

Witness Name: Maree Todd

Statement No.: 1

Exhibits: MT

Dated: 19 October 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MAREE TODD

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

1. I am Maree Todd of the Scottish Parliament, Edinburgh EH99 1SP. I am currently the Minister for Social Care, Mental Wellbeing and Sport within the Scottish Government. I have been in that position since March 2023.
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 to enable the statement to be completed.
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. References to exhibits in this statement are in the form [MT - INQ000000].

Background, qualifications and role during the Covid-19 pandemic

5. I was first elected as a Member of Scottish Parliament in 2016. I have been part of the Scottish Government since November 2017 when I was appointed as the Minister for Childcare and Early Years. I was in this role from 7 November 2017 until 20 May 2021.

The areas which were covered by my portfolio in this role included childcare, early years, child protection, adoption and fostering.

6. In May 2021 I was appointed as the Minister for Public Health, Women's Health and Sport. Areas in my portfolio in this role included sport, physical activity, healthy working life, Covid-19 testing, and alcohol use and recovery. I was in that role until 29 March 2023 when I was appointed as Minister for Social Care, Mental Wellbeing and Sport.
7. I am providing this statement primarily in my capacity as the Former Minister for Public Health, Women's Health and Sport from May 2021 to April 2022, as the Rule 9 request is addressed to me in that capacity.
8. As I was a junior minister, I had no role in decision making as decisions would be made at Cabinet level. I would have been provided with advice in order to aid collective decisions which would be made by Cabinet.
9. I attended weekly meetings relating to my portfolio, and occasionally attended UK wide meetings which included all devolved nations and their respective Health ministers. These meetings were not necessarily Covid-19 specific, but frequently focused on issues relating to Covid-19. I also attended regular briefings related to testing and vaccinations which were held weekly.
10. I recall attending four nations meetings relating to sports. These routine meetings that pre-dated Covid and were related to issues in sport. In meetings I attended between May 2021 and April 2022 these covered Covid-19 related matters, such as information sharing about restrictions at sports venues.

Initial understanding and response to Covid-19 (January 2020 to March 2020)

11. I first became aware of the spread of Covid-19 in other countries through the media in December 2019. I first became aware in my official capacity about Covid-19 when the Scottish Government Resilience Room ("SGoRR") first met in January 2020. I did not attend these meetings, but I was aware of them happening because I knew colleagues were attending. I attended some SGoRR meetings in March.
12. During this initial period of the Covid-19 pandemic, I was not a Health Minister nor involved in any decision making so do not believe it is appropriate for me to comment on whether the Scottish Government was making the necessary preparations. My personal impression from the time however was that the Scottish Government was

aware of the threat of Covid-19 and making necessary preparations. The message of the threat was being communicated well across the Scottish Government.

13. I was not involved in nor was I aware of any discussion within the Scottish Government surrounding the NIKE conference in Edinburgh on 26/27 February 2020 or the Scotland vs France Six Nations rugby match at Murrayfield on 8 March 2020.
14. I do not have a great deal of understanding of the Scottish Government's strategy during this initial period of the pandemic as it was outside my role. I do not recall 'herd immunity' being considered or used as a strategy for responding to Covid-19 during this time period. I believe the Scottish Government was not able to make its own decisions to a degree and emergency legislation was passed to enable the Scottish Government to do so. Throughout the pandemic the Scottish Government was curtailed in many ways, given that it could not raise its own finances, including borrowing funds. The Scottish Government was reliant on UK Government to fund and make decisions on areas such as furlough. There were some decisions the Scottish Government could not make at all, such as closing the border. These issues were outside the scope of my role, but I was aware of tension between the Scottish Government and the UK Government when it came to decision-making during the Covid-19 pandemic. As I was not directly involved in decision-making in this initial period of the pandemic, it is difficult for me to comment on whether the Scottish Government should have made decisions more independently from the UK Government.
15. Between January 2020 and March 2020, I did not provide any advice to the First Minister, other Scottish Cabinet Secretaries, Ministers, Scottish Government committees or its advisers on the use of a lockdown to limit the spread of Covid-19, community testing, surveillance of Covid-19, the move from 'contain' to 'delay', the discharge of patients into care homes or guidance and advice to health and social care providers. My role at the time did not involve any decision making in these areas.
16. I cannot comment on information sharing, communication, coordination, strategy or planning within the Scottish Government or between the Scottish and UK Governments. Knowledge of these areas was outside of my role during this time period.

Role in relation to non-pharmaceutical interventions ("NPIs")

17. You have asked specifically about my time as Public Health Minister so I will limit my response to that period – from May 2021. At the time the Scottish Government's decided to adopt a national lockdown as a strategy for responding to Covid-19 in March 2020 I was not a Health Minister. I cannot recall when the decision was made and why the Scottish Government decided to adopt and implement a national lockdown as a strategy for responding to Covid-19. As a Junior Education Minister (Minister for Children and Young People) I was involved in discussions about school and ELC closure. My recollection is that we interrogated the evidence and advice given and assessed options. Decisions were made by Cabinet. Because of the 1140hours expansion, I was having regular meetings with SOLACE and COSLA through the ELC joint delivery board. The emerging threat of Covid-19 was discussed at these meetings. I am happy to provide more information if requested.
18. On my appointment as the Minister for Public Health, Women's Health and Sport in May 2021, many of the NPIs were already relaxing and the decisions on how to manage this process had been made prior to my appointment. The decisions were made at Cabinet level using the four harms framework, with consideration given to wider health, social and economic impacts of NPIs along with public compliance. This framework had already been put in place earlier in the Covid-19 pandemic and expert advisers were in place collecting data in support of the four harms framework. There was weekly polling of Scottish attitudes on the four harms. As Public Health Minister, I was involved in discussions about easing of, or exceptions to NPIs and consideration of their impact. We interrogated the evidence and advice given and assessed options. Decisions were made by Cabinet.
19. I believe the Scottish Government considered the impact of NPIs on 'at risk' and other vulnerable groups in light of existing inequalities. There was a recognition within the Scottish Government that for people who were already in difficult situations, the pandemic and the restrictions were likely to make these worse. As I was not part of decision making, I cannot comment on the extent to which the impact on 'at risk' and other vulnerable groups was considered in the final decisions made and whether it was sufficient.
20. By the time I became the Minister for Public Health, Women's Health and Sport in May 2021, many of the frameworks and processes for sharing information, and coordination between bodies were already in place and Scotland was part way through rolling out

vaccines to the public. From that point, I believe the communication, information sharing, adequacy of information, coordination between relevant teams, strategy and planning worked well. Although there were challenges with divergence, I believe there was a sound decision-making process in place and decisions were made on the basis of sound evidence.

Divergence

21. I cannot recall when the Scottish Government's approach to the pandemic began to diverge from the UK Government and I did not play a role in relation to the adoption of a divergent approach.
22. I believe the leading factor which led the Scottish Government to take a divergent approach was related to the specific needs of the Scottish public. I believe it is inevitable that some divergence occurred during the Covid-19 pandemic, and that divergence in the Scottish Government's approach was necessary and appropriate.
23. Compared to other parts of the UK, Scotland has some differences in demographics, different levels of rurality, and population health. Scotland also has a different health care system, education system and different school holidays and university term start dates. The Scottish Government was also very focused on people that were vulnerable to Covid-19 and were keen to protect the public as much as possible.
24. While I believe divergence was necessary and appropriate, there were challenges associated with the Devolved Administrations taking different decisions and providing different guidance to the public. There was potential for confusion, with English guidance often being reported as UK wide.
25. I believe the Scottish Government was trying to do the best for the people of Scotland within the powers that it had. I believe the decisions it took to diverge were all based on the scientific information available at the time. Reflecting on my time in public health, I did not feel at any point that the Scottish Government was taking divergent decisions too late.

Role in relation to medical and scientific expertise, data and modelling

26. My role as Minister for Public Health, Women's Health and Sport between May 2021 and April 2022 did not involve consideration or decision making related to medical and scientific expertise or data and modelling. I do not believe it is appropriate for me to comment on decisions made in this regard.

Role in Covid-19 public health communications

27. By the time I became the Minister for Public Health, Women's Health and Sport in May 2021 the public messaging was already in place. In relation to the Scottish Government's public health communications during Covid-19, my team was simply continuing the messaging as opposed to initiating anything new.
28. I believe that alleged breaches of rules and standards by Ministers, officials and advisers did not affect public confidence in the Scottish Government's response to the Covid-19 pandemic. From my understanding, public confidence in the Scottish Government's handling of the Covid-19 pandemic remained remarkably high throughout the Covid-19 pandemic. I do not believe these alleged breaches made the Scottish public any less likely to follow the rules. I am aware it angered people. In my opinion the public sacrificed a lot to stick to the rules. Becoming aware of breaches did not lessen their commitment to keeping each other safe but it angered them.

Role in public health and coronavirus legislation and regulations

29. From May 2021, I was involved in collective decision making on whether regulations needed to continue. I recall attending committees and signing the Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Amendment (No. 31) Regulations 2021.
30. I believe the public health and coronavirus legislation and regulations were proportionate, as the legislation and regulations underwent significant criticism and scrutiny.
31. A different approach was taken in Scotland to enforcement of coronavirus regulations and legislation, compared to the rest of the UK. Scottish police use the 4E's – engaging, explaining, encouragement before enforcement so they relied on engaging the public and informing them about the rules and regulations instead of resorting to punitive measures immediately. I believe this worked well.

Key Challenges and Lessons Learned

32. I do not recall taking part in any internal or external reviews or lessons learned exercises. I do not recall providing any oral or written evidence to the Scottish Parliament or the UK Parliament.

33. A key challenge in the pandemic for the Scottish Government was adapting to a novel virus. The Scottish Government initially had no idea what the virus was, how to fight it and it has never faced a pandemic of this nature in modern times. It did not have the powers needed to deal with a pandemic of this nature. It was a challenge to support the public financially through lockdown.
34. I believe the four harms framework was a useful framework for making decisions during the Covid-19 pandemic and could be a useful framework in the future. The vaccine infrastructure that was built will continue to be useful for routine vaccines and can be used in future pandemics. It will be simpler to stand up testing infrastructure if needed. A significant level of expertise in monitoring coronavirus eg wastewater monitoring has been built. A great deal of the infrastructure used to monitor, test, prevent and treat infectious disease can be stood up again in future if needed for another threat.

Informal communications and Documents

35. I do not recall WhatsApp or other messaging platforms being used to make decisions or record views relating to Covid-19 across any of my roles during the specified period.
36. WhatsApp was not used for the substance of government work. I am not aware of any WhatsApp groups which key decision makers or their advisors used to communicate about decisions relating to Covid-19. Any WhatsApp groups or communication was either personal or related to organising meetings.
37. Whilst I have responded to this statement mostly in my former capacity as Minister for Public Health from January 2021 onwards, I do not have any notebooks or diaries to share with the Inquiry from the period between January 2020 to April 2022. I have however identified a number of WhatsApp chats over this period (January 2020 to April 2022). These now fall in scope due to a follow up request from the Inquiry to provide any Covid related messages, regardless of whether the substance is related to decision making. I understand these will be provided to the Inquiry in due course.

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: _____ 19 October 2023 _____