

Witness Name: Alex McMahon

Statement No.: 1

Exhibits: AMM

Dated: 04 December 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF ALEXANDER McMAHON

In relation to the issues raised by the Rule 9 request dated 2 October 2023 in connection with Module 2A, I, Alexander McMahon, will say as follows: -

A. Background, qualifications and role during the COVID 19 pandemic

1. My name is Professor Alexander McMahon of St Andrew's House, Regent Road, Edinburgh EH1 2DG (professional address). I am Chief Nursing Officer (CNO) for Scotland and was appointed to this position on 1st January 2022. Prior to this, between 4th October 2021 and 1st Jan 2022 I was the interim CNO.
2. I am a registered mental health and general nurse (qualified in 1986 and 1989 respectively), and I am registered with the Nursing and Midwifery Council (NMC), which is the professional regulator for nurses and midwives in the United Kingdom. Over the course of my career, I have worked within the health service (NHS) and the wider health system (I have worked for the Royal College of Nursing and Scottish Government), and the private sector (I have worked for AstraZeneca, global pharmaceutical company).
3. I have a degree and post graduate diploma in education and a masters in policy studies in addition to my nursing qualifications. At the same time, I hold two honorary professorships with the University of Stirling and Queen Margaret University respectively.

4. Prior to January 2021 I was the Executive Director of Nursing, Midwifery and Allied Health Professional's for NHS Lothian, a post I had held from 2016.
5. 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 Inquiries Response Directorate and the Scottish Government Legal Directorate. References to exhibits in this statement are in the form [AMM/Number – INQ000000].
6. 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.

B. Initial understanding and response to COVID-19 (Jan 2020 – March 2022)

7. Over the time period referred to in the Inquiry's Rule 9 request that you have set out in your letter to me and to which you are looking for specific answers to actions and decisions that were taken between January 2020 and March 2020 are ones that I am not in a position to comment on given I was not in post, as set out above. I had no role within Scottish Government in this time period.
8. As stated, I was not in post as CNO in the timeline set out above, and nor was I involved in the decision making process or advice that would have been provided to Ministers during that time period. Therefore, issues such as 'the NIKE conference in February 2020 and the Scotland v France event on 8th March 2020' were not ones that I was involved with and therefore cannot comment on. Equally any decision about a 'lock down' during this time period was not one that I was involved in, again for the reasons stated above.
9. My role at the start of the COVID pandemic was that of Executive Director (stated at paragraph 4 above) for NHS Lothian. I had responsibility (with other Board Directors) to ensure that we were following the guidance and policies being issued by Scottish Government in terms of keeping patients and staff as safe as possible within the population that NHS Lothian serves.

C. Role in relation to non-pharmaceutical interventions (NPIs)

10. The CNO in the time period of Jan 2020 - March 2020 was Professor Fiona McQueen. I would assume that the Inquiry has sought a statement from her. I would therefore defer to Professor McQueen to give a view as CNO in relation to not just those points I have set out above, but some of the wider issues that you have requested answers to. It may be that other Scottish Government officials, such as the Chief Medical Officer and the National Clinical Director are better placed to answer any questions the Inquiry may have.
11. Building on the point above, I cannot and would not comment on any advice or decisions made during the time period of Jan 2020 - March 2020 as to do so would not only put my professional credibility and registration at risk but would simply be wrong as I had no direct involvement. Therefore, to make any comment or to speculate would simply be subjective and have no value.

D. Divergence

12. I cannot comment on this given I was not employed as CNO during the specific timeline highlighted in the letter. Again, I would refer you back to any statement that the CNO at the time may have given or indeed other Scottish Government officials.

E. Role in relation to medical and scientific experience, data and modelling

13. As stated above at paragraph 1 I took up the interim CNO role in October 21 and then substantively in January 2022. As CNO I have a wide range of responsibilities in the professional and policy arena. My Directorate has responsibility for regulation of all healthcare disciplines; has the senior responsible officer leadership role for antimicrobial resistance; healthcare associated infection; setting the intake numbers for student nurses and midwives; and the responsibility for advising on all matters relating to nursing, midwifery, Allied Health Professions (AHP) and Healthcare Science disciplines.
14. I also hold a Director level post alongside the CNO role, which means I am a member of the Health and Social Care management board.

15. My role as CNO in relation to COVID in terms of offering advice to Ministers would, on the whole fall within the element of my sphere of responsibility in relation to protective and interventional measures such as those that happen when infection outbreaks occur within a hospital setting.
16. The Scottish Government (under Professor Fiona McQueen) established an advisory function 'COVID-19 Nosocomial Review Group' (CNRG) which was a time limited expert group chaired by Professor Jacqui Reilly, Nurse Director and Healthcare Associated Infection (HCAI) Executive Lead at National Services Scotland (NSS).
17. The CNRG considered the scientific, technical concepts and processes that were key to understanding the evolving COVID-19 situation and potential impacts in hospitals in Scotland. The CNRG applied the advice coming from the World Health Organisation (WHO), the Scientific Advisory Group on Emergencies (SAGE), the UK-wide Infection Prevention and Control (IPC) cell and other appropriate sources of evidence and information and used it to inform the decision-making process in Scotland during the pandemic.
18. The CNRG was accountable to the Scottish Government, through the Chief Nursing Officer (CNO), and provided the CNO with advice. Thereafter, the CNO and the HCAI/AMR Policy Unit considered this advice and used it to inform policy development. The CNO and HCAI/AMR Policy Unit also considered any cross cutting policy impacts and consulted with the CMO, National Clinical Director and other Health and Social Care Directors where necessary.
19. The CNRG also reported into the Chief Medical Officer's Scientific Advisory Group (CMO AG) to ensure two-way information and evidence sharing within Scotland and also with wider UK groups, such as the NHSE/I Healthcare Onset COVID-19 Infection (HOI) Group and the UK IPC cell. This enabled Ministerial updates to the Cabinet Secretary for Health and Sport, the First Minister and other portfolio interests.
20. The remit, membership and minutes of all meetings of the CNRG are publicly available on the Scottish Government website and I believe that copies of all documents pertaining to the CNRG have been provided to the UK Inquiry by the Scottish Government already.

21. CNRG was stood down in May 2023, prior to this CNRG provided Scottish Government with a 'learning paper', provided [AMM/001 - INQ000339582]. This paper has helped us review and learn from work of the group and now needs to inform the work we are doing within NHS Scotland in respect of how we manage and respond to the management of infection outbreaks, and indeed earlier this year (June 2023) we published the update to our HCAI framework, provided [AMM/002 - INQ000339583].
22. At the same time, we took and continue to take notice of international and national (UK) evidence in relation to the most effective way of managing COVID and other respiratory diseases. The UK (and Ireland) CNO's meet regularly and in doing so we would and continue to discuss current evidence as and when required but we took formal advice through the UK IPC Cell that was established and would have given advice during the period Jan to March 2020. Again, I would assume that Professor McQueen may provide this in more detail. Copies of agendas and papers could be requested through NHS England if required.
23. In the Scottish and UK context and in relation to the work of CNRG and the UK IPC Cell, NSS (Antimicrobial Resistance and Healthcare Associated Infection) ARHAI Scotland played into both of these groups. They would and still do provide advice in relation to COVID and any other respiratory and non-respiratory outbreaks and their management.

F. Role in COVID-19 public health and communications

24. I have had no direct role or contribution to any communications that have been issued by Public Health Scotland or more widely, other than through the advice as set out within this statement.

G. Role in public health and coronavirus legislation and regulations

25. During the period that I have been CNO there have been no changes in legislation or regulations that I have had to provide professional and policy advice on.
26. During the period that I have been CNO there has been the requirement to provide further advice in relation to the use of face masks/coverings. We have done so in line with WHO and other evidence.

27. In addition, NSS ARHAI Scotland have also re-issued on 11 July 2022 the (Scottish) National IPC Manual, provided [AMM/003 -INQ000339585] in the context, that having moved back to pre-pandemic measures we believe, based on the evidence and data available that it was safe and appropriate to do so.

H. Key challenges and lessons learned

28. In terms of lessons learned, I can only talk about this within the timescale that I have been CNO. My reflections would be that professional and policy advice that is given is done so based on the best available evidence at a point in time. Where that evidence might change there is a process of reviewing and updating any advice to Ministers. These might be in relation to pharmaceutical interventions, IPC or Personal Protective Equipment (PPE) elements.

29. As stated earlier, work that I will progress will be in relation to those lessons learned and areas for further work provided by CNRG and a review of the remit, function and location in the Public Health landscape of NSS ARHAI as previously agreed by the Cabinet Secretary for Health and Sport at the time, Ms Freeman. A copy of the CNRG lessons learned (November 2022) paper is provided [AMM/001 - INQ000339582] and the terms of reference of the ARHAI location review is provided [AMM/004 - INQ000339584].

I. Informal communications and documents

30. In the context of how we, within Scottish Government shared information, we did so within the structures and processes and groups that were established during the pandemic.

31. The use of mediums such as WhatsApp, texting and phone calls were and are available, not for decision making and or policy making but for the purpose of keeping colleagues informed of issues, concerns or indeed support that might have been required. These groups where, to my knowledge set up to ensure that colleagues working in Scottish Government could share information rapidly with each other and to keep each other apprised of new and emerging evidence.

32. I did not use any WhatsApp groups for the purposes of making policy decisions. As outlined above in this statement at paragraph 1, I was not in the post for the majority

of the specified time period and, therefore, I do not have access to any messages or hard copies of information that may have been shared at that time. There was a WhatsApp group that existed for HSCDG to share information, but it was never, as far as I could see for any policy/decision making. I am not sure who set this group up, but I was added to it when I came in to post and I have never deleted any elements of it.

33. I did not take any contemporaneous voice memos, diaries or notes during the specified time period which related to my involvement in and/or views of the Scottish Government's response to Covid-19. Any notes from the time period covered the generality of my work and not specifically Covid-19 related matters.

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 statement of truth without an honest belief of its truth.

Signed

Personal Data

Dated 04.12.2023