

Witness Name: Clare Haughey

Statement No.: 1

Exhibits: CH

Dated: 24/10/2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF CLARE HAUGHEY MSP

In relation to the issues raised by the Rule 9 request dated 16th June 2023 in connection with Module 2A, I, Clare Haughey, will say as follows: -

1. I am Clare Haughey of The Constituency Office of Clare Haughey MSP, 85 Main Street, Rutherglen G73 2JQ. I am the Member of the Scottish Parliament for the Rutherglen Constituency. During the period covering this statement I was a Junior Minister in the Scottish Government.
2. This statement has been prepared by myself using reference to records and materials provided to me by the Scottish Government. I have also received assistance from the Scottish Government Covid Inquiry 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.
4. From 28/6/2018 to 19/5/2021 I was Minister for Mental Health. My role was to support the Cabinet Secretary for Health and Sport. My specific responsibilities were:
 - Mental Health
 - Child and Adolescent Mental Health
 - Adult Support and Protection

- Autism, Sensory Impairment and Learning Disability
- Dementia
- Mental Welfare Commission for Scotland which safeguards the rights of people with mental health problems, learning disability, dementia and related conditions)
- Survivors of Childhood Abuse
- The State Hospital (Carstairs)
- Augmentative and Alternative Communication (AAC)

5. From 19/5/2021 to 29/3/2023 I was Minister for Children and Young People. My role was to support the Cabinet Secretary for Education and Skills. My specific responsibilities were:

- Early Years
- Early Learning and Childcare
- Baby Box
- Child Protection
- Looked After Children
- Adoption and Fostering
- Kinship Carers
- Children's Hearings
- UNCRC
- Children's Rights
- Office of the Chief Social Worker
- Children's Services
- Disclosure Scotland
- Protection of Vulnerable Groups
- Play
- Outdoor Learning
- Children and Young People with Learning Disability and/or Autism
- Transitions for those with Disabilities and/or Autism

6. My ministerial responsibilities did not change during this time period. I remained responsible for the duties as stated other than overseeing the work to implement the Women's Health Plan.
7. In exhibit 1, attached to this statement, I have listed the meetings I attended, in chronological order, which dealt with where the Scottish Government's response to COVID-19 was discussed [CH/001 – INQ000249251].
8. This exhibit covers the period of time when I was Minister for Mental Health and Minister for Children and Young People.
9. I first remember becoming aware of COVID-19 in my official capacity towards the middle of January 2020. I dialed into a Scottish Government teleconference for an update on the situation on 24/1/20. This was the first meeting I attended with a sole focus on the virus.
10. On 18/2/20 I attended a virtual COBR meeting with then the Chief Medical Officer (CMO) as representative of Scottish Government. The meeting was to discuss the repatriation plans for UK residents who were at that point on a cruise ship docking in Japan as well as COVID response planning.
11. Actions from the meeting:
 - to share passenger manifest from the Diamond Princess with Border Force and The Foreign and Commonwealth Office with support as needed from the Ministry of Defense, Public Health England and the Department of Health and Social Care to finalise plans for possible requirement and deployment of military or contracted medical staff on the ground in Japan to meet individuals coming off the Diamond Princess
 - Chief Medical Officer to advise on appropriate isolation for individuals returning from the Diamond Princess to the UK via other routes
 - The Foreign and Commonwealth Office to share passenger manifest with Border Force and the Department of Health and Social Care
 - Public Health England and Department of Health and Social Care to nominate individuals to join the membership of the joint Foreign

Commonwealth Office / Department for International Development HMG
International Taskforce

- All departments and Devolved Administrations to contribute to possible future decision points to the Civil Contingencies Secretariat as part of the reasonable worst case planning
- The Ministry of Housing, Communities and Local Government to communicate the Scientific Advisory Group for Emergencies reasonable worst case planning assumptions to local forums
- Scientific Advisory Group for Emergencies to work with Foreign and Commonwealth Office on the suggestion of using posts and people on the ground to verify the situation in countries and to consider other data sources
- All departments to consider their own exercising plan for a response to a reasonable worst case scenario

12. Decisions from the meeting:

- The Committee decided that work on policy and drafting of clauses for the Bill commences including preparing plans for appropriate parliamentary engagement
- The Committee agreed that the Scientific Advisory Group for Emergencies sub group of behavioral scientists (SP1-B) will report back to COBR week commencing 24 February, including risk of public disorder.
- The Committee agreed to discuss supplies at a future meeting with Steve Oldfield in attendance.

13. I dialed into SGoRR teleconferences on the 16th, 19th and 23rd of March 2020 where the emerging situation was discussed. The First Minister and Cabinet Secretaries, as well as other Officials and Advisors, were updated on the situation as it was then and decisions were taken on Scottish Government actions.

14. I did consider that both the Scottish Government and UK Governments appreciated the seriousness of the threat of COVID-19. From a Scottish Government perspective any meetings I was party to or decisions that were

made were based on the scientific, public health and medical knowledge that was available at the time.

15. My understanding of Scottish Government's strategy was that it followed the scientific and clinical advice provided at the time as well as to follow public health advice on management of infectious diseases and outbreaks.
16. I am not aware of any consideration of the concept of a 'herd-immunity' strategy.
17. I was not involved in or aware of any discussions within Scottish Government about whether either the NIKE conference in Edinburgh or the Scotland rugby match at Murrayfield on March 8th 2020 should go ahead. I attended the Scotland v France rugby match in my Ministerial capacity.
18. My understanding is there was a lot of cross government cooperation both at political and official level. Due to the financial restraints the Scottish Government operates within measures such as furlough could not be considered at a solely Scottish level. Similarly, as UK Government controls the borders the Scottish Government were unable to curtail international travel or arrivals from overseas.
19. As health is a devolved issue divergence by the Scottish Government from the UK government's approach to the Pandemic was in my opinion highly likely from the start of the Pandemic. An early example of this was the Scottish Government's adoption of the Test and Protect Scheme on 28/5/20. Contact tracing was delivered directly by teams in local health boards and by the National Contact Tracing Centre. NHS England, I believe, used contractors to carry out this work. Another example of divergence was the introduction of the Protect Scotland App on 10/9/20. This App, whilst similar in purpose to the one introduced in England and Wales, was developed separately.
20. My understanding was that any decisions to diverge from a UK government approach were based on the scientific knowledge and clinical advice at the time those decisions were made, in response to the numbers of cases of COVID-19 in Scotland at that point in time. This also applied to the variation of infection in

different local authority areas across Scotland which necessitated different restrictions or lessening restrictions to non-essential travel, social gatherings, etc.

21. I was not involved in the decision to adopt either the national lockdown in March 2020 or in January 2021. A national lockdown strategy appeared to be the most appropriate strategy available to slow down and control the progress of the virus. My understanding was that to use this approach had an evidence base in public health as a strategy to control a Pandemic.

22. Neither was I involved in the decision making concerning the imposition of, easing of or exceptions to non-pharmaceutical interventions.

23. I believe the public health messages and communications in general at that time were clear. The frequent messages about staying at home, social distancing, hand washing, etc, using TV, radio and social media were in my opinion effective and easily understood. The daily broadcasts and press conferences by the First Minister and Clinical Officials were very helpful in sharing information about what the restrictions were and how the public could assist in reducing transmission of the COVID-19 virus.

24. I played no role in public communications or behavior management in response to COVID-19 other than through the use of my own social media to promote the guidance at the time or public health measures from either Scottish Government or NHS Scotland.

25. I am not sure that alleged breaches of rules and standards by Ministers, Officials or advisors undermined public confidence in the Scottish Government's response to COVID-19. Rather people were angry at those individuals who they perceived were not following 'the rules' when they were. This was very evident in my own Constituency casework and through correspondence with my Constituents. In my view, the Scottish Government did consider the impact NPIs would have on at risk or other vulnerable groups, particularly to those people in the shielding category. The practical supports given to shielding individuals and families, such

as the delivery of food and essential supplies, required cross government work as well as close working with Local Government and Third Sector Organisations.

26. Under my ministerial portfolio responsibilities there were several areas where legislative provisions were included in the Coronavirus Act 2020 and the Coronavirus (Scotland) Act.
27. The temporary amendments to Mental Health Legislation (Clause 10, Schedule 9 of the UK Coronavirus Act 2020) were not commenced.
28. Similarly the easement of provisions relating to S13ZA of the Social Work (Scotland) Act was unenacted.
29. The extension of time limits for the expiry of Guardianship orders and certificates authorising medical treatment under Section 47 of the Adults with Incapacity (Scotland) Act was commenced. This was suspended on 30/9/2020.
30. These provisions meant that Guardianship certificates and s47 certificates for medical treatment did not expire due to applications not being able to be lodged at court, lack of availability of health or social care staff to certify applications or solicitors being unavailable to complete documentation.
31. Provisions were made in the Second Scottish Act in Section 2, Schedule 1 Part 6 to amend s250 (2A) of the Mental Health (Care and Treatment) (Scotland) Act 2003 which removed the requirement for a prescribed person to act as a witness to the nominees' signature. This provision came into force on 27/5/2020.
32. As a result of physical distancing and changes to workforce priorities and practice it had become more difficult to comply with the practicalities of the existing legislation. The temporary amendment reduced delays in securing the validity of named persons nominations which allowed patients to be represented by their named person as well as to exercise their rights.

33. I did not give any evidence to the Scottish Parliament or its' Committees or to the UK Parliament relating to the COVID-19 pandemic.

34. As has been stated by others, pandemic planning was mainly focused on an influenza outbreak. As Governments go forward planning for other novel virus pandemics should be included. The importance of stockpiling PPE and having local supply chains of manufacturers of PPE has been highlighted and, in my opinion, will be important to maintain and support going forwards.

35. I did not use messaging platforms to discuss information or advice or to record views relating to COVID- 19, with the exception of the text messages between myself and Jeanne Freeman, and text messages between myself and Phillipa Whitford.

36. During Parliamentary debates, either in the Debating Chamber or remotely, a specific WhatsApp group would be set up in order to allow me to communicate with my supporting Officials. This was used for them to pass me information relevant to the debate, or for me to request this, in order to respond to debating points or questions raised by other MSPs in the debate, usually in my closing speech or on occasion in an intervention on another Members speech. Pre COVID-19 restrictions , and since they have been lifted, supporting Officials would have been present in the Debating Chamber and I was able to pass notes to them requesting information or they were able to send a note to me.

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.

Personal Data

Signed: _____

Dated: _____ 24/10/2023 _____