

Witness Name: Linda Pollock

Statement No.: 1

Exhibits: LP

Dated: 25 October 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF LINDA POLLOCK

In relation to the issues raised by the Rule 9 request dated 20 June 2023 in connection with Module 2A, I, LINDA POLLOCK, will say as follows: -

1. I am Linda Pollock of PD. Since October 2020, I have held the post of Interim Director of Healthcare Quality and Improvement at the Scottish Government, where I am permanently employed. Previous to this I was the Deputy Director for Healthcare Quality and Planning from June 2019. I have been employed by the Scottish Government since 2005.
2. 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.
3. 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.

Overall responsibility

4. I have been employed by the Scottish Government since 2005, undertaking a number of policy posts in different areas of the Scottish Government. In 2015 I gained promotion to Deputy Director level, working firstly in Community Justice

and then moving to Healthcare Quality and Planning as Deputy Director in June 2019.

5. At January 2020 I was Deputy Director, Healthcare Quality and Planning which held policy responsibility for Government plans on clinical conditions, such as cancer, stroke, heart disease, neurological conditions etc.
6. I became aware of COVID-19 initially through media reporting; and then through updates from my then Director, the National Clinical Director as part of regular business updates.
7. In my opinion, the Scottish Government, and in particulate the Management Board of Health and Social Care with the Scottish Government recognised the seriousness of the threat of COVID-19 and the wide-ranging implication for health and community and very quickly set upon a range of meetings to consider actions.
8. As Deputy Director at this time, I was not engaged in all the Management Board conversations that took place, but was updated through my then Director, the National Clinical Director. The Health and Social Care Management Board (often referred to as 'HSCMB') within the Scottish Government is chaired by the Director General for Health and Social Care in the Scottish Government and Chief Executive of NHS in Scotland, and all Health and Social Care Directors within the Scottish Government attend, including the lead clinical advisors – the Chief Medical Officer, the Chief Nursing Officer and the National Clinical Director. I do not recall specifically how often the Management Board met during this initial period, other than it was very regular and the National Clinical Director would provide me with verbal updates afterwards to cover the situation and in particular if there were specific actions for my area of responsibility – mostly at this point it was for information only.
9. I was not aware of any discussions around either the Nike Conference, or the Scotland-v-France Six Nations rugby game.

10. Within the early stages of response to the pandemic, I identified my division could support workstreams due to my responsibilities for policies for those with clinical conditions.
11. As such, I supported the standing-up of the 'Shielding' list in Scotland for those most clinically vulnerable to COVID-19. Working under the direction of the agreed 4 nation guidance from the Chief Medical Officers, I assisted in standing up a cross-NHS team in Scotland to assess how we would identify those as per the criteria of the Shielding list. As part of this work I supported regular updates to senior SG management and the Scottish Ministers on progress on this particular workstream. More information on these groups was provided as part of the DG Health and Social Care Statement of 23 June 2023 [LP/001 - **INQ000215488**]. In my opinion, we had open and productive lines of communication across all 4 nations with regards to this workstream, particularly working through the offices of the four Chief Medical Officers.
12. I also supported, as per my policy team's responsibilities, interactions such as communications and updates with many third sector organisations who represented those with clinical conditions. This would be largely sharing Scottish Government information and ensuring that third sector organisations had a point of contact within the Scottish Government to raise queries.
13. Part of the policy responsibility within this division was also for guidance around hospital visiting, and we sought to work with NHS Boards in Scotland to implement consistent guidance on visiting over this period.
14. My division also stood up, working closely with NHS Boards, and the Chief Operating Officer, regular network meetings on cancer care – initially establishing the Cancer Treatment Group, which amended into the National Cancer Recovery Group. Again, more information on these groups was provided as part of the DG Health and Social Care Statement of 23 June 2023 [LP/001 - **INQ000215488**].
15. I was not involved nor offered advice regarding to lockdowns or initial strategies.
16. In the run up to October 2020, I applied following an internal job advert to become interim Director of the Healthcare Quality Improvement Directorate; and I have held

that post since October 2020 working alongside the National Clinical Director with whom I co-lead the Directorate.

17. During this period, around November 2020, my division took on responsibility for End of Life and Palliative Care. This policy had previously sat in the Directorate responsible for Social Care.

Shielding

18. As noted at paragraph 11 I led a team to identify those to be added to the 'Shielding list' in Scotland. This was cross NHS, working with analytical colleagues and clinical experts for each of the criteria as identified by the joint CMOs list for those who should shield. More information on this process was provided within the DG Health and Social Care Statement of 23 June 2023 [LP/001 - **INQ000215488**].
19. Whilst I often had communications with staff with the Chief Medical Officer's office for England and other nations during those initial stages, I did not attend any cross-Government groups.
20. I ensured we had necessary consistency with the other 4 nations in the initial letter that was issued to those who should shield; and was involved in advice around further decision-making around changes to communications and inclusion on the shielding list. The only divergence at that stage on initial communications was an effort we took in Scotland to simplify language in the letter, to make it more easily understood and 'person-centred'; I sent the initial draft (which was the same base letter across all 4 nations to send to those who were identified as needed to 'shield') around leads with the Scottish Government who work on person-centred and health literacy to seek to make the letter as accessible as possible to those receiving it. However, this did not alter or diverge on the substance and advice within the initial letter.
21. As part of this process I supported the creation of the 'Clinical Leadership Advisory Group'. This was chaired by Dr John Harden, the now Deputy National Clinical Director. Dr Harden led this group with clinical advisors in Scotland for those conditions which were on, or connected to, the Shielding List. Terms of Reference

and Minutes for this group have been cited within the DG Health and Social Care Statement of 23 June 2023 [LP/001 - **INQ000215488**].

22. As the 'Shielding Programme' in Scotland was stood up, I continued to provide input to this workstream on the identification of who should be on the 'shielding list'. I was not involved in advice or decisions around the support provided to those on the shielding list. My involvement became less and less as the workstream became more established.
23. I was often still copied into advice on shielding, and in particular consulted when there was consideration of amending the criteria for the 'shielding list'.
24. I was not involved in the advice around NPIs.
25. Whilst I was involved in the work around support for those on the Shielding List, I therefore was aware of and supported updated communication with those on the Shielding list. I was involved in the drafting of the initial letter that was sent to those being asked to shield'; I was also involved in general communications with third sector groups supporting those who were concerned about either being on or not being on the shielding list.
26. As the pandemic progressed, there were regular updates to the 'shielding list'; this was led by the division that was specifically set up to lead on shielding with the Directorate for Population Health (a separate Directorate from the one in which I worked). However, I was often copied in and engaged in updates for wider communication – such as the public COVID briefings led by the First Minister.
27. It is my view that there was good joint-working across the Scottish Government, Scottish Local Authorities and Health Boards to support those most identified at risk from COVID-19.
28. As a policy Directorate with policy connection with third sector organisations, and networks across the NHS for those with clinical conditions; we sought to maintain connection and share wider SG guidance as relevant through our established networks.

29. I was not involved with the development or instruction of regulations relating to COVID-19. Nor do I feel I have relevant knowledge therefore to comment on any divergence between UK and Scottish Government approaches.

Informal Communications and Documents

30. Throughout the response to the pandemic, various WhatsApp groups were set up to support communication across teams in accordance with Scottish Government guidance on use of social media. These groups focused on setting up meetings, letting people know when calls were scheduled and sharing of logistical information. Government business was not conducted over WhatsApp or any other messaging service.

31. These groups changed numerous times over the course of this period, depending on who was engaged at that point.

32. I have not archived or kept these messages as they were not government business. Nor have I kept diaries or hand-written notes.

33. I can confirm that all Government business was saved as appropriate on our electronic filing system.

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: 25/10/2023