Witness Name: Prof Marion Bain
Statement No.: 1
Exhibits: MB
Dated: 18/10/2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF PROFESSOR MARION BAIN

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

Personal Details

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 am currently an Interim Deputy Chief Medical Officer (DCMO) for Scotland and have held this post since May 2020.

3. I am a public health physician, a Fellow of the Faculty of Public Health and a Fellow of the Royal College of Physicians of Edinburgh. I qualified in Medicine from Edinburgh University in 1988 and then worked across a range of clinical areas and hospitals in Scotland, before specialising in Public Health Medicine.

4. My qualifications include MBChB, BSc (Hons) Pharmacology, MSc in Community Health and MBA. I am an Honorary Professor at the University of Edinburgh, with particular research expertise around the use of routine health information for public health and clinical research.

5. My career developed increasingly over time into clinical leadership roles and medical management. I have held a range of senior medical leadership roles at strategic and national levels in Scotland including the following:

    - Medical Director of Information Services Division of NHS National Services Scotland (2003-09)
    - Executive Medical Director, NHS National Services Scotland (2009-17)
    - Chair of the Scottish Association of Medical Directors (2014-17)

6. I am currently employed by NHS National Services Scotland, but from 2017 I have been working under Service Level Agreements for other bodies in response to specific asks from Scottish Government.

7. From 2017 to 2019 I was the Delivery Director and Senior Medical Adviser for Public Health Reform in Scottish Government. Following this I was the Director of Infection Prevention and Control in NHS Greater Glasgow and Clyde from January 2020. This role did not involve responsibilities directly relevant to the pandemic response.

Response to Covid-19

8. In May 2020, as the extent of the need for clinical advice to support the response to Covid-19 became apparent, I was asked by the interim Chief Medical Officer (CMO) Professor Sir Gregor Smith to work directly within the Chief Medical Officer Directorate (CMOD) as an Interim Deputy Chief Medical Officer.

9. I was not involved in any advice or decisions around the Covid-19 pandemic ahead of becoming Interim DCMO in May 2020.

10. The CMOD 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 Interim DCMO is to support the CMO achieve the delivery of these outcomes and services.

11. From May 2020 when I started as Interim DCMO until April 2022 when the Covid-19 restrictions were lifted, my work was focused almost exclusively on clinical and public health advice around the Covid-19 pandemic.

12. I provided clinical advice within Scottish Government in whatever areas were required and requested, but my main role and lead responsibility during this period was focused on education and children and young people. This included but was not limited to:

    - early years and childcare
    - schools; further education; higher education; community learning and development.

13. This clinical and public health advice was provided in order to inform decisions made by Scottish Ministers and to inform detailed guidance to the education sectors.

14. While the clinical and public health advice provided depended on the specific area being considered, the advice generally reflected the following aspects:

    - The epidemiology of Covid-19 at the particular time. This included data on incidence, trends, comparisons across Scotland, comparisons with other parts of the UK and other parts of the world, differences between different groups (e.g. by age, sex, socioeconomic factors, ethnicity etc.). Clinical and public health interpretation of this data was provided.
    - The most up to date research evidence available. For example, evidence on Covid-19 symptoms, infective periods, clinical severity of Covid-19 in different population groups, clinical severity of current and emerging variants, vaccine efficacy and emerging treatment options. It also included the available evidence on likely effectiveness of different interventions.

15. It was not my experience that Scottish Government was at any point or in any way restricted or prevented from understanding the full scientific picture based on the data and science available at the time.

16. For my main area of responsibility in providing clinical and public advice around education and children and young people I was a member of two advisory groups that were established as subgroups of the Scottish Covid-19 Advisory Group: The two subgroups were:

- The Advisory Sub-Group on Education and Children Issues
- Advisory Sub-Group on Universities and Colleges.

The minutes of these meetings have previously been shared with the UK Covid-19 Inquiry.

17. The groups produced advice notes on a number of issues to inform submissions to Ministers and to enable development of detailed guidance for these sectors. The advice and the clinical position changed over time depending on the epidemiology of Covid-19 and the developing evidence base.

18. On occasions where the clinical and public health advice was not clear-cut, I discussed this with the other senior clinicians in Scottish Government to seek their views. I was then able to present a clinical consensus, including confirming CMO's clinical views into the advisory groups and associated requests for advice. Those discussions were either face to face, via text messages, emails or WhatsApp.

19. All views and decisions on the clinical advice were fully recorded through Scottish Government email and within advice notes, as required by the Scottish Government policy. Specifically relating to WhatsApp there were several messaging groups including ones involving: Health and Social Care Directorate Directors; Scottish Government Senior Clinicians; UK CMOs and DCMOs. Messages on these groups have not been retained. Most of the groups referred to above had auto delete functions. The only one that I am aware of that did not have an auto delete function is the UK CMO and DCMO WhatsApp group. There was an update of Scottish Government phones in June 2023 which deleted historical WhatsApp messages, so I no longer have a record of these for the period.

20. The approach of establishing advisory groups with a range of membership worked very well in my view. It allowed for clinical and scientific advice from relevant experts, alongside input from both the health and education perspectives. This allowed the benefits and risks of different options to be considered in a balanced way.

21. My portfolio as interim DCMO also covered care homes. However, in practice the clinical advice in this area was all provided directly by Professor Graham Ellis who was a Senior Medical Officer (SMO) and was subsequently appointed as a DCMO in September 2021.

22. I also attended the cross-UK Senior Clinicians Group which met regularly during the pandemic. This was a forum for sharing clinical and public health information on all aspects of the Covid-19 pandemic and actions to address the risks between senior clinicians across the UK nations.

23. When Scotland had its levels system in place there were regular discussions between individual Local Authority leaders and Ministers. These generally had a Scottish Government senior clinician also attending in order to provide context and explain the clinical rationale for the decisions being made around levels. I attended a number of these meetings during the period in question. This worked well in my view. It allowed for sharing and discussion of the available data and trends with the Local Authority leaders.

24. In terms of the national lockdowns, as indicated above I was not in the Interim DCMO role at the time of the discussions and decision to adopt a national lockdown in March 2020, so I am not in a position to comment on this aspect. I was not directly involved in the decisions to implement a further national lockdown in January 2021 but the implications of, and impact on, the education area were discussed at the advisory subgroup meetings noted above and fed into the wider discussions.

25. As the pandemic developed the main decisions that my advice fed into were in the education and children and young people areas as described above. For these areas there was constant consideration through the subgroups of the current data and epidemiology, the balance of impacts directly from Covid-19 and on children and young people's education. The subgroups also regularly considered the impact on those from more deprived socioeconomic groups. My role was both to ensure high quality clinical advice was provided and to consider wider public health and wellbeing impacts of proposed measures.

26. My attention during the period was on ensuring the best possible clinical and public health advice was provided for decisions relating to Scotland. I was not focused on differences with other parts of the UK and did not keep any record of these. Very similar measures to contain the virus within the education area were taken in the UK countries throughout the period. I do however recollect some differences in terms of exact timings of introduction and relaxation of interventions between Scotland and the other UK countries. In my view that was necessary and appropriate given that

both the detailed epidemiology of Covid-19 and the education term time dates differed in the different countries. The clinical and public health advice in Scotland was based specifically on incidence and trends in Scotland, along with information on the prevailing variant(s). This was considered alongside the Scottish term dates in order to give advice appropriate to Scotland.

27. In terms of public communications, I participated in several virtual events organised by the National Parent Forum of Scotland which provided information for parents and carers and provided an opportunity for questions to be answered. These were very well received by the parents and carers who attended. I also provided advice, along with the other Scottish Government senior clinicians, to ensure clinical and public health accuracy for general public communications. Other than that, I was not directly involved in public communications and behavioural management in the response to the pandemic. My personal view is that the public health communications worked well in Scotland. I have no opinion on the impact that alleged breaches of the rules and standards by Ministers, officials and advisers had on public confidence in the Scottish Government's response to Covid-19.

28. Along with the other Scottish Government senior clinicians, I provided clinical and public health advice, as described earlier, which informed public health coronavirus legislation and regulations, but I had no direct input into these. I have no particular insights or views on the proportionality or effectiveness of the legislation and regulations.

29. The UK CMOs and DCMOs have considered collectively the key challenges and lessons learnt from a technical perspective. I was a co-author of this comprehensive report, and it includes my views: *Technical Report on the Covid-19 Pandemic in the UK* (published on 1st December 2022) [MB/001 - INQ000130955]. The content of this report continues to be fully consistent with my views on the key challenges and lessons learnt.

30. 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.

31. I have considered the Module 2A list of Issues in the Rule 9 Request issued to me on 20th June 2023. I confirm that I have included all relevant comments in relation to those issues, within the context of the questions asked of me as Deputy Chief Medical Officer within the CMOD between May 2020 and April 2022.

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: PD

Dated: 18/10/2023