Scottish Covid-19 Inquiry Brief – Research Commission

The Scottish Covid-19 Inquiry (the "Inquiry") wishes to commission academic research, as part of its preparatory steps to establish the Inquiry.

On 14 December 2021 the Scottish Government announced the Terms of Reference ("**ToR**") for the Inquiry, and that it would be chaired by Lady Poole.

The Chair is commissioning four separate pieces of introductory research into the four main portfolios within the Inquiry's ToR, which are:

1. Scottish Government and Public Sector Response
2. Financial and Welfare Support to Businesses and Individuals
3. The Provision of Health and Social Care Services
4. The Delivery of Education and Certification

Background

1. The ToR set by Scottish Ministers detail what the Inquiry is to achieve, for example:
   - its overall aim
   - the particular matters to be investigated
   - whether it is required to make recommendations
   The ToR are in **Annex 1** to this briefing paper.

2. As part of the work to establish the Inquiry, an engagement process was taken from 24 August to the end of September that asked the public and stakeholder groups what should be included in the ToR. Analysis of the engagement informed the Scottish Government's approach to the ToR and can be found in **Annex 3**. The report is a useful starting point to understand respondent

concerns which led to inclusion of particular paragraphs in the ToR.

3. The set up date for the Inquiry is still to be announced, but may be the beginning of March 2022. The significance of the set up date is that the Inquiry is not permitted to begin considering evidence before the setting up date. Prior to that date the Inquiry is established, and can carry out preparatory steps so it is in a position to start considering evidence after the setting up date.

4. The Inquiry is likely to have separate teams within it investigating different parts of the ToR. **Annex 2** sets out a provisional division into four Portfolios.

5. It would assist the Inquiry, in determining the direction of its investigations, to have available to it (by the time it can start considering evidence) four overview studies corresponding to the areas within the four Portfolios.

6. It would also assist the Inquiry if the introductory research considers how COVID-19 may have disproportionately affected particular groups in Scotland, including but not limited to particular minorities and different communities (e.g. rural and island communities).

Brief

7. A report is instructed, in respect of the matters in Portfolio 1, 2, 3 or 4, depending on expertise.

8. The report is to provide an introduction to the areas of investigation with the particular Portfolio, to assist the Inquiry with where to direct their detailed investigations.

9. The report should cover only the strategic response of the devolved administration in Scotland. This is because the Scottish Covid-19 Inquiry can only consider Scottish matters, under section 28(5) of the Inquiries Act 2015. A "Scottish matter" is defined as something that relates to Scotland and is not a reserved matter under the Scotland Act 1998. There is a separate UK Covid Inquiry which will be considering the UK response.

10. Without being prescriptive, for each heading with the Portfolio, matters such as the key events, the main bodies or persons involved, relevant research papers and publications, and areas particularly indicated for further investigation of lessons to be learned, would be welcome.

11. The report should ideally be around 10,000 words but can be more if the research demands it. A presentation may also be required to communicate findings to the inquiry team.

12. A first draft of the report must be provided by 20 February 2022 with a final draft provided by the 1 March 2021.

Contacts

13. Expressions of Interests, and any questions about this brief should be directed to: alexandra.anderson@covid19inquiry.scot

1. ANNEX 1 - THE SCOTTISH COVID-19 INQUIRY: TERMS OF REFERENCE

Aim

1. The aim of this inquiry is to establish the facts of, and learn lessons from, the strategic response to the COVID-19 pandemic in Scotland.

Scope

2. To investigate the strategic elements of the handling of the pandemic relating to:

a) pandemic planning and exercises carried out by the Scottish Government;

b) the decision to lockdown and to apply other restrictions;

c) the delivery of a system of testing, outbreak management and self-isolation;

d) the design and delivery of a vaccination strategy;

e) the supply, distribution and use of Personal Protective Equipment;

f) the requirement for shielding and associated assistance programmes, provided or supported by public agencies;

g) in care and nursing homes: the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, infection prevention and control, and inspections;

h) the provision of healthcare services, including the management and support of staff;

i) the delivery of end of life care and the use of DNACPR (do not attempt cardiopulmonary resuscitation decisions);

j)   welfare assistance programmes, for example those relating to benefits or the provision of food, provided or supported by public agencies;

k)   the delivery of education and certification; and

l)   financial support and guidance given to businesses and the self-employed, including in relation to identification of keyworkers, by public agencies.

Reporting

3. To create a factual record of the key strategic elements of the handling of the pandemic.
4. To identify lessons and implications for the future, and provide recommendations.
5. To provide reports to the Scottish Ministers as soon as practicable.

Interpretation

6. When interpreting and applying these terms of reference:

a)   in relation to points 2(b) to 2(l), investigations will cover the period between 1 January 2020 and 31 December 2022;

b)   the inquiry will, as the chair deems appropriate and necessary, consider the impacts of the strategic elements of handling of the pandemic on the exercise of Convention rights (as defined in Section 1 of the Human Rights Act 1998);

c)   the inquiry can consider only "Scottish matters" as defined in section 28(5) of the Inquiries Act 2005;

d)   the inquiry respects the independent role of the Lord Advocate in relation to the prosecution of crime and the investigation of deaths in Scotland; and

e)   the inquiry must make reasonable efforts to minimise duplication of investigation, evidence gathering and reporting with any other public inquiry established under the Inquiries Act 2005.

2. ANNEX 2 - PORTFOLIOS

Portfolio 1 – Scottish Government and Public Sector Response

To investigate the strategic elements of the handling of the pandemic relating to:

a) pandemic planning and exercises carried out by the Scottish Government;
b) the decision to lockdown and to apply other restrictions;
c) the delivery of a system of testing, outbreak management and self-isolation;
d) the design and delivery of a vaccination strategy
e) the supply, distribution and use of Personal Protective Equipment;
f) the requirement for shielding and associated assistance programmes, provided or supported by public agencies;

Portfolio 2 – Financial and Welfare Support to Businesses and Individuals

To investigate the strategic elements of the handling of the pandemic relating to:

j) welfare assistance programmes, for example those relating to benefits or the provision of food, provided or supported by public agencies;
l) financial support and guidance given to businesses and the self-employed, including in relation to identification of keyworkers, by public agencies;

Portfolio 3 – The Provision of Health and Social Care Services

To investigate the strategic elements of the handling of the pandemic relating to:

g) in care and nursing homes: the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, infection prevention and control, and inspections;
h) the provision of healthcare services, including the management and support of staff;
i) the delivery of end of life care and the use of DNACPR (do not attempt cardiopulmonary resuscitation decisions);

Portfolio 4 – The Delivery of Education and Certification

To investigate the strategic elements of the handling of the pandemic relating to:

k) the delivery of education and certification;

3. ANNEX 3 - REPORT: ANALYSIS OF THE PUBLIC AND STAKEHOLDERS VIEWS ON THE APPROACH TO ESTABLISHING THE INQUIRY

[attached separately]

Covid-19 Scottish Inquiry

Analysis of the public and stakeholders views on the approach to establishing the Inquiry

Scottish Government
Riaghaltas na h-Alba
gov.scot

Executive summary

Background

This report is an analysis of the responses submitted to the Scottish Government, from 24 August to 30 September 2021, on the approach of Scottish Ministers to establishing the public Inquiry into the handling of COVID-19 under the Inquiries Act 2005. The responses included those submitted by email, online via the 'Dialogue Challenge' and through online group discussions with a selection of key stakeholders.

The total number of responses was: 415 emails, 187 comments through the Dialogue Challenge (which corresponded to 87 distinct ideas) and 11 online group sessions (with over 70 people). Key characteristics were: 308 submissions from individuals, 55 from the third sector, 28 from the public sector, 9 from the private sector and 15 from local Government.

The range of views received from the public and stakeholders covered ways in which they thought the Inquiry should operate and what topics they thought Ministers should task the Inquiry with covering in its Terms of Reference. Not all of the views expressed are for Ministers to decide. Section 17 of the Inquiries Act 2005, gives an Inquiry Chair alone, rather than Ministers, responsibility for deciding how an Inquiry should operate. This includes its approach to taking evidence and engaging with its stakeholders.

Operational issues for the Inquiry

In relation to how the Inquiry could operate, a key priority for many respondents, was the assurance that human rights are respected, protected and fulfilled in the design, running and outcomes of the Inquiry.

To facilitate this, it was suggested that integrating different forms of 'lived experience' could be a critical part of the design of the Inquiry. To ensure accessibility (particularly for groups who have been affected worst by the pandemic) this could involve minimising barriers to participation (e.g. practical, emotional, financial, geographical) in order to accommodate and respect the broad range of people and organisations who may engage with the Inquiry.

Respondents did not make any differentiation between preferences for panel members or assessors in relation to the Inquiry Act. In general, it was suggested that a panel of members and/or assessors would be beneficial. It was raised that the Chair may also require support for the task of taking forward a person-centred, human rights based approach. This could include input from equalities experts and panel members with experience of inequality who were and/or remain disproportionately impacted by the pandemic.

Many respondents noted the value of interim reports by an Inquiry for facilitating ongoing engagement, allowing for scrutiny of the Inquiry process and making recommendations easier to operationalise. They could be themed or subject based but it was raised that there should be a clear rationale for how and why certain areas

should be prioritised. Some critiques and cautions are that interim reports could dilute the final report and lengthen the Inquiry process.

Views on what the Inquiry Terms of Reference could cover

Views on what the public and stakeholders think should be covered in the Inquiry's Terms of Reference broadly spanned six areas:

- health and social care
- key policy decisions
- the 'four harms'
- pandemic preparedness
- communication
- legal frameworks

Relevant to all of these areas was the view that the Inquiry could support learning for future pandemics or emergencies.

There was a wide and diverse range of submissions in relation to matters that fell under all of the themes but particularly 'health and social care', 'four harms' and 'key policy decisions'. These commonly included suggestions for the Inquiry to examine if the decisions made during the pandemic adhered to or breached human rights, how the Scottish Government and other public sector bodies considered equality in their decision making, and the impact of policy decisions on different groups of the population.

There was a clear view from the respondents that recommendations by the Inquiry are essential. They could capture the importance of learning, improving and accountability. Respondents suggested timelines for the recommendations and clarity on how, and by whom, implementation of the recommendations will be undertaken. The urgency of some recommendations was noted because the pandemic is still ongoing.

Contents

Introduction

Context

On 24 August 2021, the Scottish Government announced that they were going to establish a [public Inquiry](#) under the [Inquiries Act 2005](#) into the handling of the COVID-19 pandemic in Scotland. This noted that a Scottish Inquiry under the 2005 Act can only look into devolved matters which relate to Scotland. [1] It is intended that, so far as possible, an Inquiry will operate independently of the government. On 12th May 2021, the Prime Minister announced ([his statement](#)) that there will be a separate UK-wide Inquiry under the Inquiries Act 2005.

An Inquiry can be held under the 2005 Act where it appears to Ministers that 'particular events have caused, or are capable of causing, public concern or there is a public concern that particular events may have occurred.' [2] Further background information, on the aims and principles have been published on the Scottish Government website. [3]

Overview of engagement

The overarching aim of the engagement process was to collect a range of views to ensure that the subsequent Terms of Reference for the Inquiry covered issues that have caused public concern. Further, that the Inquiry approaches its task in ways that the public would support.

Individuals and organisations were invited to share their thoughts between 24 August to 30 September 2021, in order to collect a range of views on the approach to setting up the Inquiry. This was done through email, online discussions or via the Dialogue platform. Social media responses were also gathered from Twitter and Instagram posts promoting engagement with the Inquiry through a link to the Dialogue Challenge. The end product of this 5 week engagement process is this report which summarises the input from across the three different evidence gathering approaches. Further details on the different forms of engagement and analysis are detailed in the next section and in Annex A and B.

Although this approach provided a range of means for people to submit views, it cannot offer a complete or representative view that reflects the concerns and insights of everyone in Scotland who has been affected by the pandemic. It is likely that there were views on these questions that were not put forward through the public engagement, and that there are ongoing and emerging issues for people that this engagement process was not able to fully capture.

The summary of information provided in this report sets out the broad range of positions that were made in response to the questions, and does not summarise

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[1] It is noted that some respondents have asked for clarity on the justification for opting out of a 'four nations' approach. Others have noted challenges around separating out the scope of Scotland and UK wide inquiries and asked for consideration of how issues of inter-government co-operation can be incorporated within the Terms of Reference.

[2] Section 1 of the [2005 Act](#)

[3] [COVID-19 Inquiry - gov.scot (www.gov.scot)](#)

some of the specific details from people's experiences that would be relevant to the Inquiry itself.

Number of responses

- 415 email responses were received in the public Inquiry mailbox
- 308 of those responses were from individuals, 55 from third sector organisations, 15 from local government, 28 from the public sector and 9 from the private sector
- 11 meetings were arranged online with key stakeholders
- 187 responses were submitted on the Dialogue platform, corresponding to 87 distinct ideas (See Annex A for further detail)

Analysis and aim of this report

How the responses were coded

The analysis of responses was undertaken by social researchers within the Scottish Government, in line with Government Social Research (GSR) professional standards and code of practice. The method involved a framework analysis, where key themes were produced from a review of all of the responses and contributions that were provided. This analysis did not seek to provide a comparative or quantitative account of the issues that were raised, but sought to summarise the range of topics and responses that were made in direct response to the invitation to contribute, and also the points that were raised by people that covered other topics and issues that people felt it was important to raise.

The quotes that are provided through the report are intended to illustrate some of the points in respondents' own language and terminology, and to capture some of the themes as they were written or spoken. These were selected by the authors for illustrative purposes. Therefore, quotes are not necessarily representative of other respondents' views. Although there were views and responses that were heavily presented, there is inevitably a variety of different views and emphases across individual responses.

Aim of this report

This exercise aimed to capture a range of views and different perspectives. It did not seek to provide an assessment of the relative importance of any given issue, based on a measure of frequency of how often things are mentioned because some important issues may affect relatively few people. This report of engagement activity will not provide recommendations for the drafting of the Terms of Reference of the Inquiry, but will form part of the basis on which the Terms of Reference will be drafted.

Structure of this report

This report is organised into two main sections. Section one details views on how the Inquiry could operate. Section two details what topics the public and stakeholders thought Ministers should task the Inquiry with covering in its Terms of Reference.

However, before moving into the first section, we have included a summary titled 'Goal of the Inquiry' which foregrounds the report in some key issues that respondents' raised on both Inquiry operational issues and the process of Ministers in establishing the Inquiry. The final sections of the report (Annex A and B) contain more detail on the engagement process and the analytical method.

Goals of the Inquiry

The four main issues that were raised are:

- transparency
- justice
- learning for the future
- accountability

In terms of how the Inquiry could operate, a key theme within the responses was for the Inquiry to be transparent. This spans a range of operational issues in relation to the design, running and outcomes of the Inquiry. Such as, transparency around the process: what is happening and why, informing the core participants (and all others involved) about who they are speaking with, and what is going to happen to their evidence. Also, in relation to reporting progress. For example, using websites and other forms of communication to update on progress and provide insight into the sources of evidence that are being submitted to the Inquiry.

"There should be transparent messaging around the Inquiry aims and objectives and a focus on a learning approach." (Public sector, email submission)

Further, was the principle of justice. Specifically, the wish for the Inquiry to provide access to justice, particularly for those who became bereaved during the pandemic. In its broadest sense, this could include offering understanding into how and why particular events occurred during the pandemic and a sense of assurance that something like this could not happen again.

In terms of the overall aim of the Inquiry, a major focus of the responses was for the Inquiry to support learning. Principally, learning that can be applied to future pandemics and future emergencies and potentially learning that can be shared across the four nations. It was expressed that gathering knowledge and understanding of past events and processes will facilitate this 'lesson learning' for the future. There is a desire for the Inquiry to lead to recommendations, actions and outcomes.

"We want absolute clarity that this Inquiry is to support future learning." (Local Government, email submission)

"A core design principle must be about the Inquiry facilitating "learning" - learning from the experience in order to strengthen preparedness of future responses." (Local Government, email submission).

In terms of the actual Inquiry findings, the matter of 'accountability' was raised. This relates to the wish for the Inquiry to hold responsible organisations to account, and to scrutinize the decisions that were made during the pandemic, including where human rights were breached and duties not met.

"This is not just about engagement and participation but accountability." (Stakeholder session, online discussion).

Respondents suggested that if the Inquiry makes recommendations, developing a monitoring plan for the organisation/sector to which any recommendations may apply - for example, Ministers, NHS, Local Authorities and so on - which would help promote accountability.

However, it was also raised that the Inquiry could consider the balance between 'empowerment and accountability' (Public sector, email submission). For example, being aware of the need to ensure that health and care workers, and other professionals, do not feel alienated by the Inquiry process and also considering the pressures on different professionals to be able to collate and give evidence.

1.   Section One - views on how the Inquiry could operate

It is important to clarify at the outset that not all of the views expressed are about matters that Ministers can decide. Section 17 of the Inquiries Act 2005, gives an Inquiry Chair alone, responsibility for deciding how an Inquiry should operate. This includes its approach to taking evidence and engaging with stakeholders. Nevertheless, these views on Inquiry operations could be the expectations or hopes of Ministers in establishing a public Inquiry.

The following section outlines themes extracted from the public and stakeholders' responses relating to how the Inquiry could operate. In summary, a key priority for many respondents, was the assurance that human rights are respected, protected and fulfilled in the design, running and outcomes of the Inquiry. Further, that human rights are fulfilled in terms of the implementation of the Inquiry's recommendations, and by ensuring that people know how to claim their rights.

This section of the report begins with an overview of the human rights based approach and then moves to views on the following topics:

- accessibility and inclusiveness
- support
- person centred approach
- equality
- appointing panel members and assessors
- Inquiry reporting and timing

1.1 Human rights based approach

This would involve ensuring the Inquiry itself operates in ways that are compatible with human rights. Also, that its investigations involve assessing evidence about pandemic decisions against a human rights framework to assess where human rights were or are being breached; to evaluate the reasons why and to learn lessons.

The area of digital communication and human rights provides an example of how this approach might be applied to the Inquiry's investigations. This Inquiry may consider not just people's access to digital devices in the pandemic, but also review the different ways that the move to digital (or phone communications) affected people's human rights in other areas, for example, in changing how people access healthcare. The Inquiry could then make recommendations about digital services and communications in the future. [4]

For human rights to be at the heart of the Inquiry's operations, some respondents suggested that the Inquiry adopts PANEL principles across the various stages of the Inquiry including the structure, process and outcomes. These are: Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality.

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[4] To note, an Inquiry cannot require recommendations to be acted upon. That is for the organisation to which the recommendations apply to. For example, Ministers, NHS, Local Authorities and so on.

"Make it explicit in the Terms Of Reference that the Chair will act in accordance with human rights requirements in making decisions about the conduct and procedure of the Inquiry, and ensure that the PANEL principles are complied with in the running of the Inquiry." (Scottish Parliamentary Corporate Body, email submission).

This will also involve applying legal frameworks, such as the European Convention on Human Rights (ECHR).

What a human rights based approach looks like

"It is imperative that the voices of those most affected by the pandemic, and those who support them, are heard in a meaningful way and their voices prioritised. Ensure people are at the centre of the Inquiry and everyone is heard." (Third sector, email submission)

This next section captures some of the points that fell under this theme (human rights based approach) categorised into views about accessibility and inclusiveness, support for those participating, person centeredness and equality. For a summary, see Table 1 below:

Table 1: Human rights based approach

Principle	Summary
Accessibility and Inclusiveness	• practical accessibility of the environment (e.g. venues) where Inquiry hearings will take place • maximising involvement in the Inquiry • use of accessible approaches and methods to gather evidence and promote the Inquiry
Support	• help and support from the Chair for those participating in the Inquiry
Person-centred approach	• respecting the individual and their needs • focus on lived-experience • focus on intersectionality
Equality	• focus on those with protected characteristics • investigate how existing and emerging policies are aligned to ensure that the long term impact of the pandemic does not deepen inequalities

1.2 Accessibility and Inclusiveness

Respondents suggested that the Inquiry could be accessible in order to ensure that no one is excluded from being able to engage. This will involve minimising any barriers to participation (e.g. practical, financial, geographical) in order to accommodate and respect the broad range of people and organisations who want to engage with the Inquiry. This includes providing evidence and accessing any information/outputs that are disseminated from the Inquiry.

Respondents raised three main topics (all of which are the responsibility of the Chair). They were:

- the practical accessibility of the environment where Inquiry hearings will take place
- maximising involvement
- the use of accessible approaches, and methods to gather evidence

1.3 Environment

Some responses noted the importance of the provision of safe spaces for people to give evidence, with considerations given to privacy, comfort and confidentiality. This may include both physical and virtual environments. In the case of online access, there should be thought given to the provision (access and cost) for those who may find this difficult.

At the root of this, was the suggestion that the Inquiry should 'meet people where they are' (Third sector organisation, email submission). This would involve adopting a flexible approach to the process of gathering evidence and putting the requirements of the person, professional group and community first. These are principles which are embedded in the person centred approach as detailed below. For example, when thinking about venues for Inquiry evidence sessions, adult spaces may be a barrier for children and young people to participate. On the other hand, more 'informal' and culturally sensitive venues such as churches and community centres would be preferred by some. There are also geographic issues to consider to ensure that people from urban, rural and island communities have equal opportunities to participate.

1.4 Maximising involvement

Some respondents highlighted the need for the Inquiry to pro-actively search out and include the 'seldom heard'. This term refers to underrepresented people who are less likely to be heard by agencies and decision makers.[5] There are a range of intersecting factors that can contribute to someone being underrepresented including: disability, ethnicity, socioeconomic status, immigration status and homelessness. Of note, is that prior to the pandemic, a wide range of inequalities already existed across the Scottish population.[6] The pandemic has exacerbated many inequalities and exposed groups to particular challenges. Therefore, respondents want the Inquiry to investigate these challenges and consider learning from any new ways of working across services and boundaries. For example, how feedback from communities can shape recovery and wider public service reform around understanding and reducing inequalities in partnership with those who experience them.

To help with this, it was suggested that the Inquiry could use community outreach techniques, working closely with community leaders, advocacy organisations and

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[5] The Scottish Government has established five different research projects with different 'Seldom Heard Groups'. Social Security Experience Panels: benefit take-up – report - gov.scot (www.gov.scot)
[6] For example as written about in this report:
Covid+and+Inequalities+Final+Report+For+Publication+-+PDF.pdf (www.gov.scot)

grassroots organisations. These organisations are likely to have higher levels of cultural competency and established trust with less visible and seldom heard groups.

"The Inquiry should build in ways to listen to smaller or less visible groups." (Scottish Parliamentary Corporate Body, email submission)

"We need to hear from those who are the furthest away from power and opportunity. For example, minority groups." (Non-governmental organization, email submission)

1.5 Approaches and methods to collect evidence

The respondents recommended a variety of ways in which people and organisations should be able to contribute to the Inquiry that align to the principles of accessibility and inclusivity. In summary, this will involve the use of multiple approaches and methods to collect evidence and promote the Inquiry. Respondents suggested the use of some of the following:

- animations
- audio
- video link
- radio and TV (for promotion)
- online, email, apps and messaging services
- face to face
- phone (Freephone)
- written correspondence

People could be permitted to give anonymous contributions, if they wish, particularly from those making a disclosure which may be deemed as 'whistleblowing'. Some respondents emphasised the need to ensure that engagement in the Inquiry will not trigger adverse impacts to individuals or organisations who may have concerns about disrupting relationships across sectors.

Others suggested that any output should include the six principles of inclusive communication [7] which considers the support people may need with communication needs, such as, a British Sign Language interpreter and information in different formats such as audio, large print and braille. Events and resources could be co-produced between the public and the Inquiry Chair to ensure the needs of all participants are satisfied.

"Disabled and chronically ill people have been through a lot and we need to find ways to engage with people at different levels of production – whether its consultation or co-production, it should be a mixture of methods. For example, the 'long table' technique removes power dynamics and ensures co-production and allows everyone to share their views." (Third sector organisation, email submission)

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[7] As detailed here: Principles of Inclusive Communication: An information and self-assessment tool for public authorities - gov.scot (www.gov.scot)

1.6 Support

Respondents expressed that there should be help and support for those participating in the Inquiry, including financial support, legal support, time to participate and emotional support. This would ensure that no-one would be 'worse off' financially, personally or professionally for participating in the Inquiry. Others noted the need to ensure that participants should be protected from the media.[8] However, there may be a tension with this suggestion from other people who suggested that the Inquiry would benefit from being a public, or live-streamed event.

To ensure that workers can participate, it may be important that people can be released from their working hours to give evidence and pay for loss of wages and expenses. Some may also require support with childcare and/or caring commitments alongside travel and accommodation for participants. The Inquiry could also consider the pressures on, for example, professionals (across all sectors) to be able to collate and give evidence due to time and resource capabilities.

Related to the point about setting up 'safe spaces', some participants may be dealing with levels of trauma, fatigue and burnout. It may be necessary to consider using a trauma informed approach toward their participation, for example involving grief/bereavement counselling and a support line. This is particularly important as the pandemic is still ongoing. Therefore, in recognition that the harm may also be ongoing, the remit could include continuing support. This approach also extends to staff who are working on the Inquiry, including the panel members and the Chair.

Some respondents suggested that the Inquiry should draw on pre-existing material, where possible, to avoid re-traumatising people and to prevent asking people to re-tell their story multiple times. This may help to offset some of the challenges involved in asking people to give evidence of such an emotive nature.

From a legal perspective, refugees/asylum seekers who participate may require legal protection and health professionals may require access to independent medical legal advice. The ability of legal representatives to directly question witnesses was also highlighted.

1.7 Person centred approach and intersectionality

A person-centred approach encompasses a range of principles and activities. It is about respecting the individual and their needs and understanding their experiences. This should apply to the experiences of people, communities, professional groups and organisations.

Respondents provided a range of views on how the Inquiry can demonstrate a person-centred approach. Some of these have been discussed above, in terms of making sure that people who engage with the Inquiry are respected, comfortable and safe and that they have access to emotional support, if they wish.

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[8] To note, in an Inquiry there are core participants, there are witnesses, and then people who want to watch proceedings who may have a personal interest in them. It wasn't always clear which of these groups were meant by the public/stakeholders. So we have used 'participant' to potentially capture all of them.

Some respondents noted the amplifying effect that the pandemic may have had on people who were marginalised in some form, and recommended that the Inquiry consider having a specific intersectional focus. Intersectionality refers to the interconnected nature of categories such as age, sex and ethnicity to reflect the combinations of complex identities that affect people's experiences.[9] This approach would allow greater scope for considering the multiple ways that people may have been affected through their complex experiences.

1.8 Equality

Respondents expressed that the Inquiry could consider equality in terms of:

- the legal obligation to consider inequality and advance equality under the Equality Act 2010
- the rights of different groups (namely those with protected characteristics) [10]
- how the Scottish Government and the broader public sector considered equality in their decision making over the course of the pandemic
- the use of equality impact assessments
- the impact of the pandemic and mitigating actions on equality
- how existing and emerging policies can be aligned to ensure that existing inequalities are not deepened

Relevant to most of these points, is the Scottish Government and other public bodies' collection, use and analysis of disaggregated data. Particularly with respect to groups sharing protected characteristics. There may be data gaps due to a general lack of robust data, poor granularity of data or a lack of gender sensitive data. It was raised that 'irrational' categories in the census for ethnicity may have negative implications for understanding experiences and the needs of different groups. For example, the use of, 'BAME' (Black, Asian and minority ethnic) to assume a common experience was critiqued.

"Scotland does not have enough information for minority groups, and communication was a challenge. There was no specific information for them, we need to think about communication to communities." (Equality Stakeholder, online session).

The Scottish Government has recognised the fact that the pandemic has exacerbated pre-existing inequalities in Scotland.[11] As such, respondents want the Inquiry to focus on how and why the effects have been felt more acutely for some groups, including challenges such as:

- reduced access to health services

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[9] Kimberlé Crenshaw (an academic) coined the term intersectionality to describe the way people's social identities can overlap.
[10] These are: age, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion or belief, race and disability and sexual orientation.
[11] A fairer recovery from the pandemic - gov.scot (www.gov.scot) , Scotland's Wellbeing: The Impact of COVID-19 - Summary | National Performance Framework . Covid+and+Inequalities+Final+Report+For+Publication+-+PDF.pdf (www.gov.scot)

- digital exclusion
- access to food and medicine
- loss of paid work
- insecure housing
- adverse impacts on mental health and wellbeing

The hope is that learning from experience will strengthen preparedness of future responses.

1.9 Support to the Chair of the Inquiry

The Chair is responsible for leading the Inquiry, deciding its procedures and making sure it addresses all parts of its Terms of Reference. There are also a number of arrangements that can be put in place to support the Chair. Under the 2005 Act, before an Inquiry is set up Scottish Ministers can appoint panel members and assessors. Once an Inquiry has been set up, the Chair can appoint assessors.

Respondents suggested that panel members and/or assessors would be beneficial as this provides an opportunity to have input from a range of expertise and experiences. However, it should be noted that respondents did not seem to be aware of the distinction between panel members and assessors in relation to the Inquiry Act. Nevertheless, panel members were referred to more frequently.

Respondents suggested that wider support to the Chair would be beneficial. The breadth and complexity of topics likely to be covered in the Inquiry means that the Chair will require expert insight and advice across a wide range of areas. It was noted that transparency about who is providing such insight will be important for the credibility of the approach taken. Noted criticisms of a single Chair approach included that it is an inefficient method within an Inquiry, and that it would be a considerable burden for only one person to handle. It was also proposed that a panel of Chairs could be considered.

Respondents proposed that the panel could be appointed impartially. That is, it should not be appointed by Scottish Government and also that the 'four harms' approach could underpin the way a panel is formed. This means there would be knowledge and experience on the panel from across different health, society and economic sectors.

The Chair may also require support for the task of taking forward a person-centred, human rights based approach, potentially with input from equalities experts and members with experience of inequality who were disproportionately impacted by the pandemic. Respondents suggested that the appointment of the panel should reflect values of impartiality, independence, transparency and fairness. In terms of transparency, it may be helpful to have clarity on how the Chair will access independent experts from within government or their advisers.

"There needs to be meaningful public engagement around who to appoint and how to select them, what expertise should be held by the panel. Panel with diverse experience, reflective of those most impacted by the pandemic." (Third Sector, email submission)

In terms of the Ministers wish for the Chair to be a judge, some respondents welcomed a judge led Inquiry, noting that it signified independence and legitimacy. Some suggested that it is vital that the Chair has public recognition and credibility. It was also proposed that the Chair should not be a Scottish judge.

However, other respondents questioned the use of a judge to chair the Inquiry, as there are aspects of this Inquiry that are not legal, and a judge may not have sufficient human rights based approach expertise to lead the Inquiry in this way. Additionally, it was suggested that the perceptions of a judge may be intimidating and off-putting for some participants. Such as, participants will need to feel that they have been listened to and understood to a level that may not commonly be experienced in a courtroom (if Inquiry hearings are held in a courtroom). As such, there was also a suggestion that consideration be given to the appointment of a judge with experience beyond the legal system.

1.10 Timing and reporting

Moving on to issues of timing and reporting, most respondents agreed that interim reports by an Inquiry are useful for updating on progress. Particularly where issues are still live and changes can be implemented before the conclusion of the Inquiry. It was expressed that interim reports will facilitate ongoing engagement and allow for stakeholder scrutiny of Inquiry process. They may also make outcomes more accessible and potentially make recommendations easier to operationalise. It was also raised that those who are critically ill should be able to see the Inquiry progress as they may not live to hear the findings.

There were mixed views on the timing and content of the reports. It was proposed that interim reports could be subject based. An example provided was that one could cover social care support, including early years, wider adult social care and the experiences of staff working across the sector.

"Interim reports should cover the activity of the Inquiry over the preceding three months, what impact this has had or is expected to have and the plans for the following quarter. Consideration should be given to the merits of prioritisation of the areas to be covered." (Third sector organisation, email submission)

Other suggestions for themes included education and emergency planning. But it was emphasised that there should be a clear rationale for how and why certain areas should be prioritised, such as issues that concern a 'threat to life' or 'dignity'. It was suggested that interim reports could also include whether/how previous report recommendations have been implemented.

Some critiques and cautions are that interim reports could dilute the final report and lengthen the Inquiry process. Another was that interim reports do not allow organisations sufficient time to prepare or follow recommendations.

There were varied opinions on the appropriate timescale of the Inquiry. To accommodate the ongoing nature of the pandemic, respondents emphasised the

value of interim findings that can be implemented with immediate effect. Some respondents cautioned against a prolonged Inquiry, wishing the 'final report [to be] no later than three years' from the commission of the Inquiry (individual, email submission).

Others stressed that expedience was less important than making sure all evidence is heard and considered, which 'should take as long as necessary' (Trade union, email submission).

2.   Section Two - Topics for the Terms of Reference

The scope of an Inquiry's remit is determined by the Terms of Reference. The Terms of Reference have not yet been set by Ministers. Therefore, this next section of the report will detail the range of views received by the public and stakeholders on what they think the Inquiry should cover.

The responses to this question were coded to take into account a range of responses.[12] As detailed, the research method involved a structured analysis and interpretation by a team of analysts. Some of the nuances of some people's contributions may not be fully represented in this section, which aims to provide a more general thematic summary of all of the responses.

2.1 Lived experience

Before we move into the detail of the topics, central to them all was the view that a critical part of the design of the Inquiry could be integrating and balancing the different forms of experience that people have lived through (and still continue to live in).[13] Specifically, a number of respondents expressed that the Inquiry could focus on 'lived experience'.

"The Terms of Reference should state, not that the Inquiry will be informed by experience or evidenced by experience, but actually that it should be driven by people's lived experience of their rights during COVID." (Public sector, email submission)

The term 'lived experience' was used by a number of individuals and organisations to capture their belief that the Inquiry should prioritise collecting and examining personal knowledge (in the form of a testimony), gained from first-hand connections to the pandemic. Moreover, that this form of knowledge will be treated as being critical to the process of understanding the handling of the pandemic in Scotland. To facilitate this focus on lived experience, as discussed in the section about how the Inquiry could operate, respondents provided views on how to ensure that no one is excluded, that 'everyone is heard' and that people and organisations are supported to be able to provide their experiences.

2.2 Topic areas

Given the vast array of issues that were raised we have grouped them into six main areas. However, there is a degree of overlap between these topics. They are:

- health and social care
- pandemic preparedness
- key policy areas
- the 'four harms' (health, indirect health, society and economy)

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[12] The question was 'What do you think the Inquiry should cover, what do you think it should not cover?'

[13] This will involve reflecting on past experiences but it was raised in the engagement that there should be a consideration of the fact that, for some, the pandemic is still ongoing.

- communication
- legal frameworks

2.3 Health and social care

This is a broad category, so it is broken down into, first, the respondents views on issues relevant to the healthcare system and then, second, social care and support. However, these are integrated systems and there are likely to be links and relationships between the two that will be important to consider within the Inquiry in relation to establishing facts, determining explanations and making recommendations.[14]

The healthcare service

This section covers respondents views categorised into processes/system issues and workforce issues – all within the context of the healthcare service. These are largely issues that represent concerns to respondents, but there are also some topics that were put forward as examples of success – in terms of what worked well in order to identify and embed good practices in the future. For a summary, see Table 2 below:

Table 2: The healthcare service

Processes and systems:

Theme	Summary views
Policies	- hospital discharge and planning - decisions on who went on the 'shielding' list - visiting policies - cancelling surgical and elective activity - restrictions on patients in psychiatric hospitals - vaccine strategy, including roll-out to marginalised groups, access to vaccines to those without a permanent address and to different sectors (e.g. prison/police, education) - the handling of the NHS Louisa Jordan Hospital
Experiences with access	- to non-COVID-19 healthcare (e.g. to cancer care and the impact of the decision to pause screening) - to A&E - to dentists - the subsequent impact on other services due to lack of access (e.g. on NHS 24)
Role of primary care	inconsistent access to care

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[14] Social care: Health and social care integration - gov.scot (www.gov.scot)

	• people not pursuing care due to a perception of it not being available • adaptation to General Practitioner (GP) telephone or video consultation • role of GPs within care homes • effectiveness of prescribed changes
Patient flow [15]	• ambulance turnaround times
Cleanliness and infection control	• nosocomial infection
Communication	• lack of personal communication to bereaved • communication barriers (e.g. use of Gaelic) • response of NHS Scotland to any concerns raised • communications to different groups on issues such as vaccination and shielding

Workforce:

Theme	Summary views
Personal impact on healthcare workforce	• psychological impact • abuse at work • support for healthcare staff • redeployment • recognition of the impact on groups who are more likely to be in healthcare worker roles
Mortality	• mortality rates as a result of COVID-19 at work
Risk and safety	• PPE (procurement, provision and suitability) and a review of communication in the early stages of the pandemic around PPE • staff testing • guidance on aerosol generating medical procedures • risk assessments for clinicians in closed environments • equipment and training for patients with COVID-19

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[15] The movement of patients through a healthcare facility.

		• breaches of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
Leadership and regulatory bodies		• accountability for workplace safety for health care staff in all settings • flexibility of decision making and local autonomy • limited opportunities for Board public health teams to contribute to national development and decision making • the role and capacity of the Health & Safety Executive and other regulatory bodies: such as a review the lack of regulatory scrutiny across different sectors at critical points with a consideration of the implications of this absence on safeguarding, supporting staff and handling complaints
Preparedness /capacity		• resilience and capacity of services • clinical leadership (contingency and training) • lack of well-being support • pre-pandemic workforce shortages in NHS
Legal		• clarity of indemnity arrangements for clinical negligence • need for a lawful criminal investigation into any deaths

Examples of success:

Theme	Summary views
NHS adaptation and responsiveness	• improvement in multi-agency working • speed of response in bed and ICU capacity • staff ability and flexibility to move to support clinical teams • restructuring and the opportunity to create flexible / adaptable teams • redeployment of psychology workforce across Scotland to support healthcare staff wellbeing (although it was raised that it is not meeting demand)
NHS staffing and bureaucratic changes	• lifting barriers for recruitment (temporary change) • upscaling services e.g. rapid scale of 'Near Me' consultations (digital medical consultation services)

	• GDPR relaxation to allow data sharing between care providers
Vaccination programme	• general rollout and expedited vaccinations for social care staff

As described in the above table, there are a vast range of topics that respondents wish the Inquiry to investigate. In summary, these relate to the decision making, actions and behaviours taken in preparation for and during the pandemic; and the subsequent impact on processes such as care pathways, access to healthcare, recruitment/redeployment of staff and the procurement and provision of equipment. They also relate to the significant and interrelated issues of wellbeing, risk and safety.

"The Inquiry should cover the provision of support to people on waiting lists with deteriorating health due to lack of availability of healthcare and reasons behind lack of capacity in the NHS to meet demand from both C-19 and non C-19 issues." (Individual, email submission)

As noted above, the psychological impact of the pandemic on the healthcare workforce is an issue of concern. As such, the Inquiry could consider pressures on healthcare workers to be able to collate and give evidence.

"Be cognisant from outset about ongoing pressures on systems, workforce and finances." (Public sector, email submission)

This aligns with the views reported in the human rights section, stating that participants should be provided with emotional and practical support (which will fall under the Chair's supervision).

Social care and support

The pandemic has had a major impact on individuals who require social care. Respondents suggested that there is a need for the Inquiry to focus on instances where social care packages were reduced and withdrawn and if the rights of those accessing social care support were upheld.

There are four main settings for social care support: personal and nursing care, care homes, unpaid care and ordinary residences.

The Scottish Government has said that the public Inquiry will investigate events causing public concern including the experience of COVID-19 in care homes. As such, care home relatives have expressed they would like 'core participant' status.

The following section details key issues that both individuals and organisations have expressed that the Inquiry could consider in relation to establishing facts and determining explanations for the decisions and actions within care homes. It is acknowledged care homes are just one form of support, amongst others, and further issues relevant to social care and support are noted in the 'four harms' section.

This section of the report is broken down into six areas of concern:

- the discharge of patients into the community, including care homes
- visiting restrictions
- infection control
- Do Not Attempt Resuscitation (DNAR) orders
- data
- workforce

The discharge of patients into the community and care homes

A priority for many respondents was for the Inquiry to investigate the rationale for the decision to discharge untested patients from hospital into the community, and specifically into care homes. This could include an examination of the evidence base on which this decision was made, the impact of this decision and if there could have been a more effective decision. It could also include whether general health and safety protocols surrounding discharge were followed and the response of the Scottish Government and care home owners as the harm from this decision became evident. Respondents questioned why the Scottish Government did not do more to learn from the way countries such as Italy and Spain handled their care home polices.

Visiting restrictions

"Keeping us out didn't stop Covid getting in, but it did stop our loved ones feeling loved." (Individual, email submission)

"Need to balance harm of family separation on deathbed against infection control." (Public Sector, email submission)

Respondents raised views surrounding restrictions in care home visitation, including outright bans, limited (supervised) appointment slots, the exclusion of care home residents from 'bubbles', care homes not facilitating video/phone contact, and the inappropriateness of these communication methods for some residents (particularly those with dementia).

Respondents are seeking scrutiny of the policy decisions that they feel did not respect carers (e.g. family members) rights, that were inconsistent and/or had a detrimental impact on residents' (and families') physical and mental health. This includes the removal of rights of Power of Attorney and Guardianship. Specifically, respondents wanted the Inquiry to explore the rationale and legal basis for the length of care home lockdowns and ongoing visitation restrictions, at the point where most other areas of social life had reopened. It was raised that care home residents and families were discriminated against as they were not included in 'extended households' guidance.

Respondents are seeking clarity on the safeguarding protocols that were in place in the absence of family visitation. This has caused particular concern, with some suggesting that care home residents were 'deprived of human rights' (individual, email submission). In particular, failures in recognising the stress and harm caused

by isolation from friends and family and the impact on those at the end of life. Indeed, concerns about visiting restrictions has led to a consultation on ['Anne's Law'.](#)

Related to this but also applicable to other topics, is a request to examine inconsistency around what was deemed to be advice and guidance and that was legally binding.

Infection prevention and control

Respondents want the Inquiry to look at:

- testing capacity (as related to the first point on discharging patients into care homes)
- Scottish Government's knowledge of asymptomatic transmission
- the timing of testing for care home visitors
- decision making around the procurement and provision of PPE (e.g. the consequences arising from PPE shortages and general preparedness)
- nosocomial infections

Spanning all of this, is the view that the Inquiry could examine mixed messaging around infection control requirements.

Do Not Attempt Resuscitation (DNAR) Orders

> **"The use of do not resuscitate forms during the pandemic appears to have been overzealous." (Individual, Dialogue Challenge)**

Respondents want the scope of the Inquiry to include the 'breach of human rights' in relation to the use of inappropriate and/or blanket DNAR [16] orders, including:

- the number of orders applied in 2020 and 2021 and how this compares to previous years
- use of DNARs without informed consent
- family pressures to sign DNARs
- if there was a criterion for people to be called or approached, such as age, disability and underlying medical condition

Data and evidence

> **"Essential evidence for the Inquiry will include care home records for deceased individuals, staffing ratios pre and during outbreaks and Care Inspectorate reports for each care home." (Private sector, email submission)**

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[16] To note, the acronyms DNR, DNAR and DNACPR were used interchangeably by the respondents but they all refer to the same order.

As exemplified in the above quote, within the context of the care home setting, some respondents detailed what specific evidence they believe the Inquiry should obtain.[17] This includes data held as records and in reports in order to examine the response by the Scottish Government to critical issues. Some respondents raised that they felt there had been a lack of support from the Care Inspectorate. Therefore, the investigation could also include the role of the Care Inspectorate and their accountability in terms of inspections, effectiveness and oversight in care homes.

This could also include more 'informal' evidence. In an online session with care home relatives, it was raised that there is a lot of information contained in their Facebook group that could be considered alongside personal testimonies.

Respondents also suggested that this could include examining transparency around whether scientific advice was followed in decision making and how risk was calculated and assessed. Alongside the examination of evidence in the form of documents and reports, respondents emphasised that the experiences of care home residents (or their representatives), relatives (bereaved families and those with families still in care homes) and staff should be included.

"Place people at the heart of the Inquiry ensuring all affected can tell their stories." (Private sector, representing care home relatives, email submission)

Returning again to the point made earlier, sensitivity over timing is important, as raised: 'It's important not to view this as a thing of the past, it's still a lived experience' (individual, online stakeholder session).

Workforce

Workforce issues included:

- guidance and practices for care home employees (including testing)
- skills and knowledge of employees to deal with the pandemic (and how this has been compounded by a lack of support)
- staff wellbeing
- staffing issues
- the exposure to risk as compounded by the lack of PPE

"Care home staff were terrified to answer our questions they felt scared and upset, they weren't being supported." (Individual, online stakeholder session)

In general, and applicable to most of these issues, acquiring a timeline of decisions in relation to issues such as PPE and testing could be useful.

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[17] To note, the broader matter of what evidence the Inquiry could obtain falls under Inquiry operations (Section One). It is not a Terms of Reference topic. However, for clarity for the reader, as this specific view was raised within the wider context of care homes we have included it in this section.

It was questioned if the death of care staff should be included in the Inquiry and a request that the Inquiry should not re-examine matters investigated under Operation Koper. If lessons learned from Operation Koper should be considered by the Inquiry, then a report could be obtained from Crown Office and Procurator Fiscal Service.

2.4 Pandemic preparedness

The next topic was pandemic preparedness. Some respondents would like the Inquiry to investigate how prepared the Scottish Government and health and social care services were for a pandemic. This could then provide learning on how Scotland can become more resilient to, and better prepared for, future shocks.

"Preparedness and reviewing early decisions ahead of the first lockdown can start now and should be the first priority." (Public sector, email response)

In terms of previous planning, exploring preparedness across different settings will involve looking into matters (evidence, decisions, plans) before the pandemic began in March 2020, at specific pre-pandemic and resilience planning and previous modelling and planning for SARS infection. It was suggested that the Inquiry could examine emergency response plans, determine explanations for any deviations from those plans and consider the extent to which emergency legislation should have been pre-prepared.

The role of the Scottish Government resilience room, the role of local resilience partnerships and to what extent the 'Preparing Scotland' guidance was followed were raised as issues for the Inquiry to consider. This was in addition to 'Exercise Cygnus' and the role of the Scottish Government.

Respondents are also seeking clarity on the relationship between the capacity and capability of the Scottish Government and public authorities and the effectiveness of preparations. This includes the role of the different sectors, in preparation and planning. For example:

- the effectiveness of systems to gather and share information
- the impact of austerity on preparations
- the extent to which national decision-making for preparedness and response to the pandemic actively enabled different professions to work and operate

2.5 Key policy decisions

There was a wide and diverse range of submissions relating to key policy decisions. A common thread was the need for a human rights framework, looking at how decisions adhered to or breached human rights, how the Scottish Government and other public sector bodies considered equality in their decision making, and the impact of policy decisions on groups disproportionately affected by the pandemic.

There was a view that there should be a 'whole systems approach' to consider how decisions were made, who was making decisions, transparency and clarity around

the evidence base that informed decisions, accountability, and learning.[18] This included an exploration of leadership and decision-making involvement at the most senior levels, how guidance was developed during the pandemic, and the co-ordination and provision of expert advice to the Scottish Government to support evidence based decisions.

This section of the report is broken down into the following sections:

- stages of the pandemic
- PPE
- testing and vaccines
- shielding
- travel and borders
- workplaces
- funding/financial support
- refugees/new scots
- housing and homelessness
- prisons
- digital transformation

Stages of the pandemic

Respondents would like the Inquiry to focus on key policy decisions, actions and outcomes that were taken by both the Scottish Government and other public sector bodies in the early stages of the pandemic. This included:

- the timing and decision making around the first lockdown
- the speed of responses
- the effectiveness of information gathering and sharing
- the timing and implementation of measures

Respondents were keen for the Inquiry to focus on decisions around keyworkers, including the categorisation of keyworkers, provisions (such as access to childcare for keyworkers) and the impact of the encouragement of online retail.

Further issues raised included, delays around health and safety guidance/legislation, and the implementation of legislation, regulations and guidance across the private sector, considering the significant COVID-19 outbreaks in construction, manufacturing and call centres.

As raised in the section about care homes, other submissions highlighted the need for a timeline of key decisions made over the course of the pandemic. For instance, including whether they had equality impact assessments, and analysis of the rationale and evidence base underpinning decision making.

An investigation of changing and ongoing restrictions, the 'Levels' system, the timing of changes and whether this timing was appropriate, were also highlighted. This

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[18] A whole systems approach can be seen as an approach that applies system thinking and tools by a broad range of stakeholders to collectively identify and understand the issue, context and wider system (Public Health Reform).

included the handling of restrictions across geographical boundaries, including issues that specifically involved island communities.

Decisions around closing places of worship, and policy around funerals including disparities between local authorities for bereavement services, were also raised as an area for investigation.

"The scope should include places of worship and request for spiritual harm to be included within the 4 harms." (Public sector, email submission)

Respondents noted the need for clarity and transparency about policy decisions around business closures, including inconsistencies across and within sectors, and the rationale underpinning decisions about which businesses to support.

This included the retail sector and the classification of 'essential' and 'non-essential' retail, and experiences within retail and food management which remained open throughout the pandemic. There were also requests for a review of decision making around classifications of healthcare workers (with certain industries, such as complementary alternative massage, being omitted from this list).

Personal Protective Equipment (PPE)

"PPE decisions made early in the pandemic resulted in a disparity for social workers going into vulnerable individual's home, which was not on par with health settings." (Public Sector, email submission)

A significant number of respondents highlighted the PPE issues in care homes and there were further submissions around availability and supply of PPE across other settings.

Issues highlighted included, conflicting messages around PPE in the early stages of the pandemic, confusing guidance, and the fragility of supply chains and procurement systems/regulation in circumstances of significant demand, including the process of awarding government contracts. This included decisions that led to inequities in access to PPE early in the pandemic, including the lack of PPE for frontline and essential keyworkers such as social care staff and retail workers.

The role of the military in supporting PPE distribution hubs was highlighted as a positive in one submission from the public sector.

Testing and vaccines

"The policy development process, especially in terms of timing and the use of an evidence base/expert advice. In particular, the policies on testing strategy and hospital discharge. Was testing capacity used in the best way? Was guidance from the World Health Organisation followed?" (Local Government, email submission)

The key priorities for consideration of the approach to testing included:

- the establishment of a testing strategy
- how decisions were made about testing
- the decision to stop testing in the early phase of the pandemic
- the contact tracing approach for Test & Protect and whether this has been efficient.

Respondents highlighted the success of the vaccination strategy, with high uptake, and a rapid and effective rollout delivered by the NHS. However, there were also comments raised around pace of the rollout and prioritisation groups, including the lack of initial inclusion of people with learning disabilities in priority groups (despite being much more likely to die from COVID-19) and key workers.

Respondents also raised the efficacy of vaccines for immunosuppressed groups. They also raised a need for evaluation of the success of the programme in reaching vulnerable or marginalised groups, including those without a permanent address. Also, the steps that were taken to address vaccine hesitancy (particularly among marginalised groups, including migrant populations), whether these were sufficient and what actions could be taken to address the issue in the future. A number of respondents also highlighted safety concerns regarding vaccines, decision making around vaccinating young people, and the accuracy of PCR tests.

Shielding

"The Inquiry must consider what impact decisions around shielding have had on people, how they continue to be impacted, and the long-term impacts on people" (Third sector, email submission).

Submissions around the shielding policy included the impact on key groups, including, disabled people, people with long term conditions, unpaid carers, Black and minority ethnic people, and older people. Concerns for the Inquiry to examine included the consequences of the shielding policy, including social isolation, inadequate access to food, and the lack of detection of health issues.

Further issues included, the process around who was identified as requiring shielding and who was not, the evidence base underpinning decisions to end shielding, measures taken by employers to ensure shielded workers were not exposed to risk on their return to work, and the advice given to those identified as Clinically Extremely Vulnerable.

Travel and borders

"Why did they allow our borders to be open? Australia and New Zealand closed their borders which was instrumental in saving many lives." (Third sector campaign group, email submission)

Some respondents would like the Inquiry to investigate policy decision making around travel and borders. This included:

- air travel policies

- plans and authority to close arrival routes into the country to limit importation of disease and illness
- plans to limit local travel within Scotland and between its regions
- plans to limit travel from other UK nations into and out of Scotland

It was suggested that the Inquiry may need to review what powers the Scottish Government held to act on borders at the height of the pandemic, noting free travel between UK and the Republic of Ireland via the Cairnryan/Belfast ferry throughout the pandemic.

Workplaces

"No one should die from their work." (Individual submission, Dialogue Challenge)

"Who was regulating the guidance that was issued?... there were many examples from members in workplaces where guidance was not being followed, sometimes with a real aversion to adopting or following any guidance to keep people safe." (Private sector, email submission)

The timeframes given to businesses to adapt to changes in COVID-19 restrictions was highlighted. Other submissions raised the use of fire and hire practices across many sectors, the use of furlough and the decision by some employers not to use this scheme (including whether the Scottish Government could have done more to protect workers). Also, flexible and working from home policies, and guidance issued on business continuity.

There were many other workplace issues raised for the Inquiry to investigate and they have been summarised below into legislative, guidance, regulation, risk assessments, furlough, information and funding issues.

Legislative

- adherence to RIDDOR and breaches, including under-reporting of COVID-19 due to RIDDOR
- Fatal Accident Inquiries (FAIs) for work related COVID-19 deaths
- departure from emergency legislation from the Health and Safety at Work Act
- whether the Scottish Government met it's ECHR Article 2 obligations to ensure that all relevant COVID-19-related deaths were reported to the Crown Office and properly investigated
- breaches of the Health Protection Scotland (COVID-19) Regulations by employers in receipt of publicly funded contracts

Guidance

- guidance provided to employers/workplaces/trade unions about COVID-19 as an airborne virus

- working from home guidance, including the extent to which this was followed by employers, and whether the Scottish Government could have taken additional steps to encourage home working and support employees
- support given by employers for employee self-isolation
- guidance on working in other people's homes and breaches of this

Regulation/Oversight

- the oversight/regulation of COVID-19 measures and health and safety standards
- the response from public health enforcement in workplace outbreaks and their relationship with Health and Safety enforcement bodies

Risk assessments

- risk assessments for staff and oversight of these (including, for example, those in relation to pregnant workers)

Furlough

- use of the furlough scheme and decision by some employers not to use the scheme

Information

- accuracy of information held by public bodies on workplace COVID-19
- responses to Freedom of Information requests

Funding and financial support

"The pace and scale of action taken to try and protect business and individuals affected financially by the pandemic is to be commended but some groups found It harder to access financial support packages." (Local Government, email submission)

Respondents raised a number of comments regarding funding. These covered a range of areas including business support funding, provision of third sector funding, and the impact of temporary funding on recruitment. This included whether the distribution of Scottish Government emergency COVID-19 funding was optimal, parity of funding across local authorities, and decision making around resource allocation.

The impact of the flow of funding streams was raised. Submissions highlighted the effectiveness and availability of business support funding. This included decisions by the Scottish Government on dispersal/allocation of financial grant support to small business holders, alongside the Local Authority Discretionary Grant Scheme. Issues raised included, problems with roll out of the scheme, disparity between local authority areas, and funding being awarded on a first come first served basis. The

impact of classifying certain business sectors as 'essential services', which led to the denial of access to ongoing grant funding assistance, was also raised.

There was a request for the Inquiry to evaluate the allocation and delivery of the range of additional funding implemented to support individual families experiencing financial difficulty. This included the Scottish Welfare Fund, discretionary housing payments and self-isolation grants. The Inquiry could investigate whether additional funding reached those it was intended for, what the barriers were, and what lessons can be learned. There was a request for a review of statutory sick pay provision, and a review of the self-isolation guidelines. In particular, the impact on workers on low incomes and in low-skilled sectors, who it was highlighted were placed in precarious financial and livelihood decisions when self-isolation guidelines were followed. There was also a request to consider barriers to accessing state support, especially among non-British citizens, during the pandemic.

The Inquiry could also consider support for vulnerable people, including the co-ordination of access to food and supermarket deliveries. In particular, who was responsible for action within the Scottish Government and how this was coordinated across the UK.

Refugees/New Scots

Respondents want clarity on the decision making during the pandemic that led to removing refugees and asylum seekers from safe residential accommodation into hotel/institutional accommodation in Glasgow and an investigation of the human rights breaches that resulted from these processes. This was highlighted as leading to reduced financial support, reduced access to support services, healthcare, housing, access to nutritious food, and breaches of human rights. Key areas included requests for a review of the Asylum Accommodation and Support Contract (AASC) and its compliance with:

- public health guidelines
- Scottish public service provision standards
- relevant legislation with AASC contractual obligations

"Our exclusion from these general public safeguarding and care mechanisms were the result of a complex maze of devolved and reserved powers and duties that led to a lack of accountability and ultimately left us with nowhere to turn." (Third sector campaign group, email submission)

Housing and homelessness

Submissions relating to homelessness included whether the changes to homelessness services (e.g. emergency hotels and Rapid Rehousing Welcome Centres) helped to protect people and the extent to which people rough sleeping were provided with accommodation quickly. Also, delays in the extension of the Unsuitable Accommodation Order, including the safety and wellbeing of individuals housed in emergency accommodation, and the timeliness in which people were supported to move on.

Whilst it was reported that some major successes were achieved in changes to homelessness policy, it was suggested that there could be further analysis of how those changes in policy and practice can become permanent. For example, support for those with No Recourse to Public Funds, support for tenants facing eviction, dramatic reductions in numbers of those rough sleeping, and no return to the use of Hostels/Night Shelters.

Key areas around housing policy were raised, such as the suggestion for the Terms of Reference to include the impact on tenancy support during the pandemic and the ability to deliver affordable housing requests.

The Scottish Government's additional allocation of money including discretionary housing payments was praised but it was suggested that an evaluation of the allocation and delivery of funding (e.g. barriers in accessing this support and consistency of spending across Local Authorities) would be useful.

Prisons

> **"Particular consideration should be given to whether key decisions-including those on extending periods on remand and limiting family visits-complied with human rights requirements." (Public sector, Professional body representing Scottish solicitors, email submission)**

Policy decisions around prisons were highlighted. Such as, the decision to limit family visits and the human rights implications of this decision making, and the adverse health and societal impacts of COVID-19 on the prison population.

Digital transformation

> **"Different government services took different decisions… whilst Children's Hearings quickly moved to using Zoom, Mental Health Tribunals used phone conferences which made it very difficult for individuals to know who was on the call and to take part in major decisions that affect their life." (Third Sector, email submission)**

The acceleration of digital transformation was highlighted by some as a positive, including promoting greener ways of working. However, respondents also raised issues around digital exclusion exacerbating inequalities, and the different ways that the move to digital or phone communications affected people's human rights. This included breaches in the rights to education for children and young people who missed out due to digital exclusion, the impact of digital only services on those not online, the rights to participation, and how competing needs of different groups were handled. For instance, the exclusion of people who were unable to access digital equipment due to low income, lack of internet access or lack of digital skills, but arguably improved inclusion for other groups.

2.6 Four harms

In <u>May 2020</u>, The Scottish Government published an overview of key analysis and evidence and set out their 'four harms' approach to understanding the impact of the

pandemic. [19] In summary, it considers that COVID-19 causes harm in at least four ways.

First, the virus causes direct harm to people's health as seen through the number of new cases, number of new hospitalisations, number of people requiring treatment in Intensive Care Units and, sadly, the number of deaths related to the virus. Second, the virus has a wider impact on health and social care services in Scotland and this has impacted on non-COVID-19 health harms. For example, this has meant other types of care and treatment have been postponed. Third, the restrictions put in place to slow the spread of the virus (for example, 'lockdown') can harm the broader way of living and society. Including, for example, the negative effects of increased isolation and the impact on children's well-being from closing schools. Fourth, the lockdown has had an impact on the economy, causing uncertainty and hardship for many businesses, individuals and households. It is recognised that these harms are related - health harms impact on society and the economy and the societal and economic effects impact on physical and mental health and wellbeing.

As detailed below the Scottish Government's 'four harms' approach was used to categorise the issues raised in the engagement process. These are issues that respondents would like the Inquiry to investigate. However, it is worth bearing in mind, that this format does not adequately capture how these factors interact. Also, as these are summary statements, they do not necessarily reflect the detail of experiences and challenges for different groups. Different individuals and organisations are seeking clarity specifically in relation to the groups of people they represent or based on their own experiences. For example, children and young people, people with sensory loss, those with chronic conditions, key workers, business owners, ethnic minority groups, and many others. For a summary, see Table 3 below:

Table 3: Scottish Government's four harms approach

Harm	Summary
Health	- direct health impacts of COVID-19, including cases and deaths - examination of whether the emphasis on the 'health harm' was equally balanced by a consideration of the other three harms - long COVID (e.g. is there a strategy, approaches to and treatment of long COVID, data issues around identifying long COVID in medical records and the intersection of people with long COVID and other pre-existing inequalities)
Indirect health	- number of non-COVID-19 deaths, could they have been mitigated and links to policies such as lockdown - access to healthcare – e.g. problem accessing GPs, dentistry, indirect harm from missing appointments, palliative care, cancer screening and treatment

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[19] Last updated Dec 2020: Coronavirus (COVID-19): framework for decision making - assessing the four harms - gov.scot (www.gov.scot)

Social	- decisions relating to school building closures/reopening, the school environment (e.g. ventilation), cancellation of national examinations - policies within schools (e.g. face coverings) - impact of the pandemic on the welfare of teachers - the response by the Scottish Government and other agencies in supporting college and university students to complete their studies - review of support for vulnerable people and self-isolation support scheme - the capacity and effectiveness of informal mental health support - societal impact of lockdown, for example, loneliness and isolation - hate crime and harassment - infections and mortality due to structural and institutional racism amongst ethnic minority groups - impact of the pandemic on poverty and inequality and the actions taken in response - closure of organisations and rationale (e.g. community services, places of worship) - food shortages
Economy	- economic recovery - unemployment (particularly among younger people) - how business funding has been deployed - how businesses were able to access grants/funding packages - how decisions were made about which businesses to support and the various impacts on society and communities - businesses' ability to operate, business support funding and the divergence between Scotland and rest of UK - longer term impacts of flexible and home working - the impact of the pandemic on the self-employed

In addition to the Scottish Government's 'four harms' approach, respondents wanted the Inquiry to consider the harms toward democratic governance over the course of the pandemic. This may include assessing the proportionality of restrictions to civil liberties; the impact of democratic forums moving online (for example, parliamentary and council proceedings); and whether there has been effective oversight across public institutions.

2.7 Communications

Under the umbrella term of 'communications', this section covers respondents concerns in relation to the clarity and timing of COVID-19 messaging. Specifically, public health messaging around COVID-19 issued by public bodies and also how these messages were relayed in the media. Respondents also want the Inquiry to review governmental communications management (strategies, methods and impact) to learn what worked and how communications could be improved for future crises – especially around public health.

> **"How was information communicated to people and how did this affect health and wellbeing, what steps were taken to make information accessible and inclusive". (Public sector, email submission)**

Communication from public bodies to the public

Respondents expressed that the Inquiry could review the effectiveness, reach and timeliness of communications from local and national government around COVID-19. Particular attention was given to the lack of clarity in government messaging around both the risks of the virus itself and surrounding the rules and restrictions in place. Some submissions criticised government communications for being unclear, confusing, contradictory and inconsistent. This was more apparent where there was regional variation in COVID-19 measures. Another issue raised was public confusion surrounding the difference between guidance which is advisory and measures in law which are legally binding.

In terms of the nature and impact of government communications to the public, respondents wished the Inquiry to consider the balance between informing the public of risks and inspiring fear. The Inquiry may consider how information and data is presented to the public. Such as, how statistics around COVID-19 infections and deaths are contextualised.

Respondents gave focus to the format and delivery of the televised daily briefings with direct updates from the First Minister and Chief Medical and Scientific Officers. The Inquiry may consider how and who should deliver such briefings during national crises to ensure that critical information updates are objective, accessible, and most impactful.

Responses from different advocacy groups highlighted the need for specific communications strategies for different, often more marginalised, groups. Such as:

- children and young people
- residents of migrant backgrounds
- pregnant women
- carers
- the elderly
- people with learning disabilities
- people with autism and sensory issues

This is because the absence of targeted communications caused added stress to certain groups. Further, general messaging, e.g. "stay at home and protect the NHS", may have had unwanted negative implications in deterring some individuals from seeking critical healthcare. The Inquiry could review how effective pandemic communications are in reaching different groups and look at the use of targeted communications.

> **"Vulnerable people were left feeling confused and tense." (Third sector, email submission)**

Communication from public bodies to key sectors

Respondents from across business, health and social care sectors called for the Inquiry to review the Scottish Government's overall communications management. This could entail looking at the clarity, substance, format and frequency of

government outward communications; the degree of information sharing; and how well or whether the Scottish Government sought and responded to feedback from its partners. Particular focus could go toward government communication to key stakeholders around changes to guidance.

Respondents from across the care sector (public, private, third) called for the Inquiry to consider how the Scottish Government communications could be improved. Responses stated that the Scottish Government's communications to care providers were sometimes poor, inconsistent and last minute. And that there was a lack of meaningful consultation with the care sector throughout (also raised by an NHS health board). Respondents from the care sector wanted the Inquiry to ascertain how transparent the Scottish Government was with key sectors and partners, to identify any time delays in sharing critical data and information, and understand if/why certain information was withheld.

Healthcare professionals praised communications from the Scottish Government but felt there could have been better two-way communications. These respondents suggested the Inquiry review the Scottish Government's handling of feedback from partners.

The Inquiry may also want to review communications between local and national government. In particular, local authorities would welcome a review of intergovernmental communications protocols and response timeframes. The Inquiry could also review the consistency of communications across public sector bodies. For example, one NHS board shared that the 'messaging from advisory bodies was often confused or even conflicting' (email submission). Other views were that the Inquiry could look at communications infrastructure. Specifically, the utility in creating a singular authorised contact that can give advice on public service delivery during times of crisis.

Some respondents suggested that while retaining its focus on the devolved administration and areas within its jurisdiction, the Inquiry could also review strengths and limitations of the four nations approach in Scotland, particularly around communications and also fiscal provisions.

Media reporting

Respondents proposed that the Inquiry consider the media's role and impact on public health messaging. Firstly, to what extent did the media help to promote public health messaging and second, how/where did media confuse, dilute or even oppose public health messaging.

Respondents were keen for the Inquiry to investigate the role and impact of the media (traditional and social media) in fearmongering and/or spreading misinformation around the pandemic. And how the media could or should be more regulated surrounding communications and broadcasts that pertain to public health.

Another issue raised was the role of media discourse in furthering 'Sinophobia' (anti-Chinese sentiment) at the onset of the pandemic and for the Inquiry to examine what action, if any, government took to combat this

Finally, there were various mentions for the Inquiry to investigate the balance between encouraging political deliberation and upholding a singular message on public health. For example, broadcasting decisions to interrupt COVID-19 daily briefings with parliamentary debates on COVID-19 measures. Another concern raised, regarded the politicisation of scientists and experts, and the role of the media within this.

"I was also concerned by only hearing one viewpoint not only in government information sharing but across the wider media and scare tactics being used to enforce compliance." (Individual, email submission)

2.8 Legal frameworks

Respondents want the Inquiry to review how emergency legislation such as the UK Coronavirus and the two Scottish Coronavirus Acts were produced, published and implemented. [20] The Inquiry could look at how legislative changes were communicated to key stakeholders. The Inquiry could also review the ability to enforce the Coronavirus Acts, particularly concerning the different tiers of restrictions (by area), and differences between law and guidance.

The Inquiry could review the robustness of existing legislation and their application during the pandemic. For example, the Public Health Scotland Act 2008 and the Health and Safety at Work Act 1974. It was questioned if these legal frameworks, incorporating regulation and their enforcement, were followed and if they are fit for purpose. For instance, with hospital discharge protocols and measures to limit nosocomial infections.

2.9 Views on recommendations

The final section of this report considers attitudes on whether the Inquiry should be required to make recommendations. As such, there was a clear view from the respondents that recommendations are essential.

Recommendations could capture the importance of learning, improving and accountability. Learning can involve good practice lessons but also mistakes, responsibility and accountability for where mistakes have been made, and learning for the future. There was consistent wariness towards a 'lessons learned' emphasis without meaningful actions that can be implemented. Therefore, it was suggested that there should be a clear strategy with the recommendations. For example, in terms of responsibilities a "you said, we did" (stakeholder session, online) approach could be adopted, where recommendations go back to communities and an emphasis is made on engaging with stakeholders throughout.

Some respondents emphasised the need for measurable and legally binding recommendations to ensure that recommendations are implemented, with clarity sought on whether provision will be made for any post Inquiry follow-up (to identify whether recommendations had been implemented). As noted, it is for the Chair to

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[20] Coronavirus (COVID-19) legislation - gov.scot (www.gov.scot)

decide how the Inquiry operates and some things may not be possible under the 2005 Act.

Respondents identified the need for a mechanism in place to ensure that recommendations are monitored and acted upon, with suggestions of monitoring and implementation plans, commitments to resource their implementation, the potential value of an 'implementation monitor', and of a body that reports and has parliamentary oversight, to ensure that recommendations are taken forward.

Some respondents requested a pre-existing commitment from the Scottish Government to accept and act on any recommendations, and clarity was sought on which bodies/agencies the Inquiry can make recommendations to. It was noted that recommendations should be held accountable to all levels, from Scottish Government to Local Authorities.

> **"The recommendations need to clearly communicate what improvements it believes should be made to mitigate the long-lasting effects of the pandemic and what can be learned in case we are ever in a similar situation again." (Third Sector, email submission)**

Respondents suggested timelines for the recommendations and clarity on how implementation of the recommendations will be undertaken and by whom. The urgency of some recommendations was noted because the pandemic is still ongoing (which may lead to urgent recommendations). Also, around future pandemic planning, as it is unknown when the next emergency will occur.

3.　　Annex A: Engagement Methodology

External engagement methodology

Given the available timescales, engagement was undertaken using three complementary methods, each of which are discussed in more detail below .

1. A COVID-19 public Inquiry team mailbox was established to enable organisations and individuals to provide feedback on the Inquiry. The mailbox was signposted in the draft Aims and Principles paper on the Scottish Government (SG) website. SG Directors were asked to write directly to external stakeholders highlighting the opportunity to give feedback. It was considered how to highlight the opportunity to feed in views during the month of September, including the use of social media.

2. Eleven meetings were held with a selection of key stakeholders (over 70 people) on the week commencing the 13th September via Microsoft Teams. Face to face meetings took place where appropriate, to accommodate certain stakeholders or to maintain the confidentiality of proceedings. Meetings were run in a semi- structured group discussion format. A conversation guide was utilised by the facilitator and took the following format:

- to set the scene (introductions and an overview of how the session was going to run)
- to present the draft Inquiry aims and principles
- to ask engagement questions

Participants were invited to provide their views on 5 headings related to the Inquiry. These were:

- the scope (what the Inquiry should cover)
- the timing and reporting of its progress
- recommendations (as to whether it should be required to make them or not)
- how the Inquiry should be designed to take a human rights approach
- whether there should be a panel of members in addition to the Chair

Time was allotted at the end to allow for any other comments on the design of the Inquiry. Questions were open ended and background information was given prior to them being asked. Prior to the meetings, participants were sent the draft Inquiry aims and principles and engagement questions to allow preparation. Sessions lasted between 50 to 90 minutes.

Stakeholders were divided into clusters to enable a larger volume of engagement than would be possible in one-to-one meetings. The clustering was done sensitively with advice from analysts and policy teams. The clusters were organised as the following:

- Cluster 1: Workforce, including health and social care workforce
- Cluster 2: Economy
- Cluster 3: Health and social care providers
- Cluster 4: Voluntary sector and community leaders
- Cluster 5: Local government
- Cluster 6: Equality groups
- Cluster 7: Human rights groups
- Cluster 9: Bereaved
- Cluster 10: Other experts by experience (e.g. Care Home Relatives)

3. Prior to the stakeholder engagement, an online 'Dialogue Challenge' was established. This ran between the 23rd and 30th September and attracted 187 comments (synthesized into 87 distinct ideas). The platform enabled users to post views and feedback on other users' posts and presented them with a text outlining the scope of engagement consisting of the SG's draft Aims and Principles. Guidance was provided on how to use the Dialogue platform and posts were moderated before going online.

4. Annex B: Data analysis methodology

The analysis was conducted by Scottish Government analysts in line with the Government Social Research Code and its core values of integrity, honesty, objectivity and impartiality. The engagement analysis was designed to provide an overview of the range of themes and issues, and not a measure of relative strength or volume of feeling associated with any feedback. The report of engagement activity does not provide recommendations for the drafting of the Terms of Reference of the Inquiry, but forms part of the basis on which the Terms of Reference was drafted. The breakdown of the analysis is discussed in the following 4 stages.

1. 415 emails in the public Inquiry inbox were read and condensed into short summary statements that captured the key points of the individual or organisation in contact. Utilising thematic analysis the data (the content of the emails, stakeholder comments and comments from the Dialogue Challenge) was synthesized into 10 subject headings:

- human rights based approaches
- health and social care
- key policy decisions
- four harms
- preparedness
- communication
- legal frameworks
- appointing panel members and assessors
- Inquiry reporting and timing
- recommendations

The subjects were then organised into Inquiry operational issues and views on what the Inquiry Terms of Reference could cover.

2. Notes were taken throughout stakeholder meetings and then written up prior to them taking place, alongside any comments contributed into the Microsoft Teams chat box.

3. Dialogue on the platform from respondents was summarised, documented and categorised. Key themes were extracted from the data and were utilised in the formation of the final report.

4. A report was finalised on external engagement across the three separate forms of engagement; emails, stakeholder meetings and the 'dialogue challenge'. The report consists of quantitative and qualitative information and attempted to cover a breadth of opinions across the three engagement strategies rather than a condensed overview of the key points raised.

Ethical Considerations

Ethical considerations were taken into account throughout the research. A moderation policy was designed to regulate and monitor comments submitted on the 'dialogue platform', any that were not compliant with the nine guidelines were reviewed and were subject to removal. Guidelines were published prior to the information being sent out and any comments that were rejected were agreed to be documented under an allocated subheading and would be acknowledged in the analysis of the report

A privacy notice was included in the initial publication factsheet sent out on the 24 August 2021, stating how the SG will process contact information and that there is no requirement to submit special category data. These statements were included under the legal basis of Article 6(1)(e) of the UK GDPR whereby 'processing is necessary for a task carried out in the public interest'.