbenches but really thrilled actually to have the first minister's [Nicola Sturgeon] confidence in doing that. And it was a really good role, if I'm honest, because it was something that didn't exist and it was my job to create it from scratch, albeit that we don't have all powers over every part of social security. So it was complex to be able to work out what could we do and how would that then fit with what the UK government was continuing to do, and at the same time recognise that at its core, the Scottish government and the UK government had very different views about the purpose of the welfare state and social security.

And so I had to find a way to hold true to our principles and purpose but at the same time navigate co-operation, which was absolutely critical because all the data on the individuals who were at that point currently in receipt of the benefits that we would take over, all of that data was held by the Department [for] Work and Pensions [DWP]. So there was no point in having arguments for arguments' sake. But in addition, I think I

went through three secretaries of state for DWP [Damian Green, David Gauke and Esther McVey] in the space of two years. So that in itself was not straightforward because they had different views and their officials were waiting to hear what their secretary of state wanted. Things would progress and then halt because there was a new secretary of state.

And I understand the civil service very well. I was a senior civil servant for a couple of years and I was a special adviser as well. So I understood why, where we thought we'd made an agreement and progress was to be made, it halted. That didn't help me and understanding it didn't make it any better, but it did help me to know that it wasn't necessarily wilful obstruction. It was [due to] difficulties.

And it was, of course, also totemic to start a social security system in Scotland. Totemic particularly for a government minister like me who supports independence, that I knew fine well that how well I did would be used as a measure of how capable we were of running our own affairs. So I was very conscious of all of those elements. But the core purpose was: "Let's have a social security system that actually meets the needs of those who rely on it, which in truth could be any one of us at any point" – so to get away from the idea of 'them' and 'us' but to get instilled in the bones of it, if you like, the fundamental belief that it [the social security system] is there for every single one of us when we need it. We do not know the day or hour when we might.

AP: You had been a senior civil servant and a spad [special adviser] and then you became a minister. Quite possibly, you're the only person in the country ever to have done those three different government roles. To what extent did that mean you felt prepared for the job of minister and what had you learnt from those previous roles for how you conceived of the job?

JF: Yes it's a really good question. I actually think it was a huge advantage in having been both a senior civil servant and then a special adviser, particularly because my special adviser role was primarily around policy issues and around liaison with the UK government. So I think I had a huge advantage of understanding, to a degree, how the civil service machine operates and therefore what are the levers you need to move in order to get what you want done, and [understanding] the interrelationship between different areas of policy.

In social security, there was obviously an interrelationship between the policy that you wanted to pursue and the legislative framework that you could do that in. The interrelationship between devolved and reserved powers. And of course, just straightforward politics with a small 'p' of understanding how two different governments approach the same thing and therefore thinking about where can you find areas of agreement. I was really keen that I would work to secure a consensus in the Scottish parliament, a final agreement on every single aspect of the new social security system in Scotland – everything from how it operated, to how it was scrutinised, to its

founding principles. All of that. Because that felt to me the best foundation for us to go forward. We may then have future disagreements around how much a benefit is paid, who is eligible, who is not eligible. But the foundation of it had to be – I thought, if I could possibly achieve it – one that rested on consensus and agreement across all parties. That was achieved at the end of it all.

AP: In terms of your own role, you weren't in cabinet at this point, you were reporting to the cabinet secretary [for communities, social security and equalities]. How did that relationship work and to what extent did you have a clearly defined, discrete area of responsibility that you could just get on with and set the objectives yourself? Or to what extent were you being tasked with specific things by the cabinet secretary or indeed by the first minister?

JF: You're absolutely right. I was responsible to the cabinet secretary, Angela Constance, but also directly to the first minister who took obviously a very strong interest in this brand new set of responsibilities for the Scottish government. I was lucky and fortunate in both, in that they gave me a lot of freedom and room to make this what I wanted it to be. But equally, I'm a politician. I understand politicians. There isn't a politician in the land that likes surprises or for something to happen that may be controversial that they didn't know was coming. So I made sure that as I made progress, and as I hit obstacles or issues to be resolved, obstacles to be overcome, I talked those through with them – but on the basis of my description and analysis of the situation and my proposed solution. It's not for me to go to people and say: "Here's a problem, you tell me what to do with it." I'm a minister so I take responsibility.

And also, I had a lot of room to make decisions and to proceed in the way I thought was right to proceed. And when we had our discussions with the DWP, with the secretary of state and so on, it was the cabinet secretary Angela and I who had those discussions, always, so that it was clear to the UK government that this was an area taken seriously at the most senior level in Scottish government.

AP: Your role as minister for social security was not only a new one, but it was also an unusual kind of ministerial job, in that you weren't using powers that were already there. You were managing the project of the devolution of that new set of powers. You were creating a new agency [Social Security Scotland] and so on. What were the biggest challenges you faced in implementing this and what lessons did you learn from that experience about how similar processes could be managed in the future?

JF: I think probably a few things. Just personally, I learnt very clearly, perhaps more sharply than I had understood, the interrelationship between devolved and reserved, and the interrelationship between devolved and reserved in terms of finance, as well as policy positions and straightforward powers, what the legislation says and who's got power over what.

One of the things I'm probably proudest of is how we set about the task. And that was to spend a considerable amount of time listening to people – real people – as well as stakeholder organisations. Real people who had experience of using the social security system and what it was that they thought needed to be different. Interestingly, there was a little bit of concern and pushback around the idea of doing that and setting up what we called 'experience panels', which were panels of people with experience of using the system who would directly help us develop our policy. Not to be consulted on the basis of "This is what we think, are you okay with that?", but to directly help us write the detailed policy and test out the system as well.

There was a little bit of pushback on that. There was a concern that what people would all want was considerably more financial payments and that they were going to tell us that that's what they wanted and we couldn't afford to do it. But actually that's not what happened. Of course, people want more money if they can get it. We all want to be paid more if we can get it. But actually, what they wanted was a system that heard their situation, was personal to them, treated them with respect and was fair. And so those were our founding principles – dignity, fairness and respect – and everything needed to be measured against them. And so those experience panels, which as far as I know still exist and will continue to exist, people come and go from them, but they tested out the IT systems, they tested out the language that the new agency used, they tested out how people were assessed for benefit. All of that was fundamental to the social security system because we were laying the foundations. We want more social security powers, so we were building a system capable of growth, not just of the powers that it already has. So that was a challenge but it was such a strength.

I certainly took that approach into my subsequent work in health. I know it's been picked up in other parts of government by other colleague government ministers as a way of getting past what is a valuable consultative process that government goes through on legislation in Scotland, but can be too confined to stakeholders and special interest groups. They have an absolute role in expressing views and putting forward ideas but we can't confine ourselves just to them. So something like the citizens' assembly has developed around the European Union and Brexit, around the powers of the Scottish parliament and so on. This all comes from that idea that you need to reach out and make it easy for the citizens of the country to contribute to government's thinking.

AP: Did that consultative process actually influence decisions that you took?

JF: Yeah, absolutely it did. One example of that would be when we were able to offer people the opportunity for a more direct payment of their housing benefit, direct to their landlord, as well as more frequent payments. We set up the kind of IT system that they could go into and a parallel non-IT system for those who don't have access and we asked them to test it out for us.

The first thing that they told us was: “Don’t make the first question you ask me be about more regular payments, because I’ll say no to that, because I’m worried about my housing cost being paid. Give me the question first to have my housing benefit paid direct to my landlord. If I say yes to that, I now feel more confident that a more frequent benefit payment I can manage.” That had never occurred to us. To those of us who are living fortunately on more than social security benefit, that’s not a fear that we sit with but it’s a very real fear for those individuals. So, the whole IT system was changed because that made sense. So there were real practical improvements that they made because we didn’t just listen to them on the policy issues, we then set up the system and asked them to test it out.

And the other thing I should say that was different in how the civil service works, was that we formed multidisciplinary teams of officials. So in a team looking at, for example, funeral payments, we would have the policy officials, the ones writing up the policy about how it should be done, sitting alongside the IT people who had to create an infrastructure that would deliver that, working together. What they couldn’t do was: IT couldn’t say to policy “that can’t be done”, without then saying what needed to happen to allow it be done. And policy couldn’t say “well this is the perfect policy, so you’ll just have to make it work”, without being able to. So they had to collaborate. That did two things. It sped up the process because instead of two separate teams apart from each other, firing emails back and forward, each thinking the other was being difficult, they were in the same room working on the same issue together. They had to fix it. As a style of delivery, it was a huge improvement as well.

AP: You were appointed to the role of cabinet secretary for health and sport in 2018, so you had a couple of years before the Covid pandemic hit. In that period, pre-coronavirus, what were your main priorities in that role and what was it like, in practice, trying to achieve the reforms you wanted to achieve in the health system?

JF: The major priority when I took over in 2018 was to improve the waiting times, the length of time people were waiting for key areas of elective surgery, and also improve the system for other major areas of ill health like stroke and cancer. In cancer, it was around diagnostics actually. It was around the speed with which cancer was detected. Because once detected, the track record on then acting to treat that cancer was good, but the diagnostic pathway was too slow. So it was making sure that we used every possible lever we had and sped things up to improve those areas.

There were two other major challenges that appeared during that period. One was a situation in NHS Highland around bullying, which had caused a lot of staff a lot of personal harm and upset, which needed to be dealt with. In other words, it needed to be confronted in a way that wasn’t defensive, and resolved. But also, it needed to be recognised that it probably wasn’t confined just to Highland. Highland was where the whistleblowers had stepped forward, very courageously, but there was no reason to assume that some of that institutional behaviour did not exist elsewhere in the NHS. So

how was I going to sort out Highland but also make sure that we weren't going to see another Highland somewhere else?

And another priority was the whole situation around the harm caused to women through the use of mesh implants for certain conditions. That pre-dated the Cumberlege Report [the Independent Medicines and Medical Devices Safety Review, chaired by Baroness Julia Cumberlege, published in July 2020] considerably, but by and large was dealing with a situation that Baroness Cumberlege identified. And I'm pleased to say, on both of those, we made huge progress. But the pandemic meant that the lessons across the NHS – for example on bullying and culture – couldn't really be significantly progressed, because we were diverted, rightly, to deal with a major public health incident.

AP: As minister of such a big complex system as the NHS, did you feel you had sufficient control? How would you define your relationship with NHS Scotland?

JF: The first thing about the NHS in Scotland is that it is very different from the NHS in England. We do not have major private sector providers and we do not have internal competition. It is a single system. Our NHS boards are the delivery arm of NHS Scotland. So there is a degree to which they [the boards] have local autonomy to apply policies to meet their local circumstances. If you take NHS Highland, it has a huge geographic area, a very dispersed population, a population in small locations, one major city, Inverness, that's it. Then look at NHS Greater Glasgow and Clyde. It has the city of Glasgow, our largest city in Scotland, and all down the west coast, a very concentrated urban population. So how you apply the delivery of healthcare will differ between Highland and Glasgow. But the core principles of what you're trying to do, and how you are making that equitable, need to be absolutely the same between the two. So the autonomy that boards have is around the application, not around the policy. So it is very different.

Now to be fair, there was challenge on that. My view on that was absolutely clear and I'd been involved in health in different ways pre-election and indeed from my own training as a nurse. And not every board agreed with my view and felt that they were more autonomous units than I believed them to be. So, there was a bit of a challenge in making sure that we all understood what the differing roles were of NHS Scotland as a Scottish-wide body, the government's health directorate, me as the cabinet secretary and individual boards. And we got there and that again actually, as it happens, probably stood us in good stead for the pandemic period.

Then, of course, the other major issue we had in those first two years, what is now subject of a public inquiry that I set up, was the situation in Queen Elizabeth University Hospital around the hospital environment and whether or not the building and its construction in any way has contributed towards patient harm. And secondly, the situation over in Edinburgh with a brand-new hospital for children and young people,

which I halted in opening because it was not ready. It did not meet safety standards. They are different but they are about building environments and how we go about building for healthcare.

It's about how we go about building new healthcare facilities, whether it's a big flagship hospital or a new primary care centre, and the role of government. And what was clear to me, aside from dealing with the immediate issues in both cases and the public inquiry, which is the right thing to do for patients and families particularly around Queen Elizabeth University Hospital, was that how government does this needs to change. We cannot be arm's length to the degree that we have been. The whole built environment needs to have, as one of its primary purposes, its contribution to safe health. That's everything from the water pipes right through to the materials used in the building. And that needs a degree of very particular expertise that should sit for the whole of Scotland in the centre.

AP: The Brexit referendum also took place around a month after you first took office and obviously you were in those two roles as Brexit unfolded. In your roles in social security and then health, to what extent was your job affected by Brexit and what was going on in terms of the withdrawal process?

JF: Probably most affected in health. You need to put Brexit together with the UK government's immigration policy, you can't separate these two. For the UK government, they are ideologically intertwined and for me they're the subject of significant ideological opposition. So, you can't separate the two. And in health and social care, where a significant proportion of the workforce is from Europe, the European Union and further afield, [and] a significant proportion of the academic research collaboration is European and global, which directly benefits our academic institutions in the huge amount that they contribute, but also our healthcare, then Brexit has a major impact.

And we see it now. We see it in social care, where our social care providers are struggling very hard to recruit all the staff that they need. They've lost a lot of staff. And in health care, it wasn't something we didn't want to do, we wanted to do this, but we put in an awful lot of effort in. I sent personal letters, more than one, to social care staff and NHS Scotland staff, telling them that we valued them, that we wanted them to stay and we were trying to make it as straightforward, at a local level, for them to go through the UK government determined process that was required for them to stay. But the most important thing was we wanted them to know that in Scotland we did not see them as a problem, but as bringing real value and making a huge contribution to the health of our country and the research and the science and everything else.

So Brexit is a big deal. It also obviously has impact, as we see, on supply chains, which are not just about food and fuel, although food and fuel are really important to the health and social care service. It's also about other supply issues. You know, our NHS in

Scotland is the largest employer in Scotland and probably one of the biggest contributors to purchasing across a whole range of issues. Not just swabs and syringes but everything else in between. And so you want to make sure that your supply chain operates smoothly, because there can be a real impact if it doesn't. And actually that issue in itself arose during the Covid pandemic. So what you're ending up doing is using staff resource and capacity to ensure things remain smoothly supplied and solving problems where they don't, and finding a workforce, because you've lost some of it. Actually if we didn't have Brexit, they [officials] would be doing something else. Now they need to do this, but it's not the most productive use of their time and it is unnecessary.

My own view is that Brexit was a total con and has been a disaster for Scotland and will continue to be a disaster for Scotland until we can take steps to change that.

Alex Nice (AN): Thinking about how intergovernmental relations evolved during your time in office, did you find that it became more difficult to work with UK ministers over the time? Did Brexit put a greater strain on that co-operation?

JF: There's no straightforward answer to that, to be honest, because an awful lot depends on individuals. So if I think about the time when I was social security minister – and from memory I think it was three secretaries of state for the DWP – relations between us depended a lot of those individuals, as individuals. So some, the first two for example, were clear that there were some difficulties that really we just needed to work our way through, and let's not have a big fight about this. Then we had a situation where it was a much more ideological battle, that basically social security was a UK government matter and Scotland was going to be allowed to footer round the edges, but "you'll essentially do what we say". So, it depended a lot on the approach of the individuals.

There is a running thread though through all of it, which is I am firmly of the view that UK government, ministers and the UK Westminster-based civil service – and this isn't actually particularly confined to a Conservative government, it was my experience with Labour as well – do not understand devolution. They simply don't understand it and they have paid no attention to it. And they don't understand what has happened in the political culture of Scotland and the citizens' view in Scotland, regardless of whether or not people support independence or oppose independence, in the 20-odd years since the Scottish parliament was established. It's not the same as it was 20 years ago. So you kind of need to get with the programme and understand it, otherwise you're going to take a very outdated view of who the Scottish government is and what they do and how they're perceived, which is independent of whether or not people in Scotland support the politics of any one Scottish government. And that is a fundamental flaw that rests at Westminster. I think we understand Westminster pretty well. I just think they just don't get devolution. They don't see the point of devolution sometimes and they really don't

understand that they're dealing with another government that's not subservient to them.

In terms of health, actually after a couple of difficult starts with Matt Hancock [then secretary of state for health and social care in the UK government], the four health ministers got on really well. We disagreed, of course we did, but when you're dealing with a pandemic, it's not about the constitutional question or whether or not you're a unionist in Northern Ireland or a Labour person in Wales. It's about: "What are we going to do here to deal with this major public health emergency that none of us have had to deal with ever before?"

AN: That leads us into the discussion of the Covid pandemic, which, as you say, was a huge, unexpected challenge from 2020. Looking back, how well prepared do you feel you, the civil service and NHS Scotland were for a crisis of this scale?

JF: I think Scotland had a couple of advantages going into the situation. The first was, as I said earlier, that it is a single unified health service. And it's really clear where authority lies and which levers you need to pull to make things happen. But also NHS Scotland has had for some time a major procurement arm that is the provider of supplies like PPE [personal protective equipment] to the health service. So, it's an experienced procurement arm. It has suppliers, it has distribution routes and so on, all of which we had to improve and change in order to deal with the pandemic, but we at least started from there, a single place. The other thing of course that Scotland has as an advantage is that we're a small country. It's not that hard to get everyone you need in the one place. Even in the one Zoom meeting, it's not hard to do it.

In terms of preparedness, I think in other respects, obviously there had been work done about the possibility of a flu pandemic. There had been the swine flu experience and my first minister [Nicola Sturgeon] was the health secretary during that. And so all of those experiences and preparations were helpful, but not as helpful as people might initially have thought they were going to be. We weren't dealing with flu and this wasn't a swine flu pandemic either. This was a very different kettle of fish altogether. And everyone was coming to that realisation, listening to what our clinical advisers and others were telling us, and what their estimates were, and coming to terms with the fact that we were going to be learning constantly. And therefore we had to be able to be much more fleet of foot in our response. This wasn't a known situation where you could predict how it would play out and you just put everything in place and then it flowed. It wasn't going to be like that.

AN: You mention the need to learn constantly. One of the things people have discussed is the challenge in the early stages of 2020, when information about the coronavirus was limited, and you had to take decisions in a situation of uncertainty. What was it like to be in government in the first weeks of the crisis and when did you start to have a sense of the gravity of what you were facing?

JF: I think fairly early on. It became clear that what we were facing was a grave situation. The scale of it was greater than what even early on we thought it would be. The numbers that were coming through from the work of our chief medical officer, at the time Dr Catherine Calderwood and then Dr Gregor Smith, the four chief medical officers [Professor Chris Whitty, Dr Michael McBride, Dr Gregor Smith and Dr Frank Atherton] and others, were frightening. And the whole focus, as you know, at that point was: What did we need to do to make sure that the NHS wouldn't be overwhelmed.

The first few weeks, well actually the whole period, was literally 14 hours a day, seven days a week. Constantly getting new information through, new assessments through, discussing with the chief medical officer, national clinical director [Professor Jason Leitch] and first minister what we thought the situation was, having information fed into us through the very helpful networks they have about what was happening in Europe, the situation in Italy obviously, and why was that emerging. And trying to therefore understand what did we need to do with the NHS. It was put on an emergency footing. What that means is that everything it then does is at the instruction of the cabinet secretary. Key procedures in elective areas were paused. Decisions around that and knowing what that actually meant for individuals were hard. No, it is not life-threatening to not have your hip replaced when you think it's going to be replaced, but it is life-debilitating. And you don't know how long this is all going to last for. Decisions to be made around kit. Making sure that we could scale up really fast the capacity in intensive care and making decisions around the supply of PPE. The procurement arm of the NHS had an established system to supply PPE to our hospitals, but we had to institute new distribution channels to our primary care, that includes pharmacy and dentistry, who otherwise would have normally got that stuff for themselves. And we would supply PPE direct to social care, as well as direct to hospitals and other health care settings. So that was a whole new set of distribution channels and routes.

Meantime, you're trying to ensure that the supplies that you've ordered are going to appear, in a situation with a global marketplace now, everyone wants PPE and the prices are going up of course. But also, you're trying to ensure that your committed suppliers will deliver to you, they'll deliver on time and that you can scale that up. That also meant working with my colleague in another part of government, Ivan McKee, who was the business minister, to help us to work through all of those things and take those jobs on.

Then you've got a whole range of other decisions. What do you do about primary care? We set up a community-based Covid pathway, which effectively would take patients

who might have Covid out of the GP surgery into a Covid-safe route in order to allow the GP surgery to continue to practise, so that we could still deliver some health care to people locally. So it was constant, constant decisions. And the planning assumptions you're making and basing these on, can change. As we know, they did change. As people understood more about the nature of this virus, how it was transmitted, what its impact was and who was most at risk, then the planning assumptions that decisions were being made on changed. So some of those decisions had to change.

The additional key area of infrastructure that we had to scale up was on testing. In February 2020, NHS Scotland had the capacity to do 350 tests a day. That was it. Now that was nowhere near adequate. So how do we co-operate across the UK to scale that up? And what do we need to do to do that? Generally speaking when you're a government minister, I think this applies whatever the circumstances or the role, you start off in the morning and you think you know what your day's going to be like but it doesn't necessarily end up like that. I think as a health secretary during a global pandemic, you can guarantee that what you think your day's going to be like, it's not going to be like. And you don't know what it's going to be like but you know it's not going to be what you think it is at 7 o'clock in the morning. It's going to be different because things are going to happen.

AN: Health is devolved but the UK did have UK-wide science advice structures through SAGE [Scientific Advisory Group for Emergencies]. How useful did you find the science advice coming from structures that were based in London for Scotland? What led you to then set up Scotland's own science advice structures to complement that?

JF: There was really good co-operation between the four chief medical officers who I think probably spoke to each other at least once a day in a collective call, if not more often. The difficulty we had with SAGE is that we were observers to it, not part of it. That meant that we weren't always even observing those discussions. And whilst we had a lot of other channels by which our advisers could secure information and reach an analysis to give us their view of the situation on which we could then make decisions, we weren't getting it direct on the basis of how that might apply in Scotland.

And so that's why the first minister set up her Covid advisory group and allowed us to use some of the key brains that we have in Scotland from the University of Glasgow, St Andrews, Edinburgh and others who are sort of public health experts, epidemiologists and so on. Behavioural science was really important. [The Covid advisory group] allowed us to meet them directly and hear from them directly and question them directly and to get their view about: "What do you think if we do X? Are we missing anything?" That helped significantly. In a situation where there is a lot of uncertainty, it helped significantly in giving you more certainty around the decisions that you're having to take. Because you're not in a position where you can say: "We don't know everything yet, so we'll wait until we do before we decide." It doesn't work like that. You have to

get as much certainty and as much scrutiny of a situation, from every possible angle, to then help you make the decision.

AN: You said earlier that at the start at least of the crisis there was good co-operation between the four health ministers. We have a sense that during the pandemic that co-operation came under strain and certainly there was divergence in some of the measures taken by the four governments. Why was that? What led to the breakdown in co-operation, if that is the case? And to what extent did you feel constrained in the broader approach that you wanted to take in Scotland by the fact that the economic response was led by the Treasury in London?

JF: Actually in the very first meeting I had with Matt Hancock we had an argument. The very first meeting, which I think was the COBRA meeting on the pandemic, we had an argument, which with hindsight seems a bit daft, about whose citizens were whose. But we got over that.

I don't think actually that the relationships between the four health ministers broke down at any point. And you shouldn't see different decisions around measures as an indicator of some major argument. It's an indicator of devolved governments taking the decision that they think is right for the people that they represent. And there is a difference. If you walk out into the streets of Scotland just now, people are wearing masks. They're wearing masks in shops. They're wearing masks on public transport. I was at a concert last night. Every time anybody got up and moved anywhere, they put their mask on. Now that is a different situation because we take a different view about what needs to be done. But there was never difference for difference sake. It was genuinely reached on the basis of the particular circumstances in any of the devolved nations and the advice that we were being given.

The problem though was – as you rightly point to – that all the levers that would provide financial support for people sat with the Treasury. And although we actually, as a government, spent more money on top of what the Treasury provided, there is a limit. Unlike the Treasury, the Scottish government has to balance its budget. It can't run a major deficit. So, if we were going to spend extra money, in supporting small businesses or whatever it might be, it was going to have to come from somewhere. And we spent a huge amount of money on health, of course we did. And the difficulty there was to what degree was my counterpart [Kate Forbes], as finance secretary, co-operatively engaged in discussions involving the Treasury and the chancellor. And that, I would have to say, was less understood and delivered than it was in health.

AN: What lessons do you draw from the pandemic in terms of crisis response, capacity in Scotland and what NHS Scotland needs to look like in the future following this pandemic?

JF: I think there are a number of things we need to consider. It is really clear that those who were worst affected by the virus itself – as well as the circumstances around the virus – are our fellow citizens who are in our poorest communities. And so whilst a lot of effort has gone into tackling what are called health inequalities, it needs to be much more focused and targeted. If we're going to be resilient to any future pandemic, then all of our population needs to be healthier. There is an economic element to that, of course, and that is about employment, higher wages, all of those issues. And there will be a lot of work being done to look at how do you make Scotland more resilient to a future pandemic, or a future major shock of any kind that is global. There has been some work done to ensure that, for example on PPE, we have a domestic supply chain now in Scotland. There's more there to do on that. And there is more done there to ensure that, in terms of our NHS infrastructure, we retain a high testing capacity, because outside of a pandemic it is of significant importance in the diagnostic question, that I said earlier on was key to delivering health care fast. You can just switch from running Covid tests to running tests for all sorts of other things and speed up the process.

So there's NHS Scotland work to do but there is other work in determining, for example, how do you, in a situation of global shock, be it a pandemic or whatever, balance individual human rights with legislation that curtails those rights? How do you do that and how do you ensure that you have gone about it as best you can in a situation where you don't have a lot of time? A lot of Covid legislation imposed restrictions on individuals, so can we make sure that we get the balance of that correct and that we've taken a proper account of human rights across all groups, not just a particular group?

There is other work in terms of the economy, about making sure that our economic infrastructure is resilient to shock and change. But that does take us, in Scotland, to the constitutional question and to points about who has the economic levers and who can make those decisions. For as long as we are part of a union with the rest of the UK, then the Westminster government needs to do some fast homework on devolution and what it means.

AP: On the constitutional question, during your time in government, to what extent were you involved in planning for, preparing for, thinking about an independence referendum and what independence would actually mean for the Scottish government?

JF: During the period of the pandemic, I have to say it was the furthest thing from my mind. It just wasn't in the running. You know, a global pandemic, thousands of people were dying, threats of thousands more dying, businesses stopping work, people on furlough, all of that. That's what mattered. And there was no work done on that

[independence] inside government because everyone was focused on the question of: "How do we get through this public health crisis? What are we going to do?"

Prior to that, there was work in government led by my colleague, Mike Russell [then cabinet secretary for the constitution, Europe and external affairs and formerly cabinet secretary for government business and constitutional relations]. None of it directly affected me and what I was doing.

What we were most focused on that involved all of us, was actually Brexit preparation. There was a lot of work on that. A lot of discussion around what that would mean and what we would need to do around supply chains and so on, and particularly in health. We also had discussions with the pharma companies about all of that. So it was more Brexit during my time in government than independence. There is a separate role, of course, as a member of the SNP, but that is not part of my government role.

So I had very little involvement [in independence planning] and that would be primarily because there was very little focused work under way, because first of all, we had Brexit to deal with – remembering that we didn't actually vote for that – and what that might mean, and trying to work it out so we were ready and as resilient as we could be for that. And then we had a pandemic.

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