

Witness Name: Sir Harry Burns

Statement No.: 1

Exhibits: HB

Dated: 15 November 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF SIR HARRY BURNS

In relation to the issues raised by the Rule 9 request dated 22 June 2023 in connection with Module 2A, I, Sir Harry Burns, will say as follows: -

1. I am Sir Harry Burns of **Personal Data**. I am a Professor at the University of Strathclyde. I study the causes and consequences of health inequalities and research possible solutions to the problem. My career has included a time as Consultant Surgeon at Glasgow Royal Infirmary and a spell as Medical Director of the Hospital. I was appointed Director of Public Health for Glasgow in 1993 and in 2005, I was seconded to the Scottish Government as Chief Medical Officer, a position I occupied until 2014. Following my departure from the CMO role. I moved from NHS employment to the University of Strathclyde.
2. This statement is based entirely on my recollection of events during the pandemic. I have not had any discussion of the pandemic response with former colleagues. I have, however, had very helpful support 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.

4. During my time as Chief Medical Officer (CMO) Scotland, the most significant incident was the H1N1 Swine flu Pandemic of 2009/10. It was this outbreak and the way it was handled that probably influenced much of the initial thinking on how to handle subsequent outbreaks.
5. The H1N1 virus emerged in the US and the first known cases were two Scottish holiday makers, resident in the Forth Valley Health Board area who had returned from Mexico with respiratory symptoms. Their GP suspected them as having been infected with the new strain of influenza and they were hospitalised in an isolation facility. Within a few days, there was evidence of person to person spread as a contact of one of the original cases became ill.
6. As cases increased in the UK, I recall that there was a consistent response across the country as the UK moved to a containment phase. This included testing of cases and contacts, the use of antivirals and, where indicated, the closure of schools. My recollection was that the UK countries worked closely in implementing the strategy. The 4 CMOs were in almost daily contact and I think we worked well together. In Scotland, the Health Minister and I did almost daily press briefings which helped maintain public confidence in the management of the outbreak. In subsequent years, had a pandemic on the scale of H1N1 emerged, I think the UK would have responded well. However, Covid-19 turned out to be a pandemic on a very different scale.
7. I am not able to comment with any great insight into the workings of the Scottish and UK systems during Covid-19. When the pandemic was announced I had no responsibilities in Government or in a Health Board. Through my university work, however, I remained in contact with Public Health colleagues. By the late summer of 2019, my colleagues were beginning to voice concern over the forthcoming flu season. The combination of influenza and Covid-19 might prove to be overwhelming for the population. I mentioned this concern to colleagues in the Health Department and I was asked to lead a group to discuss and plan preparedness for flu vaccination as usual that winter. As a result, I was, subsequently asked to participate in some of the pandemic management meetings.

8. I had the distinct impression that coordination on a scientific level was consistent and effective across the four nations. I would have been surprised were it not. I did have the impression that, on a policy level, there were some differences. For example, lockdown restriction were eased at different rates. I was not party to any of these discussions. Therefore, I cannot comment. I did not attend nor was I aware of Exercises Cygnus, Silver Swan or Iris. I have, however, now read the reports. Iris seems to me to be the most helpful.
9. Exercise Iris was a response to the MERS-CoV outbreak which affected mainly the Middle East. It was held in anticipation of a large scale outbreak in Europe. It apparently allowed the Scottish Government (SG) to gain an understanding of the capacity across Health Boards to provide an effective response to any new pandemic. I think this is important.
10. It allowed SG:
- To understand the response to a presentation of a possible (and later confirmed) case(s) in primary and secondary care
 - To assess initial management arrangements for cases which may present in Primary and/or Secondary care and principles of contact management
 - To explore contact tracing and transfer arrangements and capacity
 - To confirm availability of and familiarity with infection control and clinical guidelines as well as facilities eg. vehicles, PPE, isolation facilities, equipment, IT etc.
11. This is an important change from previous reports which were written in retrospect. Scottish Government should now conduct regular reviews across Health boards and other involved agencies at to capacity to deliver effective responses in an emergency.
12. Internationally, organisations such as the World Health Organisation are effective in identifying new and potentially dangerous threats to public health. The public health systems in Europe and the UK have, I believe, shown themselves to be alert and effective in responding to new and dangerous organisms. I think the main challenge to be addressed is one of effective decision making and

coordination at Government and local management level. At the beginning of the Covid pandemic, I was aware that various universities and commercial organisations were working on a range of tests, drugs and vaccines. Much effort went into them but, from what I understand, few were ever used. Different Health Boards seemed to have different solutions for managing the surge of patients. As I mentioned in paragraph 11 of this response, the Government should, in the event of another pandemic, coordinate data on how different Boards are managing the challenges. Those Boards which are struggling should learn from those which have implemented effective processes. Public Health agencies know what to do in a pandemic, Managers should learn quickly how to do it. Scotland has a good insight into Improvement Science. Used from the beginning of a pandemic it might reduce much of the uncertainty as to the most effective strategies.

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: 15.11.2023