Witness Name: Professor Graham Ellis
Statement No.: 1
Exhibits: GE
Dated: 17th October 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF PROFESSOR GRAHAM ELLIS

In relation to the issues raised by the Rule 9 request dated 20th June 2023 in connection with Module 2A, I, Professor Graham Ellis, will say as follows:

1. This statement covers the period from 21st January 2020, which is the date on which the World Health Organisation (WHO) published its 'Novel Coronavirus (2019-nCoV) Situation Report -1' and 18th April 2022, which is the date when the remaining Coronavirus restrictions were lifted in Scotland.

2. I have prepared this statement myself and by reference to records and material provided to me by the Scottish Government Covid Inquiries Response Directorate.

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 [GE/number - INQ000000].

Personal Details

5. I am currently Deputy Chief Medical Officer (DCMO) for Scotland and have held this post since 6th September 2021. I provided clinical advice in my previous capacity as a Senior Medical Officer (SMO) and therefore this statement covers both positions.

6. My qualifications include a medical degree (MBChB), a Doctorate in Medicine (MD), and Membership of the Royal College of Physicians and Surgeons of Glasgow (MRCPSG).

7. I am a Fellow of the Royal College of Physicians of Edinburgh (FRCPE) and a recipient of the William Farr medal from the Worshipful Society of Apothecaries of London. I am an Honorary Professor at Glasgow Caledonian University since 2018 and an Honorary Senior Clinical Lecturer at the University of Glasgow. I was the founder and first President of the UK Hospital at Home Society from 2019 to 2021.

8. My research expertise is in the organisation of services and care for older people with frailty.

9. I am a Geriatrician and dual accredited in Acute (General) Medicine. I worked clinically in Geriatric Medicine at Monklands Hospital supporting the Hospital at Home teams in the initial phase of the pandemic but ceased clinical work in December 2021.

10. I have held a number of clinical and managerial positions including National Strategic roles. These have included:

    - Associate Medical Director for Older Peoples Services, NHS Lanarkshire (2014 - 2016);
    - National Clinical Lead for Older People and Frailty, Healthcare Improvement Scotland (2016 - 2020);
    - Specialty Advisor to CMO for Geriatric Medicine, Scottish Government (2016 - 2020);
    - Senior Medical Officer for Ageing and Health, Scottish Government (2019 - 2021).

Response to Covid-19

11. In October 2019 I was appointed as the SMO for Ageing and Health to the Scottish Government within the Chief Medical Officer Directorate (CMOD). In March 2020, in response to the escalating Covid-19 concerns, I provided support to the Chief

Medical Officer (CMO) and Deputy Chief Medical Officers in relation to the care home sector, as well as providing advice on issues relating to older people.

12. As SMO I attended the Professional Advisory Group (PAG) which was created in February 2020 to provide expert clinical and professional advice to the CMO in response to the pandemic. The PAG was created with a diverse representation of professions and specialties. This proved useful in providing the expertise for a range of settings but also the wider health and care contextual information to ground any advice developed. In my view the outputs were relevant and applicable in a rapidly changing environment.

13. In April 2020, the Clinical and Professional Advisory Group for Social Care (CPAG) was commissioned by the Chief Medical Officer and Chief Nursing Officer. This was supported and coordinated by a secretariat within the Mental Health & Social Care Directorate, and provided clinical, professional advice and guidance for protecting the care home sector during the pandemic.

14. I acted as co-chair of CPAG with the Deputy Chief Nursing Officer from April 2020 until September 2021. CPAG included representation from Care Home providers, Scottish Care, Care Inspectorate, Primary Care Community Nursing, Public Health, Academia, Scottish Government policy and clinical advice, Local Authorities, Health protection, Social Work, Healthcare Improvement Scotland, Palliative and End of Life Care, Scottish Social Services Council, Pharmacy, the Academy of Medical Royal Colleges, National Education Scotland and National services Scotland, the Royal College of Nursing and the British Medical Association.

15. The Care Sector is an incredibly diverse sector of public services with a range of services being provided to complex and vulnerable clients across private, not for profit and state provided settings. The workforce is also diverse and includes both the directly employed sector and the supporting NHS and local authority statutory services and regulatory bodies.

16. For this reason, it was felt necessary to have as wide a representation as possible, to ensure that professional expertise was represented for the development of up to date and ever changing guidance. It also acted as a 'sense check' with those delivering care in this sector, ensuring the practicalities and engagement necessary to obtain feedback and develop the guidance from those actually using it on a daily basis.

17. Primarily the focus of CPAG was on care homes, but its remit was later broadened to cover the wider social care sector. CPAG developed a series of sub-groups to address visiting, healthcare support and data, analysis and research. The group produced advice and developed detailed guidance for this sector on a number of issues which were submitted to Ministers. As expected, the advice and guidance changed over time depending on the community prevalence of Covid-19, emerging treatments and vaccination once it became available.

18. I provided clinical expertise and advice on behalf of CMO and reporting in to DCMOs across a number of other groups across the Health and Social Care Directorate, particularly the Mental Health and Social Care Directorate including Pandemic Response Adult Social Care Group, Care Silver Groups and other ad-hoc meetings until September 2021. On occasion I would seek advice from the DCMOs or CMO where issues were complex or uncertain.

19. I attended the SAGE Social Care Working Group (SCWG) as an observer in my capacity as SMO supporting CMO from May 2020 to September 2021.

20. The CMO Directorate seeks to achieve the best health and care outcomes for people by working with ministers and stakeholders to protect and improve public health and to oversee the effectiveness of healthcare services in Scotland. My role as DCMO is to support the CMO achieve the delivery of these outcomes and services.

21. I deputised on occasion for the CMO at the CMO Scientific Advisory Group in April 2020, the National Incident and Management Team and COVID-O in support of ministers, amongst other meetings.

22. I also deputised for the CMO for regular meetings with other bodies of senior professionals such as the Academy of Medical Royal Colleges, the Directors of Medical Education, the General Medical Council and the Scottish Association of Medical Directors.

23. I regularly attended the UK CMOs meetings in my capacity as DCMO in support to CMO.

24. I supported ministers in meetings with Care Home Relatives Scotland (CHRS), representing families of care home residents since June 2020.

25. From September 2021 when I started as DCMO until April 2022 when the Covid-19 restrictions were lifted, I provided advice within Scottish Government where requested, although my focus during the period was primarily on the Social Care sector or on NHS resilience and recovery. This clinical advice was provided in order to inform decisions made by Scottish Ministers and to inform detailed guidance to the care and NHS sectors.

26. This included but was not limited to:

- Care Homes
- Care at Home
- Delayed Discharges
- Hospital at Home
- NHS Unscheduled Care Pressures
- Elective Care pressures and waiting list clinical prioritisation
- Winter planning.

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

27. As noted above, the CMO established a Professional Advisory Group to form broad and up to date clinical and scientific expertise in the support of developing relevant advice for Ministers.

28. I first joined that group in my capacity as SMO for Ageing and Health. My involvement was largely in that capacity, and I provided advice to the CMO in relation to support for the Care Home sector until the development of the CPAGs formed to more formally establish advice.

29. The early work of this PAG was in the development of clinical advice for the management of COVID-19. Initial meetings were in person, until the national lockdown occurred, and we then had remote access by teleconference allowing input from group members across Scotland.

30. The advice I provided focussed primarily on COVID-19 rates and prevalence, interpretation of emerging data and trends regarding the severity of new variants of concern, emerging treatments and vaccines and the symptoms and signs of infection, particularly as it related to older people with frailty. As the epidemiology progressed, the clinical impact, incubation times and testing advice changed as it needed to be reflective of emergent evidence.

31. The preparations made by the Scottish Government at that time were extensive and existing resources were being pivoted towards supporting the pandemic preparations with other programmes, policy support and secretariat scaled back at pace to address. Additional posts were being advertised and recruited for as rapidly as was feasible to support the National response.

32. Rapid work was being developed to address the potential demand for in-patient capacity and the need for intensive care beds. This included the standing up of the Louisa Jordan facility at the SEC in Glasgow. I visited the facility and provided initial clinical advice for older people on the planned development of the field hospital.

33. I was not involved in advice to decisions around supporting the NIKE conference in Edinburgh or the Scotland vs. France rugby match and so I am not in a position to comment.

34. Scotland's initial strategy in relation to Covid-19 was aligned with UK medical advice around 'contain' and 'delay' in the initial phases of the pandemic.

35. In my capacity as SMO, I provided initial advice through PAG on aspects of discharge of patients from Hospital into Care Homes alongside Public Health colleagues within Health Protection Scotland (HPS). Subsequently the advice for this sector was provided through CPAG and in conjunction with Public Health Scotland.

36. I provided clinical advice to the CMO in relation to the 'lockdown' of Care Homes to provide protection against ingress of infection in March 2020 via the DCMO at the time, Professor Sir Gregor Smith. I had no role in the wider arrangements for national lockdown.

37. The initial weeks and months of the pandemic were very fluid. What characterised them was a willingness to be flexible and responsive and a general sharing of any

information, be that scientific or clinical. In many respects there was even greater collaboration between departments in Scottish Government and between the NHS and Scottish Government. This appeared to me to be true between the four nations of the UK, and the gap between information learning and sharing was very short.

38. Across the UK there seemed to be collaboration between clinicians at a range of levels. There were also closer ties with international colleagues as new information and learning emerged. Initially this led to confusion but as groups developed with clear lines of reporting, this improved rapidly.

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

39. I was not involved in decisions on the timing of national lockdowns or local and regional restrictions; therefore, I am not in a position to comment.

40. I was involved in providing clinical advice alongside nursing colleagues on personal protective equipment (PPE) use in social care settings.

41. The Scottish Government took a broad view of the impact of NPIs through a 'Four Harms' group that explored direct and indirect health harms from Covid-19 alongside wider societal harms such as the economy. I was not involved in these meetings; therefore, I am not in a position to comment.

42. Information flows such as data on epidemiology, variants of concern, system pressures, international learning and other system issues was rapidly established through a series of briefings issued on a daily or weekly basis and included information where necessary from all four nations and international systems where relevant.

Divergence

43. Divergence across the four nations in some respects reflected local prevalence and pressures on health systems as well as those wider harms experienced in society as a result of the pandemic and where systems such as the NHS are structured slightly differently.

44. The devolved NHS and care sectors differ in terms of their configuration, commissioning, accountability and operational levers. For that reason, advice needed to be adapted to context. It is natural that in some areas advice from government is attuned to more local needs.

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

45. I provided clinical advice in relation to NPIs in care homes and home care settings. This advice was informed by my own clinical and academic expertise and by the SAGE SCWG, the CMO Scientific Advisory Group, the Clinical Cell or PAG and by input from the CPAG professional groups, as well as engagement with the Care Home Relatives Scotland.

46. This input was provided in order to support the CMO in providing clinical advice to Scottish Ministers. It relied on the interpretation of data provided through other sources.

47. As above I felt there was good collaboration between Scottish Government departments in sharing information and with UK Government departments. I saw no evidence of the Scottish Government being prevented from accessing scientific information.

Role in Covid-19 public health communications

48. I participated in several workshops with the care sector staff early in the pandemic as an invited guest of Scottish Care in my role as SMO. These workshops with Q&A sessions focussed on questions relating to PPE and protective measures to keep residents safe.

49. I was interviewed early in the pandemic by the BBC in relation to Hospital at Home services across the UK [GE/001 - INQ000249295].

50. I am unsure of the impact of alleged ministerial or public official breaches of rules and standards as far as public compliance with the restrictions are concerned. I was however aware of distress on the part of relatives who had lost loved ones and care home relatives who were still subject to restrictions as far as seeing their loved ones. Despite this confidence in Scottish Government during the period highlighted

appears to have remained high. Daily media briefings helped build public confidence and alleviated uncertainty and concerns.

Role in public health and coronavirus legislation and regulations

51. I had no role in advising on legislation or regulations including the Coronavirus (Scotland) Act 2020.

Key challenges and lessons learned

52. The UK CMOs and DCMOs have jointly contributed to a report that details some of our advice and learning on clinical and scientific aspects of management of the pandemic: *Technical Report on the Covid-19 Pandemic in the UK* (published on 1st December 2022) [GE/002 - INQ000130955].

53. Scotland has benefited from being smaller in size and therefore greater proximity between clinical advisors and decision makers. This allowed for rapid and local decision making.

Informal communications and Document

54. I was/am a member of several WhatsApp groups within the Scottish Government policy areas. I have no WhatsApp groups with Scottish Ministers. A full list of these groups has been provided to the SG Covid Inquiries Response Directorate.

55. Due to the fluid and fast moving nature of planning in the pandemic these messaging groups allowed the sharing of relevant media announcements, general discussion or directed policy officials to organise meetings and manage diaries on key issues.

56. No decisions were taken in WhatsApp groups and all views and decisions with respect to clinical advice were fully recorded through Scottish Government email and within advice notes or other submission documents, as required by Scottish Government policy.

57. There was an update of Scottish Government phones early in 2023 which deleted historical WhatsApp messages, so I no longer have any records stored on the phone

in accordance with SG Records Management Policy. I do not have any retained copy of the content of these messages.

58. I had approximately four or five paper notebooks for diary management and general to do lists. I did not use any electronic notebooks. I moved house on the 20th April 2023 and did a clear-out of obsolete paperwork which included these notebooks as they were not directly related to Covid-19.

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: 17/10/2023