

Witness Name: Professor Stephen Turner

Statement No.:

Exhibits:

Dated: 24<sup>th</sup> Feb 2023

## UK COVID-19 INQUIRY

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### WITNESS STATEMENT OF Professor Stephen Turner

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I, Stephen William Turner, will say as follows: -

**1. The Academy**

I have been a consultant paediatrician at Royal Aberdeen Children's Hospital since April 2003. I provide this statement in my role as Chair of the Academy of Medical Royal Colleges and Faculties of Scotland ('The Academy'), a post I have held since December 2022. The main aim of The Academy is to provide professional leadership in contributing to improvements in the health of the people of Scotland through promoting the works of 14 Medical Colleges and Faculties.

**2. Sources of information**

I took over as Chair from Dr Miles Mack, who was Chair for three years before demitting. I have consulted with Miles in preparation for this statement and have reviewed agendas and minutes of The Academy meetings from 2020 onwards. I was Scottish Officer for the Royal College of Paediatrics and Child Health from 2016-2021 and was involved in several aspects of both the UK and Scottish Government's approach to the Covid-19 pandemic.

**3. Role of The Academy in planning**

The Academy had no role in planning before, during or after the Covid-19 pandemic. From approximately March 2020 onwards the Academy was consulted on a regular basis by the office of the Chief Medical Officer (up to alternate weekly).

#### **4. Preparedness for the pandemic**

Preparation in Scotland for the pandemic anticipated an influenza virus and not a coronavirus. Much of this preparation was generalisable to the coronavirus pandemic. Earlier severe acute respiratory syndrome (2003) and Middle East respiratory syndrome (2012) outbreaks might have indicated that a coronavirus pandemic was more likely than one caused by influenza. Before the pandemic was declared, in March 2020, capacity to provide healthcare in Scotland (and the UK) was already limited. Waiting lists for clinic appointments and operations, and waiting time to be seen in the Emergency Department were all rising. Health inequalities were a recognised problem, i.e. health outcomes were worse for individuals living in deprived communities. Staffing and beds outside of hospitals to provide care for the elderly were inadequate, leading to patients remaining in hospital for longer than needed for purely healthcare reasons. To summarise, the NHS in Scotland (and the UK) had little resilience to accommodate usual pressures before the pandemic. Once the pandemic started in Scotland (and in the UK) staff in the NHS could not always provide the usual level of care to all patients. What is not known is whether better preparedness would have led to a different outcome.

#### **5. Engagement prior to 21<sup>st</sup> January 2020**

Prior to 21<sup>st</sup> January 2020 (a date specified in the request for evidence dated 18th Jan 2023) The Academy was not aware of any specific Government preparedness. But subsequent actions indicated that there was preparedness being put into place. An example of likely Government's activity prior to 21<sup>st</sup> January 2020 being seen after that date was that the Academy heard an update on case definition and emergency preparedness at their meeting on 3<sup>rd</sup> Feb 2020; preparation for the February meeting would in all probability have required more than two week's preparation. The first isolation of Covid-19 from a patient in Scotland was reported on 2<sup>nd</sup> March 2020. In April 2020 a temporary hospital to care for patients in Glasgow (NHS Louisa Jordan) was opened. By 16<sup>th</sup> April 2020 the Clinical Guidance Cell and by 20<sup>th</sup> May 2020 the Clinical Cell had been convened by the office of the Chief Medical Officer in order to produce and disseminate clinical guidance; these groups initially met on alternate weeks. There are no relevant key documents/correspondences/articles.

## 6. Reflections

In hindsight, this was a very difficult time when sensible decisions were made for most of the time. Inadequate numbers of staff and beds in both hospital and community were a problem, before, during and after the Covid-19 pandemic, and this needs to be addressed urgently - if there was a pandemic in winter 23/24 I suspect that the NHS in Scotland (and the UK) would not cope as well and it did during the Covid-19 pandemic. The Scottish government had extensive engagement and communication with The Academy from early February 2020. Vaccine preparedness (for both development and delivery) was very impressive. I note that subsequent modules will seek evidence on decision making in response to the pandemic and the impact of the pandemic so do not touch on these aspects herein.

### 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: 20<sup>th</sup> March 2023