

Witness Name: Elizabeth Sadler

Statement No.: 1

Exhibits: ES

Dated: 16 November 2023

## UK COVID-19 INQUIRY

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### WITNESS STATEMENT OF ELIZABETH SADLER

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**In relation to the issues raised by the Rule 9 request dated 20 July 2023 in connection with Module 2A I, Elizabeth Sadler, will say as follows: -**

1. I am Elizabeth Sadler, currently Deputy Director of Public Health Capabilities Division which is part of the Directorate for Population Health in the DG Health and Social Care within the Scottish Government. I have been in this role since April 2023. In this statement, I cover the 9 months between January and September 2020 including the period between June – September 2020 when I was Interim Director of Population Health within DG Health and Social Care; noting that from 17 August – 14 September 2020 I was off work. I have not provided details for the period from 30 September 2020 when I was Deputy Director for Covid Ready Society (see paragraph 9 below). This is on the basis of my understanding that this request was in relation to the time period I was Interim Director of Population Health.
2. I have been a civil servant since August 1984, initially in the UK Government until July 1999 when I transferred to the Scottish Government. I joined the Home Office as an Executive Officer before being successful in my application to the Fast Stream in 1985 and I held a range of policy, casework and legislative roles as a Fast Streamer and then as a Grade 7. My last role in the Home Office was as Grade 6 Deputy Head of Division in the HR Policy Division. My first role in Scottish Government was as the C1 (Grade 7) heading up the equal opportunities and diversity team in HR division, before moving to Police Division in May 2001 where I had a number of roles as a C1 including the Review of Common Police Services

and sponsorship of Disclosure Scotland including the introduction of the vetting and barring scheme following the Bichard Inquiry into the Soham murders. On promotion to C2 in 2007 I established the Organised Crime Unit before taking on the role as Head of Policy for Police and Fire Reform. In 2013 I was appointed Deputy Head of Police Division as a C3. In May 2014 I took on a 6 month role to assure Scottish Government readiness in the event of a Yes vote in the Independence Referendum that year. In October 2014 I became C3 Head of Planning and Quality Division in DG Health and Social Care and I remained in that post when I was successful in becoming a Deputy Director (SCS1) in August 2016.

3. In February 2019 I became Deputy Director for Health Improvement in the Directorate for Population Health. I was in that post in January 2020. On 2 March 2020 I also took on responsibility as Deputy Director for Health Protection (as SCS1) to allow the previous post holder, Derek Grieve to work full time on Covid. Between 8 June – 30 September I was Interim Director of Population Health (SCS2) before reverting to SCS1 as Deputy Director for Covid Ready Society. I remained in that post until January 2023 when I became Deputy Director of Vaccination Policy, which merged with a number of other health protection policy areas to become my current role in April 2023.
4. With the exception of the 3 months when I was Interim Director of Population Health my line manager for the period January 2020 – April 2022 was Richard Foggo. As Interim Director my line manager was Elinor Mitchell, DG Health and Social Care.
5. I have prepared this statement myself by reference to records and material provided to me by the Scottish Government. I have also received assistance from the Scottish Government Covid Inquiry Information Governance Division and the Population Health Public Inquiries Unit to enable the statement to be completed.
6. Unless stated otherwise, the facts stated in this witness statement are within my own knowledge and are true. Where they are not within my own knowledge, they are derived from sources to which I refer and are true to the best of my knowledge and belief.

7. References to exhibits in this statement are in the form [ES/number -INQ000000].
8. Throughout I operated in line with my role as a civil servant to support the government of the day (in my case the Scottish Government) to develop and implement its policies through the provision of good quality advice. I did this in line with the Civil Service Code and our values of honesty, integrity, objectivity and impartiality. This included abiding by all the Covid regulations and guidance in place both in relation to my work but also in my personal life.
9. The early months of the Covid pandemic was one of the most challenging periods of my career. We were working extremely long hours, often 7 days a week, with a limited and a developing evidence base. In line with the regulations at the time that people should Work from Home we were also doing this from home, seeking to build and develop teams remotely, relying initially on conference phone calls to work together before more sustainable remote working options, including teams were put in place. This working environment was not conducive to good mental and physical health and from 17 August – 14 September 2020 I was off work with stress. I took the decision, with Elinor Mitchell, my line manager at the time, that I would revert to Deputy Director on my return from sick leave to help my recovery. I have recalled this period to the best of my ability using formal documentation to support those recollections. However, given the impact on my mental health at the time I cannot be certain that I have a full recollection of the events of that time.

### **Awareness of Covid-19 in January – March 2020**

10. As Deputy Director for Health Improvement I had no role in relation to the emerging threat from Covid-19. However, because I was a member of the Directorate for Population Health senior leadership team I was aware of the work being undertaken by the Director of Population Health and the Deputy Director for Health Protection in relation to Covid-19 but was not sighted on the detail. On Sunday 1 March 2020, I agreed with the Director of Population Health that I would take on responsibility for the Health Protection Division as well as my own Division (as an SCS1) to allow the Deputy Director for Health Protection and his small team to concentrate on Covid work. We informed the 2 divisions of this decision on Monday 2nd March.

## **Role in Decision Making March – June 2020**

11. Between March – June 2020 I led Health Improvement and Health Protection Divisions as an SCS1. I was supported by 2 C3 Deputy Heads of Division who had responsibility for health improvement and health protection (apart from Covid) respectively.
12. I can confirm that I was not directly involved in decision making both within Scotland and with the UK Government in relation to Covid-19 during this time and was not a member of any Covid-19 decision making groups. Specifically I was not involved in consideration of herd immunity, the decision to allow the NIKE conference in Edinburgh between 25 and 27 February and the Scotland v France Six nations rugby match at Murrayfield on 8 March 2020 to go ahead. Nor was I involved in the decision making process that Scotland should enter lockdown on 23 March 2020. I am not therefore able to offer any comment on these issues.
13. There were two main roles of the Deputy Director for Health Improvement and Health Protection during this period:
  - Management responsibility for the two divisions, with line management of the Deputy Heads of Division.
  - Lead policy advisor on non-Covid-19 health improvement and health protection issues within the context of the Covid-19 pandemic.
14. In leading this work I was supporting the broader Covid-19 response by:
  - prioritising work that directly supported the Covid-19 response;
  - identifying areas of public and sexual health policy development work that could be deprioritised to free up staff to work on the Covid-19 response (and subsequently Shielding to protect those considered most vulnerable from Covid-19);
  - identifying areas of non-Covid-19 work that needed to remain priorities; and
  - working with health boards on the implications for public and sexual health services when the NHS was put on emergency footing on 17 March 2020.

15. Inevitably all our work was seen through the lens of Covid. Scotland already had a drugs deaths public health crisis – supporting the work of the Drugs Death Taskforce to minimise the impact of the pandemic on this vulnerable group was a key part of my role.
16. During that period I continued to report to Richard Foggo. Given his role as Director for Covid Health Response he had limited time to oversee my work but as an experienced Deputy Director I was comfortable with this and was also confident I could access Director support if required.

### **Prioritisation of Work**

17. As indicated above the first priority for me and my Unit Heads was to identify where work needed to continue, and where it could be delayed or stopped. This was to allow staff in the division to be redeployed to work on Covid-19. We also had to recognise that other parts of the Scottish Government we worked with, for example the Scottish Government Legal Directorate (SGLD) and Health and Social Care Analysis (HSCA) also needed to pivot to work on Covid-19 so could not work on our pre-pandemic priorities. Furthermore from 17 March 2020 when the NHS in Scotland was placed on an emergency footing, the public and sexual health services we worked with were either paused or needed to deliver services differently.
18. To do this I led a prioritisation exercise across the 2 divisions which allocated our work to 3 main groups: work that directly supported the Covid response; other policy areas that remained a priority and work that could be stopped or paused. This led to advice to ministers on 16 March 2020 setting out areas of work that could be delayed or paused [ES/001 - INQ000222899]. The Cabinet Secretary for Health asked for additional information on some aspects of this work, advice was provided on 23 March [ES/002 - INQ000249346]. A Government Inspired Question was answered on 30 March 2020 to provide an update on the decision to pause the of national screening programmes and on Immunisation and the implementation of the Human Tissue (Authorisation) (Scotland) Act 2019 [ES/003 - INQ000222901].

19. Initial work that was paused or delayed included:

- Delaying the introduction of the organ opt-out legislation by 6 months
- Pausing of the 5 adult population health screening programmes (more detail in paragraph 21 below)
- Consultation on alcohol advertising restrictions and review of Minimum Unit price
- Delaying the implementation of the Vaccine Transformation Programme by 12 months
- Pausing of the schools vaccine programme and some adult programmes
- Health and justice collaboration programme
- Work on HIV and Hep C elimination
- Delay energy drinks consultation
- Consultation on drug law reform.

20. The Minister for Public Health, Sport and Wellbeing wrote to the Health and Sport Committee and issued a Government Inspired Question on 11 June 2020 to inform Parliament that work to develop a consultation exercise and legislation to implement marketing restrictions on high fat, high sugar foods was paused to allow the impact of the pandemic to be assessed [ES/004 - INQ000222902] and [ES/005 - INQ000222903].

### **Population Health Screening**

21. As the NHS had been placed on an emergency footing, we were approached by National Services Division (NSD) for permission to formally pause the population screening programmes covering breast, bowel and cervical cancer, abdominal aortic aneurysm and diabetic retinopathy. (The maternal and childhood screening programme continued to be provided). This was a particularly sensitive decision given the important role the screening programmes play in early detection of three of the major cancers. Advice was provided to Ministers on 16, 18 and 23 March 2020 which set out the operational, clinical, risk and policy issues that were taken into account to allow Ministers to take a decision. The Cabinet Secretary for Health announced the pausing of the programme on 30 March 2020 in response to a GIQ. The First Minister also included this decision in her press statement that day. Key

documents are [ES/006 - INQ000249335] [ES/006a - INQ000249336], [ES/007 - INQ000249337], [ES/007a - INQ000249338], [ES/008 - INQ000249339], [ES/008a - INQ000249340], [ES/008b - INQ000349341], [ES/008c - INQ000249342], [ES/009 - INQ000249343], [ES/010 - INQ000249344], [ES/011 - INQ000249346], [ES/012 - INQ000222901] and [ES/013 - INQ000222904].

22. Non-Covid policy work that remained a priority included:

- Drug and alcohol treatment services (as set out in the joint letter from the Chief Medical Officer (CMO) and Minister for Public Health, Sport and Wellbeing on 16 April 2020) [ES/014 - INQ000249348] [ES/014a - INQ000249349] [ES/014b - INQ000249350] and [ES/015 - INQ000222905])
- Taking forward the recommendations of the Drugs Death Taskforce
- The childhood vaccination programme (included in social media and FM daily press conferences)
- planning for the 2020/21 winter flu vaccination programme
- Covid-19 preparation in prisons and police custody, including working with partners in response to an outbreak in those settings
- Forensic toxicology
- Responding to other infectious diseases.

### **Contribution to the overall Covid-19 response**

23. There were also a number of areas of work within the division where the team contributed to the overall Covid-19 response by providing specialist input and advice and crucially engaging with our stakeholders to ensure they had up to date information and were able to input their perspectives into decision making. The size and spread of the division meant that I was not involved in every decision or meeting across the division, although I had oversight and provided support for team members. This included having regular catch ups, being available to discuss issues and checking and clearing drafts. This work is set out in paragraphs 24 - 30 below.

### **Burial and cremations**

24. The Burials and Cremations team contributed to the development of both the UK and Scottish Covid emergency legislation, including in relation to the Death Review Certification process, arrangements for registering deaths and anatomy services.



In addition they worked closely with colleagues across UKG, SG and within the industry on contingency arrangements for managing a significant increase in deaths, and the provision of PPE for funeral directors. This was an extremely intense period. The team doubled in size from 4 to 8 and worked an informal shift pattern Monday – Friday with half the team starting early and the other half finishing late. There was an on-call system at weekends. My role was primarily to provide leadership and support for the team. They were members of a number of Scottish and UK Groups, set up to discuss issues relating to burials and cremations that I did not personally attend.

25. Ministers took decisions on restricting the number of people who were allowed to attend funerals during the pandemic which changed a number of times as wider restrictions changed. The team were not responsible for making those decisions but we provided information on issues and concerns identified by the Inspector of Burials and Cremation and the industry to help inform those decisions. The team was also responsible for drafting guidance for funeral directors and others in relation to the restrictions in place and keeping that guidance up to date as well as providing contributions to the First Minister's daily press conference usually where that guidance changed. My role was to quality assure drafting of the guidance.

26. On 24 March 2020 the Crown Office and Procurator Fiscal Office (COPFS) and CMO issued a guidance letter to Medical Practitioners for Death Certification during the Covid-19 pandemic which set out that deaths due to Covid-19 did not need to be reported to the Fiscal and that this would be reviewed at the end of June 2020 [ES/016 - INQ000222906] . My team provided support for drafting this letter and for raising awareness with the industry. The Lord Advocate, operating in his independent role to investigate deaths in Scotland subsequently directed that with effect from 18 May 2020 deaths in care homes and deaths of those who may have contracted Covid in their place of work, must be reported to the Procurator Fiscal. This was communicated in a letter from the CMO and others dated 24 May 2020. My team was responsible for supporting the CMO's team to draft the letter and to support wider stakeholder engagement with COPFS [ES/017 - INQ000222907].

## **Shielding**

27. During early March 2020 we recognised that a number of groups of people were potentially particularly vulnerable to Covid-19. This included a wide range of groups including people with disabilities, elderly people, people who use drugs, people released from custody and people who were homeless. The Deputy Head of Division who led on Health Improvement worked with a small group of SG Officials to consider what support might be offered to this group of people. By the middle of March responsibility for this work was transitioned to DG Communities to lead. We also became aware that work was underway to identify people who were clinically at high risk from Covid-19 and that they were potentially going to be asked to “shield” and identified the need to develop a package of practical support for those individuals. On Sunday 22 March, the Deputy Head of Division, Daniel Kleinberg (one of the Deputy Directors working on the Covid Health Response Directorate) and I met in St Andrew’s House to map out what a support package might look like. Following high level consultation with COSLA and SOLACE this was subsequently set out in advice to Ministers on Monday 23 March and on Tuesday 24 March Michael Chalmers was appointed Director with responsibility for shielding. The shielding team was initially made up primarily of officials from health improvement and health protection division and children and families directorate. This included Orlando Heijmer Mason who moved to work on shielding full time. I continued to provide some Deputy Director resilience for shielding until around June 2020, including attending one SGoRR meeting on 27 March 2020 where I provided an update on work underway to provide support for grocery shopping and medication. That is the only meeting of SGoRR I attended in the relevant period up to April 2022 [ES/018 - INQ000249345].

## **Public Health Scotland Sponsorship**

28. Public Health Scotland (PHS) was formed on 1 April 2020. Formal sponsorship of PHS was provided by a team within health protection division. Ministers had taken the decision to continue with the formation of PHS before I took on responsibility for

this work. This was confirmed by the Health and Social Care Management Board on 11 March. We met the co-sponsor COSLA on a regular basis. These meetings were minuted. There were quarterly meetings with the Minister for Public Health, Sport and Wellbeing and Councillor Currie from COSLA. The only meeting I attended was on 5 May 2020 [ES/019 - INQ000222908]. Liaison with Health Protection Scotland (the part of PHS with responsibility for providing advice on Covid) was led by the Covid Health Response Directorate rather than the Sponsorship team.

## **Abortion**

29. During March and April 2020 the abortion team, under my direction, led work to put in place temporary arrangements to support Early Medical Abortion at Home (EMAH), following work with CMO, health boards and SGLD. A Ministerial approval came into force by late March 2020 to allow most women to take both abortion drugs at home. I was not involved in the detail of this work. Following a formal evaluation, this is now a more permanent arrangement.

30. During this period we met regularly with Joe Fitzpatrick, the Minister for Public Health, Sport and Wellbeing, to keep him updated on work, particularly in relation to drugs policy and the pausing and subsequent restart of the screening programme. These meetings were informal and not minuted. Any formal policy decisions that were taken involved formal advice in the form of a ministerial submission.

## **Role in Decision Making June – September 2020**

31. By June 2020, the Scottish Government's Covid response had moved out of the initial emergency phase and had become more settled. As part of this, the Directorate of Covid Public Health was set up under Richard Foggo as Director. As a result there was a need to consider the arrangements that had been in place for the non-Covid work in the former Directorate for Population Health. I recall being asked for my views on this by the then DG Health and Social Care, Elinor Mitchell. I was subsequently asked to take on the role of Interim Director of Population Health

from 8 June 2020. I was off work between 17 August – 14 September with work-related stress and agreed with Elinor Mitchell that I would revert to Deputy Director. Michael Kellet became Interim Director of Population Health on Monday 21 September; we had a week long handover. I then moved to my new role as Deputy Director for Covid Ready Society where I remained until January 2023.

32. The Directorate for Population Health comprised 3 Divisions in June 2020: Health Improvement, Health Protection and Active Scotland. Dentistry, which had previously been part of the Directorate, moved to Primary Care Directorate on that date. The Head of Active Scotland was a C3 and Karen MacNee and Joanna Swanson were appointed Interim Deputy Directors of Health Improvement and Health Protection in August and July 2020 respectively. In late July 2020 Michael Chalmers returned to his role as Director of Children and Families. At the same time, the Shielding Division headed by Orlando Heijmer-Mason became part of the Directorate. The Vaccines Division, under Derek Grieve, was set up in June 2020 to plan for the potential roll out of the Covid vaccine. The small team within Health Protection Division who worked on the non-Covid-19 vaccine programmes transitioned to that division and the Directorate for Covid Public Health. Responsibility for sponsorship of Public Health Scotland transitioned to Caroline Lamb, then Director of Testing in July 2020.

33. There were two main roles of the Director of Population Health during this period:

- Management responsibility for the three (and subsequently 4) divisions in the directorate, with line management of the Heads of Division
- Lead policy advisor on non-Covid-19 public health issues within the context of the Covid-19 pandemic.

34. The size and spread of the directorate meant that I was not involved in every decision or meeting across the directorate. Furthermore during this period I did not contribute directly to decisions in relation to the trajectory of the pandemic and the move out of lockdown and was not a member of any Covid-19 decision making groups. Specifically I did not, for example, attend meetings of the Four Harms Group or Cabinet. I was a member of the Health and Social Care Management

Board (HSCMB) and attended meetings of HSCMB and the regular portfolio discussion with the Cabinet Secretary, contributing to discussions. These meetings were minuted. I attended the regular meeting with the Directors of Public Health only when there was a discussion relating to wider Covid response, for example shielding. I do not have a formal record of the dates of those meetings. Along with the Deputy Directors I continued to meet regularly with the Minister for Public Health, Sport and Wellbeing to discuss his portfolio. As above these meetings were not minuted.

35. As a directorate we did contribute to work to support Covid decision making. Much of this work was led within the individual divisions, (in line with my enabling management and leadership style) and relates primarily to the impact of ministerial decisions and how they were operationalised. This is set out in paragraphs 36-39 below.

### **Burials and Cremations**

36. The burials and cremation team within Health Protection Division continued to feed in advice on the implications of the limitation of numbers allowed at funerals and wakes, preparing guidance for the funeral industry and the public following decisions and contributions to the First Minister's press conferences.

### **Population Health Screening**

37. The screening team in Health Protection Division worked closely with National Services Scotland to restart the adult population screening programmes following their formal pause in March 2020.

### **Shielding**

38. The Shielding Division developed the shielding programme and provided clear advice to ministers and people who were shielding. This involved regular communication as a team with COSLA, SOLACE and the Regional Resilience Partners who were our key delivery partners.

## **Active Scotland**

39. Understanding the impact on activity levels of lockdown and as the lockdown was relaxed feeding in advice on options for reopening sporting activities, including working closely with Sports Scotland to keep guidance up to date. This was led mostly by Active Scotland but I do recall just before I went on sick leave being involved in initial discussions with the Cabinet Secretary for Health on options for reopening sport more quickly. This is set out in advice on 12 August, to feed into Cabinet discussion on 18 August. Although I was due to attend a meeting with the Cabinet Secretary on 17 August to discuss I was not able to attend due to sick leave. [ES/020 - INQ000222909] [ES/020a - INQ000222910].

## **Role in relation to Non- Pharmaceutical Interventions (NPIs); Medical, Scientific Expertise, Data and Modelling; and Covid-19 Public Health Communications**

40. I can confirm that during my period as Interim Director of Population Health I had no role in relation to advising ministers on the use of NPIs or in relation to medical, scientific expertise, data and modelling and Covid -19 public health messaging. As a directorate we did contribute to wider public messaging, for example encouraging parents to take children for their routine vaccinations or to donate blood.

## **Role in Public Health and Coronavirus Legislation and Regulations**

41. As indicated in paragraph 24 above the Burials and Cremation team in Health Protection Division were involved in instructing a number of Scottish provisions in the UK Coronavirus Act 2020 and the Coronavirus (Scotland) Act 2020. These provisions, which covered the Death Review Certification process, arrangements for registering deaths and anatomy services were designed to mitigate the impact of the pandemic on the death management processes whilst maintaining dignity and respect for the deceased. I can confirm that I had no other involvement in the development of legislation and regulations whilst Interim Director of Population Health.

## **Divergence with UK and Reflections**

42. During the period I was Interim Director of Population Health, policy across the UK was broadly consistent. I do not have any comments to add on this point other than to say that in my experience we sought to ensure that advice offered to Ministers was in the best interests of Scotland, reflecting the evidence at the time including the state of the pandemic.

## **Informal Communications**

43. I was a member of a small number of WhatsApp groups. In line with my understanding of Scottish Government policy in relation to the use of informal communication I can confirm that no decisions for which I was responsible were made on WhatsApp. It was used primarily to alert people to the need to check emails for urgent action or to check in on wellbeing. All official business was conducted via email and recorded on the Scottish Government's electronic records management system, eRDM. In line with my understanding of Scottish Government policy my WhatsApp messages have the 7 day automatic deletion function activated so I no longer have access to those messages. I have found one WhatsApp group during this time period that I had not set to delete. This was set up to provide additional support to the Minister for Public Health, Sport and Wellbeing at an on-line meeting held on 7 May 2020 and has already been provided to the Inquiry.

44. I was rarely the minuting officer at meetings. I tend not to keep detailed notes of meetings as I find that distracts me from discussion. I rely on formal notes of meetings and emails to remind me of actions. Although I have one notebook from January 2022 (when I was no longer Interim Director of Population Health) which I have made available to the Inquiry I have been unable to find any for the period until end September 2020 so I think I must have securely destroyed them which had been my usual practice prior to the pandemic.

## **Statement of Truth**

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

Signed: \_\_\_\_\_  

**Personal Data**

Dated: \_\_\_\_\_ 16 November 2023 \_\_\_\_\_