### Scottish COVID-19 Inquiry Research Update of Health and Social Care research covering the period February 2022 to 31 December 2022

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#### Disclaimer:

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#### Background to this report

This report was commissioned by the Scottish COVID-19 Inquiry as academic research. The commission was to update research covering the period February 2022 to 31 December 2022, building upon previous reports produced by (a) Professor Anne-Maree Farrell and Rhiannon Frowde and (b) Dr Jenni Burton. The earlier reports are available at Portfolio Three at the following link: https://www.covid19inquiry.scot/introductory-academic-research.

The focus is on items 2(g) - (i) of the Inquiry's Terms of Reference, namely:

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 and social care support, including the management and support of staff and the recognition, involvement and support of unpaid carers;

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

#### **1 Executive Summary**

The period from February to December 2022 was largely characterised by a shift from the emergency response to the pandemic to a 'new normal', reflecting the success of the vaccination programme and emerging therapies in reducing the impact of COVID-19.

This included:

- The removal of emergency legislation and the restrictions imposed on the public
- The introduction of amendments to primary legislation to address future emergencies
- The continuing opening up of care homes alongside the wider removal of restrictions
- The strategic focus of health and social care services shifting to one of recovery from the impact of the pandemic.

Much of the emergency legislation in the health and social care sector was never used.

Apart from delaying the removal of restrictions by a short period, the response of the Scottish Government and the UK Government were broadly in step. Care home restrictions were lifted over time, although there was ongoing controversy over whether this was done quickly enough. There were also concerns about whether people at high risk were being abandoned by the removal of safety measures.

The use of DNACPR notices was an area of huge controversy at an earlier stage of the pandemic. During this period, the issue received less attention. There does not appear to have been any significant attempt to rethink or improve processes of anticipatory care planning.

The investigation by the Crown of deaths in care homes continued to be a source of concern in the care sector, and was scaled back in December 2022. It has yet to lead to substantive outcomes.

As we emerged from COVID-19, the Scottish Government continued with its reform agenda in health and social care, particularly the introduction of a National Care Service – albeit the legislation to introduce this has been delayed.

It became evident that 'recovery' involved much more than returning to pre-pandemic arrangements. The pandemic has left deep scars. There are huge backlogs of unmet need and resources are hugely overstretched. Some services will never return to what they were before. The emergence of Long COVID has exacerbated demand and affected capacity. Many staff have ongoing health issues, including dealing with trauma.

Some trends towards different modes of delivery of care have been accelerated. The increased involvement of the NHS in the oversight of care homes has been retained, albeit in a modified form.

The main questions which arose concerning the strategic response of the Scottish Government during the period can be summarised as:

- (1) Was the introduction of ongoing legislation to address issues which had been covered by emergency legislation justified, proportionate and timely?
- (2) Did the Government respond quickly enough to remove restrictions on the lives of care home residents and their families, and to ensure that the care sector did so across the board?
- (3) Was enough done to safeguard and respect the human rights of those who remained at high risk from COVID-19?
- (4) Were 'lessons learned' in a systematic, open and accountable way, and (a) did that lead to appropriate action; and (b) will it lead to appropriate action going forward?
- (5) Has the Government's recovery agenda been strategic, measurable and effective, and will be it sustainable?
- (6) Have health and social care staff been properly supported and their needs recognised?
- (7) How far have human rights and equalities informed, and will they inform, the Government's approach to recovery?

#### 2 The organisation of health and social care services in Scotland

#### Update of Farrell and Frowde Parts II and III

The description of the provision of health and social care in Scotland in Parts II and III of Farrell and Frowde is still essentially up to date. This chapter provides updates, where available, to some of the figures quoted in those chapters, and on the reform of social care (F&F pages 35-36).

#### 2.1 Funding of the NHS

The Health and Social Care portfolio of the Scottish Government was awarded  $\pounds$ 18bn in the 2022-23 budget, an increase from the  $\pounds$ 16bn for 2021-22 reported in F&F (page18), which was subsequently revised to  $\pounds$ 17bn.<sup>1</sup> At the time of publication in December 2021, no figure for additional COVID expenditure was shown in the Level 3 budget, to compare with the  $\pounds$ 960m allocated for 2021-22.

The Government said:

"The public health measures required to respond to the threat and uncertainty of COVID-19 remain a key consideration in our planning, and we await the outcome of further detail that was promised in the UK Spending Review to support our plans."

A large part of the increase in expenditure in 2022-23 was allocated to 'Social Care Investment' which increased from £395.4m in 2021-22 to £1,137m.

The 2023-24 budget, published in December 2022, increased the total allocated to Health and Social Care to £19bn.<sup>2</sup> The level 3 budget for 'COVID-19 Funding and other services' was set at £252m, against £9.5m in 2022-23 and a revised figure of £925m in 2021-22. The three-year allocation for territorial Health Boards was now set as follows:

2021-22: £10,894m 2022-23: £11,508m 2023-24: £12,132m

A high-level costs summary for the NHS in Scotland covering 2021-22 was published by Public Health Scotland in February 2023 (this replaces the link at footnote 17 of F&F).<sup>3</sup>

#### 2.2 Overview of health care workforce

Updated workforce data has been published by NES, most recently on 7 March 2023 covering the quarter to 31 December 2022.<sup>4</sup> This recorded the number of staff employed by NHS Scotland as 155,927. This included 5909 consultants (WTE) with

<sup>&</sup>lt;sup>1</sup> Scottish Government, *Scottish Budget 2022-23*, 9 December 2021 < <u>https://www.gov.scot/publications/scottish-budget-2022-23/pages/5/</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>2</sup> Scottish Government, *Scottish Budget 2023-24*, 15 December 2022 <

https://www.gov.scot/publications/scottish-budget-2023-24/pages/5/ > accessed on 18 May 2023

<sup>&</sup>lt;sup>3</sup> Public Health Scotland, *Scottish health service costs: High-level costs summary 2021 to 2022*, February 2022, < https://publichealthscotland.scot/publications/scottish-health-service-costs/scottish-health-service-costs-high-level-costs-summary-2021-to-2022/ >accessed on 18 May 2023

<sup>&</sup>lt;sup>4</sup> NHS Education for Scotland: *NHS Workforce* < <u>https://turasdata.nes.nhs.scot/data-and-reports/official-</u> workforce-statistics/all-official-statistics-publications/07-march-2023-workforce/ > accessed on 18 May 2023

413 vacancies, 64,724 nurses and midwives with 5780 vacancies, and 13,261 allied health professionals with 1269 vacancies.

#### 2.3 Public Health Scotland

PHS expenditure increased substantially from the budgeted figure of £61m cited at page 22 of F&F. Its annual accounts for 2021-22<sup>5</sup> record gross expenditure of £95.94m for that year, and £80.574m for 2020/21. The accounts do not disclose how much of this was additional expenditure to respond to COVID-19.

#### 2.4 Funding of social care services

In April 2023, the Accounts Commission published a financial analysis of Integration Joint Boards.<sup>6</sup> This reported significant surpluses in 2021-22, largely due to additional funding received late in the year. However, it reported a difficult outlook, with a projected funding gap for 2022-23 of £124m. Key messages included increased demand, the workforce being under extreme pressure, the ongoing impact of COVID-19 on services, and considerable uncertainty about future planning. In 2021, care services reporting staff vacancies increased by 11% to 47%.

The report stressed that the sector cannot wait for the National Care Service to deal with these challenges. It also pointed out that:

'The pandemic continued to impact on the delivery of IJB savings plans, with the Scottish Government providing specific financial support in 2021/22 to support unachieved savings on a non-recurring basis. This typically means that these savings have to be achieved in future years. It is essential that comprehensive plans are in place, demonstrating how IJBs will achieve recurring savings and support required service transformation.'

These concerns were despite a reported increase of overall funding in 2021-22 of 7% (£704m) to a total of £11.3bn.

The report also highlighted that the Scottish Government planned to recover £321m (64%) of COVID-19 related reserves held by IJBs at the end of 2021-22. This reflected the changes to public health policy during the year which had reduced the amount of COVID related expenditure.

The Care Home Census reported at F&F page 26/footnote 32 has been updated to 2022.<sup>7</sup> The estimated percentage of self-funded residents (34%) was unchanged. The report also noted:

- An increase between 2012 and 2022 of the gap between the charges levied on self-funding and publicly funded residents. At 31 March 2022 the average

<sup>5</sup> Public Health Scotland, Annual Report & Accounts for the Year to 31 March 2022, < https://www.publichealthscotland.scot/media/16859/phs-signed-annual-report-and-accounts-2021-22.pdf > accessed on 18 May 2023

<sup>6</sup> Accounts Commission, Integration Joint Boards: Financial Analysis 2021-22, April 2023 < <u>https://www.audit-scotland.gov.uk/uploads/docs/report/2023/nr\_230406\_financial\_analysis\_ijbs.pdf</u> > accessed on 18 May 2023 <sup>7</sup> Public Health Scotland, Care Home Census for Adults in Scotland – Statistics for 2012-2022, 13 September

<sup>2022, &</sup>lt; https://www.publichealthscotland.scot/publications/care-home-census-for-adults-in-scotland/carehome-census-for-adults-in-scotland-statistics-for-2012-2022/> accessed on 18 May 2023

weekly cost for a publicly funded resident was  $\pounds792$  without nursing care and  $\pounds856$  with nursing care. The average weekly cost for a self-funded resident was  $\pounds1,077$  without nursing care and  $\pounds1,200$  with nursing care.

- A drop of 9% (3090) between 2012 and 2022 in the overall number of long stay residents, to a total of 29,465.
- A significant reduction in the number of admissions for respite, particularly during the COVID period, with a 70% reduction from 2018-19 to 2021-22.

#### 2.5 Provision of social care services

F&F page 27 quotes £28,500 as the cut-off point beyond which public funds will not contribute to the cost of residential care (beyond the allowance for free personal/nursing care). This has been uprated to £29,750 (for 2022-23) and then £32,750 (from 10 April 2023).<sup>8</sup>

The replacement of Attendance Allowance for people of pensionable age by disability assistance for older people, and of Carers' Allowance by Carers' Assistance has not yet happened. The Government has announced an intention to introduce Carer Support Payment with a pilot at the end of 2023 followed by a national launch in spring 2024, and Pension Age Disability Payment with a pilot in autumn 2024 and a national launch in early 2025.<sup>9</sup>

#### 2.6 Overview of social care workforce

The SSSC infographic shown at F&F page 32 has been updated.<sup>10</sup> Notable changes include a fall between 2020 and 2021 of 0.6% of workers in the sector (to 208,360) and a substantial increase in the number of services reported as having vacancies (from 36% to 47%).

F&F pages 33-34 includes extracts from the SSSC's Report on 2020 Workforce Data. The 2021 Report was published in August 2022.<sup>11</sup>

#### 2.7 Reform of social care

In February 2022, the Scottish Government published an analysis of the responses to its consultation on the creation of a National Care Service.<sup>12</sup> This included significant criticisms of the consultation itself, including 'the length of the consultation questionnaire, the relatively short space of time in which they could prepare a

<sup>&</sup>lt;sup>8</sup> THE NATIONAL ASSISTANCE (ASSESSMENT OF RESOURCES) AMENDMENT (SCOTLAND) REGULATIONS 2023, SSI 2023/19

<sup>&</sup>lt;sup>9</sup> Scottish Government, *Social Security business case: February 2023 - executive summary, 7 February 2023, <* <u>https://www.gov.scot/publications/executive-summary-social-security-business-case-february-2023/</u> accessed on 18 May 2023

<sup>&</sup>lt;sup>10</sup> SSSC, Information and statistics for Scotland's Social Services, < <u>https://data.sssc.uk.com/</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>11</sup> SSSC, Scottish Social Service Sector: Report on 2021 Workforce Data, August 2022, <

https://data.sssc.uk.com/data-publications/22-workforce-data-report/295-scottish-social-service-sectorreport-on-2021-workforce-data > accessed on 18 May 2023

<sup>&</sup>lt;sup>12</sup> Scottish Government, National Care Service: consultation analysis, 10 February 2022, <

https://www.gov.scot/publications/national-care-service-consultation-analysis-responses/ > accessed on 18 May 2023

response; the lack of detail around the proposals; and the nature of some of the questions which were thought to lead the respondent to a particular answer.'

The analysis noted that the Scottish Government viewed the establishment of a National Care Service as 'a key opportunity to address the challenges across social care highlighted before and during the Covid-19 pandemic.' (Introduction, p.13). However, COSLA took a different view of the implications of COVID, saying that it recognised that social care needs to be addressed but, in the current circumstances of the COVID-19 pandemic:

'There is no clear reason why improvement cannot be progressed in the short term through collaborative engagement between the organisations who are currently involved in this space, without embarking on a period of structural reorganisation.'

The National Care Service (Scotland) Bill was introduced in June 2022.<sup>13</sup> Audit Scotland, in its response to the Bill, noted that the Financial Memorandum sets out that total estimated cost ranges of the Bill will be £24–36 million in 2022/23, increasing to £241–527 million by 2026/27. Audit Scotland's view was that this was likely to significantly understate the margin of uncertainty and range of potential costs of establishing the NCS.<sup>14</sup>

The Health and Sport Committee of the Scottish Parliament issued a call for views on 8 July 2022 which closed on 2 September 2022.<sup>15</sup>

The summary of responses highlighted other concerns by respondents, including scepticism that the Bill would provide the basis to bring about the necessary improvements to social care, and a fear that given the fragile nature of social care, exacerbated by the pandemic, the Bill could lead to unintended consequences and delays in addressing urgent problems.<sup>16</sup>

On 1 December 2022 the Finance and Public Administration Committee published its report on the Financial Memorandum for the Bill.<sup>17</sup> It stated:

'142. The Committee has significant concerns in relation to the costings within this Financial Memorandum, which it considers does not provide best estimates of the costs the Bill gives rise to.'

It requested that the Scottish Government provide a revised Financial Memorandum.

<sup>&</sup>lt;sup>13</sup> Scottish Parliament, National Care Service (Scotland) Bill 2022.

<sup>&</sup>lt;sup>14</sup> Audit Scotland, *National Care Service Bill - Response to Call for Views*, para. 72 < <u>https://www.audit-scotland.gov.uk/uploads/docs/um/as\_220831\_ncs\_bill\_response.pdf</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>15</sup> Scottish Parliament, <https://yourviews.parliament.scot/health/national-care-service-bill/> accessed on 18 May 2023

<sup>&</sup>lt;sup>16</sup> Health, Social Care and Sport Committee, *Summary of responses to the Committee's call for views*, October 2022 < <u>https://www.parliament.scot/-/media/files/committees/health-social-care-and-sport-committee/ncs-</u> <u>call-for-views-summary.pdf</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>17</sup> Finance and Public Administration Committee, *Report on the Financial Memorandum for the National Care Service (Scotland) Bill*, SP Paper 272, 10th Report, 2022 (Session 6), 1 December 2022, <

https://digitalpublications.parliament.scot/Committees/Report/FPA/2022/12/1/6d72d7c6-84dc-42ef-b39c-b03cfb8fb3ef#Introduction > accessed on 18 May 2023

The Delegated Powers and Law Reform Committee said in its report in February 2023 that it did not believe the Bill should progress in its current form.<sup>18</sup> It was concerned that there was insufficient detail on the face of the Bill and within the Bill documents to allow for meaningful parliamentary scrutiny.

The Stage 1 debate was originally scheduled for March 2023. This was postponed to 30 June and, following the change of First Minister, has been further postponed.<sup>19</sup>

#### 2.8 Conclusion

This update may be read alongside Chapter 8 on the recovery from and aftermath of COVID. Issues for further investigation may include:

- The decisions on expenditure on COVID and the subsequent decisions to reduce and claw back some of this expenditure
- The impact of the National Care Service Bill on the policy space available to address the COVID recovery agenda.

https://digitalpublications.parliament.scot/Committees/Report/DPLR/2023/2/3/b2d8c07f-a91a-45c5-b4b4-94c0aac1c342#9e67ea08-cd5f-483a-a11f-f793b03ff4ab.dita > accessed on 18 May 2023

<sup>&</sup>lt;sup>18</sup> Delegated Powers and Law Reform Committee, *Delegated powers provisions in the National Care Service* (Scotland) Bill at Stage 1 SP Paper 313, 13th Report, 2023 (Session 6), <

<sup>&</sup>lt;sup>19</sup> Minister for Social Care, Mental Wellbeing and Sport to Health, Social Care and Sport Committee, letter, 17 April 2023, < <u>https://www.parliament.scot/-/media/files/committees/health-social-care-and-sport-</u> <u>committee/correspondence/2023/ncs-timetable-april-23.pdf</u> > accessed on 18 May 2023

#### 3 The COVID-19 pandemic in Scotland: Overview

#### Update of Farrell and Frowde Parts IVA-IVD and IVF

#### 3.1 Progress of emergency legislation

The period from February to December 2022 saw a slow progress to a 'post-COVID' world. Although COVID was still prevalent in the community and in care settings, the success of the vaccination programme meant that deaths fell markedly. For example, 1 in 25 people had been infected with COVID-19 in early February 2022<sup>20</sup> and this rose to 1 in 12 people as at the week ended 26 March 2022,<sup>21</sup> but by the week ending 5 December 2022 the estimated number of people testing positive for COVID-19 in Scotland had fallen to approximately 1 in 50 people<sup>22</sup>. This did rise to some extent over Christmas 2022 and early 2023, but it was at 1 in 40 people by the end of March 2023<sup>23</sup>. This led to the loosening or ending of many of the restrictions which had been in place, and a shift in strategic focus from management of the pandemic to recovery.

Amendments relating to emergency measures made by the Coronavirus Act 2020 to the Mental Health (Care and Treatment) (Scotland) Act 2003 never came into force. The modifications expired on 25 March 2022 in accordance with section 89 of the sunset provision in the Coronavirus Act 2020.

Other emergency provisions had already been ended before the period under review. Amendments made by the Coronavirus (Scotland) Act 2020 to the Adults with Incapacity (Scotland) Act 2020 and to the Social Work (Scotland) Act 1968 expired on 30 September 2021 (section 2(3) Coronavirus (Extension and Expiry) (Scotland) Act 2021).

The Coronavirus (Scotland) (No 2) Act 2020 (Sch 1, Part 6, para. 15) introduced a further emergency measure relating to the Mental Health (Care and Treatment) (Scotland) Act 2003, removing the need for a prescribed person to witness the signature of a nominated person agreeing to become a named person. This did

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulleti ns/coronaviruscovid19infectionsurveypilot/9february2022 > accessed on 2 May 2023

<sup>21</sup> Office for National Statistics, *Coronavirus (COVID-19) Infection Survey, UK*, 1 April 2022<

(2) Coronavirus (COVID-19) Infection Survey, UK, 24 March 2023,<

<sup>&</sup>lt;sup>20</sup> Office for National Statistics, Coronavirus (COVID-19) Infection Survey headline results, UK, 9 February 2022,

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulleti ns/coronaviruscovid19infectionsurveypilot/1april2022 > accessed on 2 May 2023

<sup>&</sup>lt;sup>22</sup> Office for National Statistics, *Coronavirus (COVID-19) Infection Survey, UK,* 16 December 2022,< https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulleti ns/coronaviruscovid19infectionsurveypilot/16december2022 >accessed on 2 May 2023

<sup>&</sup>lt;sup>23</sup> Office for National Statistics, (1) *Coronavirus (COVID-19) Infection Survey, UK*, 6 January

<sup>2023,&</sup>lt;https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/ bulletins/coronaviruscovid19infectionsurveypilot/6january2023> accessed on 2 May 2023;

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulleti ns/coronaviruscovid19infectionsurveypilot/24march2023 > accessed 2 May 2023

come into force and has now been made permanent by the Coronavirus (Recovery and Reform) (Scotland) Act 2022<sup>24</sup>.

The Coronavirus (Scotland) (No.2) Act 2020 Schedule 1 para. 7 gave powers to Health Boards to issue emergency directions to care homes and for Scottish Ministers to apply to court for emergency intervention orders to enter care homes and direct and control their occupation. These powers continued not to be used and the measures expired on 1 October 2022.<sup>25</sup>

Until 30 September 2022 the Scottish Government continued to report to the Scottish Parliament on the status and operation of the emergency legislation. Although these reports noted fluctuating levels of COVID-19 infection within care homes, the last, and final report, published in October 2022 stated it was decreasing (as at 6 September 2022). That being said, all the reports during 2022 noted that there was some evidence that infection within care homes was more extensive. They commented that the higher susceptibility to COVID-19 was not only because of the nature of the resident population but also because they were in close proximity with shared staff and regular visitors, which increased the potential for infection.<sup>26</sup>

The Coronavirus (Recovery and Reform) (Scotland) Act 2022 was enacted on 10 August 2022. Its policy objective was to incorporate reforms in Scotland's public services and justice system which were required by the pandemic but are perceived as providing improvements for service users or efficiencies, and to build resilience against future public health threats. The Act also made some of the temporary pandemic measures permanent. The Act therefore includes, amongst other things:

- a) Amendments to the Public Health Etc. (Scotland) Act 2008 (Part 1, Chapter 1) allowing Scottish Ministers to make regulations quickly in the event of any future infectious disease or biological or chemical contamination with tailored and proportionate measures. These must be kept under regular review.
- b) Giving permanent effect to the National Health Service (Scotland) Act 1978 as modified by section 36 of the Coronavirus Act 2020, allowing health boards to design vaccination programmes to be delivered by a wide range of staff, including experienced vaccinators who are not medical practitioners.
- c) Various amendments relating to public services reform including named persons provision in mental health legislation.

<sup>&</sup>lt;sup>24</sup> Coronavirus (Recovery and Reform) (Scotland) Act 2022, s 37.

<sup>&</sup>lt;sup>25</sup> Coronavirus (Scotland) (No. 2) Act 2020, s 9, as extended by Coronavirus (Extension and Expiry) (Scotland) Act 2021, s.1(5) and Coronavirus (Scotland) Acts (Amendment of Expiry Dates) Regulations 2022/113 (Scottish SI) reg.3(2).

<sup>&</sup>lt;sup>26</sup> Scottish Government, *Coronavirus Acts: fifteenth and final report to Scottish Parliament*, SG/2022/165, October 2022, para 7.2.2.5. < <u>https://www.gov.scot/publications/coronavirus-acts-fifteenth-final-report-scottish-parliament/</u> > accessed on 2 April 2023

The Coronavirus (Recovery and Reform) (Scotland) Act 2022 is now fully in force with various provisions coming into force between 10th August 2022 and 25th January 2023.<sup>27</sup>

#### 3.2 Commentary on use of emergency legislation

The Mental Welfare Commission for Scotland's annual monitoring reports 2021/22 for both the Mental Health (Care and Treatment) (Scotland) Act 2003 and Adults with Incapacity (Scotland) Act 2000 for 2021/2022 indicate that COVID-19 had distorted the numbers of interventions under these Acts (with decreases in Mental Health Act detentions and Adults with Incapacity Act guardianship orders).<sup>28</sup>

The Adults with Incapacity Act report also noted (p.12) that "The Covid-19 pandemic, associated emergency legislation and any number of additional factors may account for delays [in processing applications for guardianship] and it is therefore hard to draw any firm conclusions from this data. Delays can, in some instances however, stop an individual from moving from hospital to a care home and may affect the choice of care home as well, when initial choices are no longer available after delays."

Questions have arisen over the necessity for specific emergency legal measures during the pandemic as, arguably, existing legislative measures with greater human rights safeguards could have been used to the same effect. In academic literature, Blick, Mossavian and Walker have, in relation to UK Parliament legislation, criticised the use of the Coronavirus Act 2020 and statutory instruments under the Public Health (Control of Disease) Act 1984 as the legal response to the pandemic emergency. They argue that use of the Civil Contingencies Act 2004 would have been more appropriate with better and more effective levels of oversight and accountability, effectiveness and protection of individual rights. They also draw parallels with Scotland's use of emergency legislation.<sup>29</sup>

Concerns over the use of secondary legislation by the Scottish Government during the pandemic, with less parliamentary scrutiny and therefore assurance of rights compliance are also noted. de Londras, Grez Hidalgo and Lock write that whereas well-embedded Scottish Parliament processes and an apparent Scottish Government receptivity towards rights resulted in high levels of rights-based scrutiny of COVID-19 related primary legislation, this was undermined by extensive recourse to delegated legislation and the Scottish Parliament's failure to subject this to meaningful scrutiny.<sup>30</sup> Not only does this call into question the use, content and

 <sup>&</sup>lt;sup>27</sup> Coronavirus (Recovery and Reform) (Scotland) Act 2022 (Commencement No. 1) Regulations, SI 2022/274 and Coronavirus (Recovery and Reform) (Scotland) Act 2022 (Commencement No. 2) Regulations, SI 2023/3.
 <sup>28</sup> Mental Welfare Commission for Scotland (1) *Mental Health Act Monitoring Report 2021/2022 November 2022* < <a href="https://www.mwcscot.org.uk/sites/default/files/2022-">https://www.mwcscot.org.uk/sites/default/files/2022-</a>

<sup>&</sup>lt;u>11/MentalHealthAct MonitoringReport 2022.pdf</u> > accessed 2 April 2023; (2) *Adults with Incapacity Act monitoring report 2021-22*, October 2022 < <u>https://www.mwcscot.org.uk/sites/default/files/2022-</u> 10/AWI Monitoring-Report 2021-22.pdf > accessed on 2 April 2023

<sup>&</sup>lt;sup>29</sup> A Blick, R Mossavian and C Walker, 'Coronavirus legislative responses in the UK: regression to panic and disdain of constitutionalism' (2022) 73(1) NILQ 102.

<sup>&</sup>lt;sup>30</sup> F de Londras, P Grez Hidalgo and D Lock, 'Rights and Parliamentary oversight in the pandemic: reflections from the Scottish Parliament' (2022) (Oct) PL 582.

impact of secondary legislation under COVID-19 related legislation but also under the more permanent measures created under the Coronavirus (Recovery and Reform) (Scotland) Act 2022.

Some concerns were voiced during the passage of the Coronavirus (Recovery and Reform) (Scotland) Bill about Scottish Ministers effectively having 'Henry VIII' powers to make regulations without or with insufficient parliamentary scrutiny.<sup>31</sup> The COVID-19 Recovery Committee of the Scottish Parliament was split in its Stage 1 report on the Bill, stating (para 150):

'This Bill also provides Scottish Ministers with powers to make regulations for the purpose of public health protection. The Committee notes that these provisions (Chapter 1, Part 1) will bring Scotland into line with comparative public health legislation in England and Wales and the International Health Regulations 2005. Some members of the Committee agree with the general purpose of these provisions to enable Scottish Ministers to coordinate a national response to future public health threats. Other members of the Committee consider that the Scottish Government has not made a sufficient case for why the powers should be made permanent and instead consider that these powers could be brought forward quickly under primary legislation if required in future.'

The Government agreed to amend the Bill to ensure greater parliamentary scrutiny of secondary legislation.<sup>32</sup> However, where parliamentary oversight it low it is important to keep executive powers to make secondary legislation under review.

#### 3.3 Guidance from UK Government and advice from professional bodies

The guidance mentioned in Part IVB of the Farrell and Frowde report appears to remain the same, with the following exceptions:

- The NICE 'COVID-19 Rapid Guideline' was updated several times, most recently on 29 March 2023.<sup>33</sup>
- BMA COVID-19: Lessons Learned Inquiry
  - There have been a number of 2022 publications relating to the impact of the pandemic on the medical professionals, the delivery of health services, the effectiveness of the measures on public health and inequalities.<sup>34</sup>

https://digitalpublications.parliament.scot/Committees/Report/CVDR/2022/4/22/6513915c-813d-4c05-ad49-5178e8fb98c0#Introduction > accessed on 18 May 2023

<sup>32</sup> Scottish Government, Parliamentary safeguards to be strengthened, 12 May 2022<</li>
 <u>https://www.gov.scot/news/parliamentary-safeguards-to-be-strengthened/</u> > accessed on 3 April 2023
 <sup>33</sup> NICE, COVID-19 Rapid Guideline: managing COVID-19 [NG91], < <u>https://www.nice.org.uk/guidance/ng191</u> > accessed on 2 April 2023

<sup>&</sup>lt;sup>31</sup> COVID-19 Recovery Committee, Stage 1 Report on the Coronavirus (Recovery and Reform) (Scotland) Bill, SP Paper 161, 6th Report, 2022 (session 6), 22 April 2022, paras. 52-57 <

<sup>&</sup>lt;sup>34</sup> BMA, COVID-19 review

<sup>&</sup>lt; <u>https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/bma-covid-19-review</u> > accessed on 2 May 2023

- General Medical Council
  - 'Treatment and care towards the end of life: good practice in decision making' updated 15 March 2022
  - The following guidance appears no longer to be available:
    - 'Coronavirus: Your Frequently Asked Questions' (2022)
- Royal College of Nursing (RCN)
  - Added a further position statement on vaccination (22 September 2022)<sup>35</sup>
- UK Government
  - 'COVID-19 Guidance for First Responders' (21 December 2021) was withdrawn 1 April 2022.
  - 'UK Infection Prevention and Control for Seasonal Respiratory Infections in Health and Care Settings Including SARS-CoV-2 for Autumn/Winter 2021/22' was withdrawn on 27 May 2022.

#### 3.4 Health and Social Care Guidance from Scottish Government

The Scottish Government issued updated guidance on/for:

- Self-isolation for residents in adult care homes (precautionary self-isolation and cases/ contacts) and indoor visiting (letter 19 January 2022)
  - Changes to COVID-19 Guidance for Adult and Older People Care Homes (letter 24 March 2022) (See Chapter 4 for more detail)
- Childcare settings regarding COVID-19 (letter 17 March 2022),
- Childcare Sector Omicron Impacts Fund (letter 10 February 2022)
- Childcare providers (letter 2 February 2022).
- Self-Isolation for Health and Social Care Staff (letters 6 January 2022 and 17 January 2022).
- Coronavirus (COVID-19): vaccination (updated 7 February 2022).
- Coronavirus (COVID-19): use of face coverings in social care settings including adult care homes (last updated 12 October 2022)
- Information and guidance for social, community, and residential care settings (last updated 6 March 2023) (see Chapter 4 for more detail).

The Scottish Government also updated its guidance 'Coronavirus (COVID-19): minimising the risk over winter and updated protective measures for Omicron variant' on 27 January 2022.

3.5 Vaccination

<sup>&</sup>lt;sup>35</sup> RCN position on vaccination September 2022< https://www.rcn.org.uk/About-us/Our-Influencingwork/Position-statements/rcn-position-on-vaccination > accessed on 2 May 2023

Care home residents continued to be prioritised in vaccine booster programmes which took place during the period. The spring/summer booster programme began on 7 March 2022 with residents of care homes.<sup>36</sup>

Based on advice from the Joint Committee on Vaccination and Immunisation, the winter 2022/23 vaccination programme began on 22 September 2022, with a more limited eligibility for vaccines among the general population. Residents and staff of care homes remained a priority and were among the first cohort to receive further vaccinations, alongside flu vaccinations.<sup>37</sup>

On 11 April 2022, the Scottish Government ceased publishing data relating to vaccine uptake.<sup>38</sup> Data including vaccine uptake in care homes is still available in a raw form on the Public Health Scotland website.<sup>39</sup>

Public Health Scotland statistics in October 2022 indicated low vaccine uptake amongst NHS and social care staff (39% of healthcare staff and 20% of social care staff workers were reported to have had their winter 2022 COVID-19 booster)<sup>40</sup> Some media reports have highlighted vaccine hesitancy among care home staff.<sup>41</sup>

England introduced compulsory requirements for health and social care workers to be vaccinated.<sup>42</sup> There were several challenges to this but the January 2022 ruling in Arlette v Scarsdale Grand Nursing Home Ltd<sup>43</sup> determined that it was a necessary and proportionate measure and did not violate individual workers' Article 8 ECHR rights.

There were no similar compulsory requirements in Scotland and there are no published rulings in the Scottish courts on this. However, this is not to say that there are no pending, unreported, challenges. In our view it is likely that the *Arlette v Scarsdale* ruling would also apply had care homes in Scotland adopted a 'no jab, no job' policy and dismissed or refused to engage staff on this basis.

<sup>39</sup> Public Health Scotland, *Covid - JVCl, < <u>https://www.opendata.nhs.scot/dataset/flu-covid-</u>* 

Publications - Public Health Scotland >accessed 2 May 2023

<sup>&</sup>lt;sup>36</sup> Cabinet Secretary for Health and Social Care, *Coronavirus (COVID-19): spring/summer COVID-19 vaccination programme,* 11 August 2022, < <u>https://www.gov.scot/publications/spring-summer-covid-19-vaccination-programme-letter-from-cabinet-secretary-for-health-and-social-care/</u> > accessed on 2 May 2023

<sup>&</sup>lt;sup>37</sup> Scottish Government, *Winter Vaccination Programme 2022 to 2023: COVID-19 and seasonal flu deployment plan,* 8 September 2022, < <u>https://www.gov.scot/publications/winter-vaccination-programme-deployment-plan/></u> accessed on 2 May 2023

<sup>&</sup>lt;sup>38</sup> Scottish Government Coronavirus (COVID-19): vaccinations data – technical note

<sup>&</sup>lt;<u>https://www.gov.scot/publications/coronavirus-covid-19-vaccinations-data---technical-note/</u> > accessed 2 May 2023

vaccinations/resource/32e88ef9-8d36-4ec9-a43b-e014bed93599 > accessed on 2 May 2023 <sup>40</sup> Public Health Scotland, *Covid-19 Statistical Report as at 26 October 2022* < Flu and COVID-19 vaccination uptake in Scotland dashboard - COVID-19 statistical report - 26 October 2022 - COVID-19 statistical report -

<sup>&</sup>lt;sup>41</sup> E Ennals, 'Thousands of 'fed-up' care staff declining Covid booster' Scottish Mail, 6 November 2022, < <u>Vaccine uptake low among NHS and social care staff - BBC News</u> > accessed on 9 May 2023

<sup>&</sup>lt;sup>42</sup> Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021, SI 2021/981.

<sup>&</sup>lt;sup>43</sup> Arlette v Scarsdale Grange Nursing Home Ltd [2022] WLUK 233

The Scottish Government Director of Vaccine Policy outlined plans for a national vaccination and inoculation service in June 2022.<sup>44</sup>

#### 3.6 High Risk Groups

There were concerns that the removal of restrictions and the provisions regarding testing would adversely affect vulnerable and high risk groups.

The Herald reported in March 2022 that the removal of free lateral flow tests would mean that some clinically vulnerable patients and unpaid carers would have to return to shielding.<sup>45</sup>

The impact of the vaccination programme was shown by the fact that the Scottish Government ended the separate status for people judged to be at particularly high risk at the end of May 2022.<sup>46</sup> On 25 April, the Chief Medical Officer set out the Government's reasons in a letter, which said that the Highest Risk List was no longer being used to prioritise for vaccination or new treatments, and that 'many of the groups and individuals originally considered to be at higher risk do not need to be considered as such any longer'.<sup>47</sup> Highest risk individuals had been advised to follow the same advice as the general population since August 2021.

A review of the evidence underpinning these changes was published on 27 April 2022.<sup>48</sup>

This move was not welcomed by all. Dr Sally Witcher argued that there was insufficient long-term evidence to reassure people that the risk of infection for high risk groups was in fact minimal.<sup>49</sup> She subsequently resigned as Chair of the Scottish Commission on Social Security, citing in part her unhappiness with the Government's approach to COVID, particularly for people at high risk.

In written evidence to the Scottish Parliament's COVID recovery committee in June 2022, Dr Witcher said that clinically vulnerable people have been made to feel like "encumbrances on other people's rights and freedom" and "modern day lepers" since COVID restrictions ended.<sup>50</sup>

<sup>&</sup>lt;sup>44</sup> '<u>Details revealed of national vaccines service (healthandcare.scot)</u> *Healthandcare.scot*, 27 June 2022, < <u>https://healthandcare.scot/default.asp?page=story&story=3148</u> > accessed on 2 May 2023

<sup>&</sup>lt;sup>45</sup> H McArdle, 'Warning as end to free LFDs set to leave unpaid carers and elderly without 'safety net'', *Herald Scotland*, 17 March 2022.

<sup>&</sup>lt;sup>46</sup> Healthcarescot.com Future shielding unlikely, as risk list scrapped (healthandcare.scot),27 April 2022, < <a href="https://healthandcare.scot/default.asp?page=story&story=3081">https://healthandcare.scot/default.asp?page=story&story=3081</a> accessed on 2 May 2023

<sup>&</sup>lt;sup>47</sup> Chief Medical Officer, *CONFIDENTIAL: UPDATE ON HIGHEST RISK LIST, SGHD/CMO(2022) 18,* 25 April 2022, < <u>https://www.sehd.scot.nhs.uk/cmo/CMO(2022)18.pdf</u> > accessed on 2 May 2023

<sup>&</sup>lt;sup>48</sup> Scottish Government, Coronavirus (COVID-19) advice for people on the Highest Risk List: evidence review, 27 April 2022, < <u>https://www.gov.scot/publications/review-evidence-scottish-government-advice-people-scotlands-highest-risk-list/</u> > accessed on 5 May 2023

<sup>&</sup>lt;sup>49</sup> <u>Healthandcare.scot</u>, Opinion: Welcome to the new normal? 16 May 2022,

<sup>&</sup>lt; Opinion: Welcome to the new normal? (healthandcare.scot) > accessed on 3 May 2023

<sup>&</sup>lt;sup>50</sup> H McArdle, 'Sally Witcher: Clinically vulnerable treated 'like lepers'' *Herald Scotland*, 23 June 2022.

Giving oral evidence to the Committee, Dr Witcher argued that there were many things that should be done to build a safe and inclusive 'new normal'. These included a clean air strategy, more work on water and sterilisation, addressing the fact that some vulnerable people were not eligible for vaccination or antiviral treatments, better and enforceable signage, building regulations, and recognition that the right to reasonable adjustments for disabled people should include safeguards for people at risk.<sup>51</sup>

In its report, the Committee recommended that 'the Scottish Government works with representative groups to review the needs and concerns of people on the highest risk list to consider how these can be addressed in public health messaging going forward.'

The Government's response to this recommendation said that 'We recognise, though, that people who have been considered at highest risk may find it more difficult to adjust to living with COVID-19, and that is why we continue to fund, promote and pilot a number of initiatives designed to provide reassurance, and to protect people who need more protection from viruses, including COVID-19. These include the Distance Aware scheme, the British Red Cross's Connecting with You service, and the Covid Sense Signage pilot.'<sup>52</sup>

It could be argued that the Government's approach reflected an emphasis on reassurance and a voluntary approach, rather than a systematic attempt to address the concerns of people at higher risk and their rights to inclusion in Society. The Distance Aware scheme, for example, involved inviting people who 'might be worried about mixing with others' to wear badges or lanyards, and encouraging shops and businesses to adopt the scheme.<sup>53</sup>

#### 3.7 Capacity to consent to the COVID-19 vaccination

During the pandemic the issue of consent to the COVID-19 vaccination has arisen in relation to people with decision-making and capacity challenges. In 2022 a certain amount of guidance and information became available on this issue.

#### Guidance and Information

On 14 February 2022 the Mental Welfare Commission for Scotland published a position statement *Vaccination for people with mental illness, learning disabilities,* 

<sup>&</sup>lt;sup>51</sup> Scottish Parliament COVID-19 Recovery Committee, *Official Report,* 23 June 2022 < <u>https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/CVDR-23-06-2022?meeting=13843</u> > accessed on 5 April 2023

<sup>&</sup>lt;sup>52</sup> Minister for Public Health, Women's Health and Sport to COVID-19 Recovery Committee, letter, 13 October 2022, < https://www.parliament.scot/-/media/files/committees/covid19-recovery-</p>

committee/covid19communicationofpublichealthinformationscottishgovernmentresponse.pdf > accessed on 5 April 2023.

<sup>&</sup>lt;sup>53</sup> Scottish Government, Coronavirus (COVID-19): distance aware scheme, <</p>
<u>https://www.gov.scot/publications/coronavirus-covid-19-distance-aware-scheme/</u> > accessed on 5 Aoril 2023

*dementia and associated conditions*.<sup>54</sup> The Commission was concerned that research indicated that people with mental health difficulties that might result in reduced capacity were at greater risk of COVID-19 infection, and might therefore be disadvantaged. It therefore issued guidance on how to proceed in situations where a person is unable to consent to the vaccine and is resisting. The Commission wished to ensure that people who lack capacity and who are resisting vaccine were treated with dignity and in accordance with Adults with Incapacity (Scotland) Act 2000 principles.

Ross et al. provide similar guidance and discussion in *COVID-19 Vaccination in those with mental health difficulties: A guide to assist decision-making in England, Scotland, and Wales*<sup>55</sup> but the article is targeted towards medical practitioners and psychiatric inpatients.

The Commission's 2021/22 Monitoring Report on the use of AWI legislation noted an increase (to 6) requests for an independent second opinion doctor visit under section 50 of the Act, and stated that this increase was in part, due to consent issues relating to COVID-19 vaccinations.<sup>56</sup>

#### Case law

There do not appear to be any reported cases from the Scottish courts relating to COVID-19 vaccinations and persons who lack capacity to consent to, or refuse, vaccination. However, several 2022 rulings of the Court of Protection for England and Wales, following on from earlier 2021 rulings, are informative and, in the absence of specific rulings of the Scottish courts, such rulings are persuasive<sup>57</sup>.

These cases involved adults who lacked capacity and where family members opposed the vaccination. The overall approach of the Court of Protection has been that it will follow public health guidelines and order the COVID-19 vaccination only departing from this in exceptional circumstances.

In one of the cases,<sup>58</sup> the situation had changed between the original ruling (for the vaccination to take place) and its appeal with the adult having contracted COVID-19 and though he had recovered had been quite ill. Given this development, although the original decision was regarded as 'unimpeachable' it was decided that the adult's subsequent infection now required a different approach. His parents' very evident concern now about the impact of the vaccination was regarded as a more important factor when assessing what was in the adult's best interests. Further evidence was

<sup>&</sup>lt;sup>54</sup> Mental Welfare Commission for Scotland, *Vaccination for people with mental illness, learning disabilities, dementia and associated conditions: Position Statement*, 14 February 2022,<

https://www.mwcscot.org.uk/news/vaccination-people-who-cannot-give-consent > accessed on 12 April 2023 <sup>55</sup> C Ross , P Brown P, C Brown, et al. 'COVID-19 Vaccination in those with mental health difficulties: A guide to assist decision-making in England, Scotland, and Wales' (2022) 62(4) Med.Sci.Law 275.

<sup>&</sup>lt;sup>56</sup> Mental Welfare Commission for Scotland, *Adults with Incapacity Act monitoring report 2021-22*, October 2022, <<u>https://www.mwcscot.org.uk/sites/default/files/2022-10/AWI Monitoring-Report 2021-22.pdf</u> > accessed on 12 April 2023

<sup>&</sup>lt;sup>57</sup> North Yorkshire Clinical Commissioning Group v E (Covid Vaccination) [2022] EWCOP 15; NHS Liverpool CCG v X and Y [2022] EWCOP 17; MC and Anor v A CCG Anor [2022] EWCOP 20.

<sup>&</sup>lt;sup>58</sup> MC and Anor v A CCG Anor (ibid).

therefore ordered about the nature of the vaccinations required and the effect of post-viral natural protection before reaching a final conclusion.

A further ruling<sup>59</sup> involved a person aged 22 years old and the issue of whether Article 8 ECHR (respect for private and family life) is engaged if the decision to administer the vaccination is taken away from parents. The parents argued that such a decision violated the person's Article 8 right. However, the court held that parents do not continue to have parental rights for an adult child who lacks capacity and therefore, by extension, the parents' and child's Article 8 rights do not merge.

#### 3.8 Update on COVID-19 and care homes in England

The guidance mentioned in Part IVF of the Farrell and Frowde report appears to remain the same with the following exceptions:

- UK Department of Health and Social Care guidance 'Coronavirus (COVID-19): admission and care of people in care homes' (2 April 2020) was updated on 22 March 2022 but its 'Guidance on care home visiting' was withdrawn 1 April 2022.
- Public Health England, 'Coronavirus (COVID-19): care home support package' (01 April 2021) was withdrawn 6 April 2022.

<sup>&</sup>lt;sup>59</sup> *TN & NHS ICB & RN* [2022] EWCOP 53.

#### 4 Care Homes and their Residents

# Update of Farrell and Frowde Part IVE pages 55-59 and Burton on Transfer of Residents (pages 10-16) and Care of Residents and Restrictions on Visiting (pages 25-36)

### 4.1 Changes to Government guidance on care homes between February and December 2022

Issues around testing became less salient as the success of vaccines and improved therapeutics meant COVID could be more safely managed in care home settings, although requirements to test on admission to care homes were largely retained. The Government also introduced further relaxations to the rules regarding visiting and isolation.

#### Strategic Framework

In February 2022, the Scottish Government published an update of their Strategic Framework<sup>60</sup> which included a section on care homes (pages 53-55). This stated that:

'People living in care homes, which are essentially their homes, should be supported to enjoy fulfilled, meaningful lives free from restrictions as far as possible. Even during outbreaks, unless there are exceptional circumstances, the care home should support residents seeing friends and family and participating in activities in and away from the home. Where protection measures do need to be in place these should be proportionate and only be in place for the shortest possible period ...

The Framework highlighted the following actions:

- The recent decision to remove precautionary self-isolation for care home residents on admission to care homes who have not had COVID-19 or not been a contact, and to reduce isolation periods for residents who are COVID-positive or have been a contact from 14 to 10 days.
- The development of a new healthcare framework led by the Clinical and Professional Advisory Group (CPAG) for adult social care
- A new subgroup of CPAG focused on learning disability which would explore how to support care homes and other settings to improve outcomes and reduce ongoing risk from COVID-19 and associated harm
- A follow-up exercise to the Root Cause Analysis report published in November 2020
- A data and reporting strategy to be published in spring 2022.

<sup>&</sup>lt;sup>60</sup> Scottish Government, COVID-19 Scotland's Strategic Framework Update, February 2022, < https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2022/02/coronaviruscovid-19-scotlands-strategic-framework-update-february-2022/documents/covid-19-scotlands-strategicframework-update-february-2022/covid-19-scotlands-strategic-framework-update-february-2022/govscot%3Adocument/covid-19-scotlands-strategic-framework-update-february-2022.pdf > accessed on 18 May 2023

- The commitment to deliver Anne's Law through non-legislative and legislative measures, including:
  - working with the Care Inspectorate to update and strengthen the Health and Social Care Standards
  - continuing to work with stakeholders on the Open with Care visiting guidance to emphasise that visiting should be as normal as possible.
- Continuing to promote and monitor vaccination, including boosters, for residents and staff. Social care staff should also receive a vaccination for flu on an annual basis.
- Reviewing testing arrangements for staff in care homes and isolation periods for care home residents who have COVID-19.

We have not yet been able to trace the new healthcare framework, outputs from the new group on learning disability, the follow-up to the Root Cause Analysis report and the data and reporting strategy. We have written to the Scottish Government seeking clarification.

The First Minister's statement to the Scottish Parliament on 15 March 2022 confirmed the removal from 18 April of the requirement to test regularly for most situations, but confirmed Government advice to continue to have a lateral flow test when visiting a care home until the end of April.<sup>61</sup>

#### Changes to clinical/care home guidance

A letter was issued to Care Homes on 24 March 2022 summarising new guidance to take effect from 31<sup>st</sup> March.<sup>62</sup> The changes included:

- A separation of PHS advice for care homes for adults from that for care homes for older people. This was intended to provide 'flexibility to meet the needs of younger adults, who in most cases will have a lower risk of hospitalisation from COVID-19, than older adults living in care homes'.<sup>63</sup> This separation was reversed in a subsequent update of the guidance (Version 2.2, published 06 July 2022), which reverted to a single set of guidance for all care homes, alongside other social care settings.
- Reduced restrictions on isolation for COVID recovered patients, to be more similar to the provisions for the general population.

<sup>&</sup>lt;sup>61</sup> First Minister, Coronavirus (COVID-19) update, Statement,15 March 2022 <

https://www.gov.scot/publications/fm-statement-parliament-march-15-2022/ > accessed on 18 May 2023 <sup>62</sup> Scottish Government, *Coronavirus (Covid-19): changes to guidance for adult and older people care homes,* 24 March 2022, < <u>https://www.gov.scot/publications/coronavirus-covid-19-changes-to-guidance-for-adult-and-older-people-care-homes/</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>63</sup> Ibid. Annex 1 < <u>https://www.gov.scot/publications/coronavirus-covid-19-changes-to-guidance-for-adult-and-older-people-care-homes/pages/annex-1/</u> > accessed on 18 May 2023. See Version 2.8 of the PHS Guidance COVID-19: Information and Guidance for Care Home Settings (For older adults), <</p>

https://www.hps.scot.nhs.uk/media/2599/covid-19-information-and-guidance-for-care-homes-v28.pdf > accessed on 18 May 2023

- Residents in all care homes to be able to identify up to three named visitors during an outbreak.
- Residents who are not cases or contacts to be able to meet in communal areas during an outbreak.
- Asymptomatic testing of residents and staff to continue, but routine LFD testing of residents after outings was no longer recommended, and staff testing reduced from 'working day' testing to twice weekly LFD and weekly PCR tests.

The PHS guidance for care home settings for older adults was issued on 04 April 2022 (version 2.8) and updated on 03 May 2022 (version 2.9) before being superseded by the merged guidance on 06 July.<sup>64</sup> The 03 May update included a reduction of the minimum self-isolation period from ten to five days.

The PHS information and guidance for social, community and residential care (excluding care homes for older people, but now including care homes for other adults) was issued on 31<sup>st</sup> March 2022 (Version 2.0) and was further updated on 16 May 2022. The merged guidance was issued on 6 July 2022, and updated on 15 September 2022, 29 September 2022, and 30 January 2023.<sup>65</sup> Significant changes included:

- 16 May changes to reflect removal of asymptomatic testing for the general population.
- 06 July health protection principles to support the reintroduction of community groups into residential settings.
- 15 September amendments to reflect the pause in asymptomatic testing in health and social care settings.<sup>66</sup>
- 30 January removal of the 'testing table' for visitors, as testing no longer advised, and addition of a 'staying connected' section during outbreaks.

<sup>65</sup> The latest guidance, COVID-19 - information and guidance for social, community, and residential care settings Version 2.6, 6 March 2023, including a version history, is at <

https://publichealthscotland.scot/publications/covid-19-information-and-guidance-for-social-community-andresidential-care-settings/covid-19-information-and-guidance-for-social-community-and-residential-caresettings-version-26/#page-update-container >. The archived versions are at <

https://www.hps.scot.nhs.uk/covid-19-guidance-archive/information-and-guidance-for-social-community-andresidential-care/ > Accessed on 18 May 2023

<sup>&</sup>lt;sup>64</sup> Archived versions of PHS Information and Guidance for Care Home Settings are at < <a href="https://www.hps.scot.nhs.uk/covid-19-guidance-archive/information-and-guidance-for-care-home-settings/">https://www.hps.scot.nhs.uk/covid-19-guidance-archive/information-and-guidance-for-care-home-settings/</a> > accessed on 18 May 2023

<sup>&</sup>lt;sup>66</sup> The details of the ending of asymptomatic testing were set out in a letter of 14 September 2022 from the Chief Nursing Officer and Chief Medical Officer (DL (2022) 32. Testing was continued for patients being discharged from hospital to care homes, during outbreaks, and for symptomatic residents. < https://www.sehd.scot.nhs.uk/dl/DL(2022)32.pdf > accessed on 18 May 2023

On 16<sup>th</sup> January 2023, the Chief Nursing Officer issued a summary of extant guidance on infection prevention, face masks and testing.<sup>67</sup> This confirmed that

- Following a review on October 2022, face coverings were still strongly recommended in healthcare settings
- Guidance was different for social care settings, where residents, staff and visitors did not routinely require to wear a face mask
- The pause in most asymptomatic testing in health and social care settings remained in place
- Most people being admitted as residents to a care home still required to be tested. Exceptions included COVID-19 recovered individuals that have completed their 10-day self-isolation period in hospital prior to discharge, or individuals who had an overnight stay in hospital.

#### Open with Care

On 1<sup>st</sup> June 2022, the Government published 'Open with Care: supporting meaningful contact in adult care homes: principles'. This was an update of the original Open with Care guidance published in February 2021. It was itself updated on 8<sup>th</sup> July 2022 and 28<sup>th</sup> September 2022.<sup>68</sup>

Alongside the principles, the Government issued on 1<sup>st</sup> June 2022 a leaflet for family and friends of people living in care homes, setting out the expectations regarding care home visits, based on the Open with Care and NHS Inform Guidance<sup>69</sup>, and an Easy Read version of the guidance.<sup>70</sup>

On the same date, the Government ceased publishing weekly data on the visiting status of care homes.<sup>71</sup>

#### Other guidance and information

On 7<sup>th</sup> September 2022 the guidance on face coverings in social care settings, including care homes, was amended to state that 'Due to a number of factors

<sup>&</sup>lt;sup>67</sup> Chief Nursing Officer, EXTANT GUIDANCE ON INFECTION PREVENTION AND CONTROL, FACE MASK AND FACE COVERING USE AND PATIENT TESTING FOR COVID-19 INFECTION, DL (2023) 01, 16 January 2023, < https://www.sehd.scot.nhs.uk/dl/DL(2023)01.pdf > accessed on 18 May 2023

<sup>&</sup>lt;sup>68</sup> The latest (28 September 2022) version of Open with Care: supporting meaningful contact in adult care homes – principles can be found at < <u>https://www.gov.scot/publications/open-with-care-supporting-meaningful-contact-in-adult-care-homes-principles/ > accessed on 18 May 2023</u>. The June 2022\_version is at < <u>https://webarchive.nrscotland.gov.uk/20220721102734/https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/ > accessed on 18 May 2023</u>

<sup>&</sup>lt;sup>69</sup> Scottish Government, Open with Care: adult care home visiting leaflet 1 June 2022, <</p>
<u>https://www.gov.scot/publications/open-care-adult-care-home-visiting-leaflet/documents/</u> > accessed on 18
May 2023

<sup>&</sup>lt;sup>70</sup> Scottish Government, *Open with Care: adult care home visiting guidance - easy read*, 1 June 2022, < <u>https://www.gov.scot/publications/open-care-adult-care-home-visiting-easy-read/</u> > accessed on 18 May 2023 <sup>71</sup> Scottish Government, *Coronavirus (COVID-19): adult care homes - additional data, <* 

https://www.gov.scot/publications/coronavirus-covid-19-additional-data-about-adult-care-homes-in-scotland/ > accessed on 18 May 2023

including high vaccinations rates and other mitigations against COVID-19 in the social care sector, the recommendation that face masks are worn at all times is being removed.<sup>72</sup>

The NHS Inform web pages contain advice to carers and relatives which summarises the guidance to homes.<sup>73</sup> The Scottish Government web pages include a page with links to all the relevant guidance for care homes.<sup>74</sup>

Guidance on supporting people with dementia in care homes was published on 22 July 2021 and updated four times in the period from March to December 2022. So far as we can ascertain, the amendments were minor.<sup>75</sup>

The National Infection Prevention and Control Manual has appendices on COVID-19. A new Appendix 21 replacing old Appendices 21 and 22 was developed in December 2022 but not published until March 2023.<sup>76</sup>

#### 4.2 Anne's Law

On 2<sup>nd</sup> March 2022, the Scottish Government published its analysis of the consultation responses regarding the proposed introduction of 'Anne's law'. This is a proposed law intended to ensure that people who live in adult care homes have the legal right to see and spend time with the people who are important to them.<sup>77</sup> It emerged following a campaign by relatives groups, notably Care Home Relatives Scotland.

<sup>74</sup> Scottish Government, Coronavirus (COVID-19): adult care homes visiting guidance, <

<u>https://www.nipcm.scot.nhs.uk/appendices/appendix-21-covid-19-pandemic-ipc-controls-for-health-and-social-care-settings/</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>72</sup> The guidance Coronavirus (COVID-19): use of face coverings in social care settings including adult care homes was withdrawn on 16 May 2023 < https://www.gov.scot/publications/coronavirus-covid-19-use-of-face-coverings-in-social-care-settings-including-adult-care-homes/pages/what-has-changed/ >accessed on 18 May 2023. Previous versions do not appear on the website. See also Scottish Government News Release 7 September 2022, < <a href="https://www.gov.scot/news/facemasks-no-longer-recommended-in-social-care/">https://www.gov.scot/news/facemasks-no-longer-recommended-in-social-care/</a> accessed on 18 May 2023

<sup>&</sup>lt;sup>73</sup> NHS Inform, Coronavirus (COVID-19) Visiting Care Homes, < <u>https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/care/coronavirus-covid-19-visiting-care-homes/</u> > accessed on 18 May 2023

https://www.gov.scot/publications/coronavirus-covid-19-adult-care-homes-visiting-guidance/ > accessed on 18 May 2023

<sup>&</sup>lt;sup>75</sup> Scottish Government, Guidance on Coronavirus (COVID-19): living with dementia in care homes, < <a href="https://www.gov.scot/publications/coronavirus-covid-19-living-with-dementia-in-care-homes/">https://www.gov.scot/publications/coronavirus-covid-19-living-with-dementia-in-care-homes/</a> accessed on 18 May 2023

<sup>&</sup>lt;sup>76</sup> NHS National Services Scotland, National Infection Prevention and Control Manual Appendix 21: COVID-19 Pandemic IPC Controls for Health and Social Care Settings <

<sup>&</sup>lt;sup>77</sup> Scottish Government, Anne's Law and Health and Social Care Standards consultations: analysis of the responses February 2022, < <u>https://www.gov.scot/publications/annes-law-health-social-care-standards-consultations-analysis-responses/pages/2/</u> > accessed on 18 May 2023. The full set of publicly available responses can be seen at < <u>https://consult.gov.scot/pandemic-response/annes-law-legislation/consultation/published\_select\_respondent</u> > accessed on 18 May 2023

Nearly all respondents to the consultation agreed with the overall aim that people living in adult care homes should have the right to see those important to them to support their health and wellbeing. Many of the responses gave graphic accounts of the distress and harm caused by restrictions on visiting by relatives and loved ones during the pandemic.

On 9<sup>th</sup> March 2022 there was a debate in the Scottish Parliament motion S6M-03492, in the name of Jackie Baillie, on Anne's law—protecting the right of care home visiting.<sup>78</sup> Ms Baillie criticised the fact that 'Almost one year on from the Scottish Parliament elections, when the Scottish National Party vowed to deliver Anne's law for care home residents, the position is largely unchanged'.

The Minister for Health and Social Care, Kevin Stewart, argued that named visitor guidance 'emphasises that care homes should always support visiting, even in an outbreak, unless there are truly exceptional circumstances.' He stated that there was 'regular indoor visiting in more than 90 per cent of care homes.' The Government had acted by making changes to the Health and Social Care Standards [see 5.2 below]. The Government amendment to the motion said that 'these will be further underpinned by Anne's Law being part of the foundations of the new National Care Service, and that the legislation to deliver this is being introduced in the coming months.'<sup>79</sup>

The National Care Service (Scotland) Bill was introduced on 20 June 2022.<sup>80</sup> Section 40 seeks to enshrine 'Anne's Law' by obliging Ministers to issue 'visiting directions' which care home providers would be required to follow in respect of visits to or by care home residents.

Paragraphs 211-225 of the accompanying Policy Memorandum set out the Government's rationale for this approach.<sup>81</sup> This included that current guidance 'is not enforceable however, and there is widespread support for providing clarity through legislation to promote a consistent approach to supporting and enforcing requirements to enable people to remain connected with those important to them even in outbreak situations' (para 217). It was accepted that the changes to Health and Social Care Standards [see 5.2 below] were not felt by stakeholders to be sufficient in themselves, and 'it was felt that people may have had rights restricted in a way which does not appear to comply with ECHR, and that people in residential care are not well placed to challenge breaches of ECHR rights' (para 221).

<sup>&</sup>lt;sup>78</sup> Scottish Parliament, Official Report 09 March 2022, <

https://archive2021.parliament.scot/parliamentarybusiness/report.aspx?r=13626 > accessed on 18 May 2023 <sup>79</sup> Scottish Parliament, *Minutes of Proceedings, Meeting of the Parliament,* Wednesday 9 March 2022, Parliamentary Year 1, No. 89, Session 6, <<u>https://www.parliament.scot/-/media/files/chamber-office/minutes-of-proceedings/march-2022/chamber\_minutes\_20220309.pdf> accessed on 18 May 2023</u>

<sup>&</sup>lt;sup>80</sup> Scottish Parliament, National Care Service (Scotland) Bill 2022, < https://www.parliament.scot/bills-and-laws/bills/national-care-service-scotland-bill > accessed on 18 May 2023

<sup>&</sup>lt;sup>81</sup> Scottish Parliament, National Care Service (Scotland) Bill Policy Memorandum, < <u>https://www.parliament.scot/-/media/files/legislation/bills/s6-bills/national-care-service-scotland-bill/introduced/policy-memorandum-accessible.pdf</u> > accessed on 18 May 2023

The Health and Social Care Committee issued a call for views on the Bill on 8 July 2022. Published responses can be seen on the Scottish Parliament website.<sup>82</sup> The Summary of Responses published by the Scottish Parliament Information Service (SPICe) highlighted criticisms of the claim that the Bill embodied a human rights approach 'because of the absence of duties and means of redress associated with mention of rights, particularly where the Bill discusses particular rights: the National Care Service charter, a right to breaks for carers and 'Anne's Law' for example'.<sup>83</sup>

The Bill remains at Stage 1, and the new Minister for Health, Social Care and Sport has advised the Health, Social Care and Sport Committee on 17<sup>th</sup> April 2023 that there would be a further delay in progressing it through Parliament beyond the summer recess.<sup>84</sup>

#### 4.3 Isolation in care homes

Although restrictions on visiting were relaxed with the Open with Care guidance, it was still the case that visiting might be restricted or suspended during an outbreak in a care home. Concerns were expressed by care homes, relatives and politicians that, with the level of infections still high, this could result in more or less continuous 'rolling lockdowns'.

The Daily Record reported on 13 February 2022<sup>85</sup> that:

'thousands of families continue to endure heartbreaking lockdowns as the second anniversary of the pandemic approaches.

While official guidance now encourages visitor contact, homes can still shut their doors to most visitors in the event of even a single positive COVID-19 case being discovered.

And shocking government records showed last week that it left 21 percent of homes likely to be operating under severe restrictions.'

In the report, Cathie Russell of Care Home Relatives Scotland said:

'They say a lockdown for an outbreak is 14 days but we have members whose loved ones have been locked up for more than 50 days because there is always someone in a home that employs hundreds of staff who will test positive in any one week, whether relatives are banned or not.'

<sup>&</sup>lt;sup>82</sup> *Op cit* at n15

<sup>&</sup>lt;sup>83</sup> SPICe, *Health, Social Care and Sport Committee Summary of responses to the Committee's call for views,* October 2022, pp 4 and 12, < <u>https://www.parliament.scot/-/media/files/committee/health-social-care-and-sport-committee/ncs-call-for-views-summary.pdf</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>84</sup> Minister for Social Care, Mental Wellbeing and Sport, *Letter to Health, Social Care and Sport Committee*, 17 April 2023, < <u>https://www.parliament.scot/-/media/files/committees/health-social-care-and-sport-</u> <u>committee/correspondence/2023/ncs-timetable-april-23.pdf</u> > accessed on18 May 2023

<sup>&</sup>lt;sup>85</sup> J Ferguson, 'Nicola Sturgeon's failure to end Scots care home isolations "unforgivable betrayal', *Daily Record*, 13 February 2022.

During the debate in the Scottish Parliament on 9 March 2022,<sup>86</sup> Jackie Baillie MSP said:

'Lockdown appears to be a distant memory, yet care home residents continue to face some of the severest restrictions....

Let us look at the contrast. If any of us tested positive, we would be told to isolate for seven days. In care homes, it is 10 days. If someone is a close contact and triple vaccinated, they do not need to isolate but, in a care home, close contacts have to isolate for 10 days. For someone in a household with COVID, there are no restrictions, but a care home closes for 14 days. The reality is that that means rolling lockdowns and restricted visiting. Donald Macaskill of Scottish Care has said:

"such extended periods of isolation ... are unacceptable, disproportionate, unnecessary, and hugely damaging."

On 5 April 2022, the Herald reported concerns by Care Home Relatives Scotland that residents in Scotland were still being locked in their rooms when England, unlike Scotland, had scrapped the 'close contact' rule, ending the requirement to isolate for 10 days or undertake additional testing if residents do not have symptoms.<sup>87</sup> This ten day period was subsequently reduced in Scotland to five days on 3 May 2022.<sup>88</sup>

#### 4.4 Discharge to care homes - lawful authority

In May 2022, the Mental Welfare Commission published a 'closure report' on its project to review whether discharges to care homes during the pandemic were carried out lawfully.<sup>89</sup>

The original report,<sup>90</sup> published in May 2021, highlighted concerns that some people who could not consent to a move had been moved without proper legal authority, and that this was both unlawful in terms of Scots law and a possible breach of Article 5 of ECHR. More broadly, the Commission also found confusion and poor understanding in some areas of people's legal rights and the requirements of the Adults with Incapacity (Scotland) Act 2000.

https://www.mwcscot.org.uk/sites/default/files/2022-05/AuthorityToDischarge-CLOSURE May2022.pdf > accessed on 18 May 2023

<sup>&</sup>lt;sup>86</sup> Scottish Parliament, Official Report 9 March 2022, < <u>https://www.parliament.scot/chamber-and-committees/official-report/search-what-was-said-in-parliament/meeting-of-parliament-09-03-2022?meeting=13626&iob=123679</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>87</sup> C Wilson, 'Concern as elderly 'locked up' in Scots care homes as Westminster scraps close contact rule' *Herald*, 5 April 2022.

<sup>&</sup>lt;sup>88</sup> Public Health Scotland, *COVID-19: Information and Guidance for Care Home Settings (For older adults*), 3 May 2022, < <u>https://www.hps.scot.nhs.uk/media/2600/covid-19-information-and-guidance-for-care-homes-v29.pdf</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>89</sup> Mental Welfare Commission for Scotland, *Closing Report – Authority to discharge: report into decision making for people in Scotland who lack capacity*, May 2022, <

<sup>&</sup>lt;sup>90</sup> Mental Welfare Commission for Scotland, *Authority to discharge: report into decision making for people in Scotland who lack capacity,* May 2021, < <u>https://www.mwcscot.org.uk/sites/default/files/2021-</u>05/AuthorityToDischarge-Report May2021.pdf > accessed on 18 May 2023

The 2021 report recommended 11 areas for improvement – 8 for Health and Social Care Partnerships, two for the Care Inspectorate, and one for Scottish Government: that it 'should monitor the delivery of the above recommendations and work with Health and Social Care Partnerships (HSCPs) and the Care Inspectorate to support consistency and address any barriers to delivery over the next two years.'

The closure report said that the initial responses to the recommendations by HSCPs were variable in quality but that, after follow up by the Commission, all action plans 'now evidence clear objectives in relation to recommendations and timescale to delivery.' The Care Inspectorate had commissioned extra resource to address recommendations made to it, and the Scottish Government had issued a joint position statement with the Commission<sup>91</sup> and approved a joint Commission/NES national training programme on Adults with Incapacity. This programme was funded by the Scottish Government for 14 months over 2022/23.

On 2 December 2022, the Scotsman reported on a review by Edinburgh City Council of discharges by patients lacking legal capacity during the first six months of the pandemic. The report claimed that the review had found that 31% had been discharged unlawfully – that 'Out of 268 cases examined by Edinburgh City Council, 83 were found to fall outwith the Adults with Incapacity (Scotland) Act 2000, other legislation, European Court of Human Rights legislation, or the UN Convention on the Rights of Persons with Disabilities'.<sup>92</sup>

#### 4.5 Discharge to care homes without testing

There have been no rulings by the Scottish courts on the issue of COVID-19 testing and discharge of patients from hospital to care homes, but there is some English authority. In one case, the daughters of two men who died in the first wave of the pandemic brought a judicial review against the Secretary of State for Health and Social Care and others. On 27 April 2022, the High Court ruled that UK Government policy, made in March and April 2020, to discharge patients from hospital into care homes without testing them for COVID-19 was unlawful as this failed to take into account the risk to elderly and vulnerable residents from non-symptomatic transmission<sup>93</sup>. An academic analysis of the judgment by Victoria Moore and Luke Graham has been published in the Medical Law Review.<sup>94</sup>

As stated in at section 3.5, in the absence of a relevant ruling by the Scottish courts on a particular issue, rulings of the English courts are persuasive.

<sup>&</sup>lt;sup>91</sup> Mental Welfare Commission for Scotland and Scottish Government, Adults with Incapacity: supporting discharge from hospital, 13 October 2021, < <u>https://www.mwcscot.org.uk/sites/default/files/2021-</u> <u>10/SG%20and%20MWC%20supporting%20AWI%20discharge%20from%20hospital.pdf</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>92</sup> J Anderson, 'Edinburgh hospitals 'unlawfully' discharged vulnerable patients to care homes during Covid pandemic', *Scotsman*, 2 December 2022.

 <sup>&</sup>lt;sup>93</sup> R (Gardner and Harris) v Secretary of State for Health and Social Care and Others [2022] EWHC 967
 <sup>94</sup> V Moore and L Graham, *R (Gardner and Harris) v Secretary of State for Health and Social Care and Others* [2022] EWHC 967: Scant regard for Covid-19 risk to care homes, (2022) 30(4) Med.L.Rev734

A clinical study using genome sequencing was undertaken into patients discharged from hospital to care homes in Lothian from 1<sup>st</sup> March 2020 to 31<sup>st</sup> May 2021.<sup>95</sup> Of 787 patients, 776 were ruled out for subsequent introduction of COVID into care homes. Results were inconclusive in 10 cases, and in one there was a genomic, time and location link to positive cases during hospital admission, leading to 10 positive cases in their care home.

<sup>&</sup>lt;sup>95</sup> S Cotton, M. P. McHugh, R. Dewar, *et al. 'Investigation of hospital discharge cases and SARS-CoV-2 introduction into Lothian care homes'*, (2023) 135 The Journal of Hospital Infection 28

#### 5 Care homes inspection and oversight

## Update of Farrell and Frowde IVE pages 59-65 and Burton on Inspections, oversight and investigation pages 42-45

#### 5.1 – NHS involvement in inspections and oversight of care homes

On 14 December 2022, the Government issued a letter notifying the care home sector of new arrangements for enhanced clinical care and support, building on the multi-disciplinary care and professional oversight teams introduced in 2020.<sup>96</sup> The teams were renamed Collaborative Care Home Support Teams, removing the emphasis on 'oversight' and seeking to avoid confusion with the statutory duties of the Care Inspectorate.

The guidance stressed that 'There should be a move away from an inspection model of assurance which has caused confusion in the sector'. At the same time, 'Collaborative Care Home Support Teams will have an ongoing duty to respond to serious concerns by taking immediate steps to mitigate risks and reporting concerns to the regulator.'

In general, the intention appears to be for the teams to take a strategic overview of the sector and how able it was to meet the needs of the area. The recommended work of these teams included:

- Monitoring the viability of care homes
- A pathway for escalating/reporting serious concerns about quality and safety in care homes to the Care Inspectorate
- Ongoing review of local care home bed availability
- Monitoring opportunities for people living in care homes to connect with their loved ones in the context of the ongoing delivery of Anne's Law.

Although the sector welcomed the focus on collaboration, concerns remained about the burden of additional oversight. Scottish Care expressed concern that additional resources were still being focused on the NHS and Scottish Government, not the sector.<sup>97</sup> In November 2022, their CEO Donald Macaskill stated that over regulation had "neutered out life" within care homes.<sup>98</sup>

In October 2022, an Independent Review of Inspection, Scrutiny and Regulation in Social Care was established by Scottish Government, chaired by Dame Sue Bruce.

<sup>&</sup>lt;sup>96</sup> Scottish Government, *Care homes – new support arrangements: advice note, 14 December 2022, <* <u>https://www.gov.scot/publications/care-homes-new-support-arrangements-advice-note/pages/proposed-new-arrangements/</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>97</sup> E Pringle, 'Collaboration' focus of updated care home oversight' *Healthandcare.scot*, 27 December 2022, < <a href="https://healthandcare.scot/stories/3337/care-home-oversight-scotland-scottish-care">https://healthandcare.scot/stories/3337/care-home-oversight-scotland-scottish-care</a> accessed on 18 May 2023

<sup>&</sup>lt;sup>98</sup> E Pringle, 'Over regulation "neuters life" in care homes', *Healthandcare.scot, 22 November 2022, < https://healthandcare.scot/default.asp?page=story&story=3301 > accessed on 18 May 2023* 

It launched a call for evidence on 24 October 2022, which closed on 13 January 2023.<sup>99</sup>

#### 5.2 Health and Social Care Standards

The Government has issued Health and Social Care Standards in exercise of their powers under section 50 of the Public Services Reform (Scotland) Act 2010 and section 10H of the National Health Service (Scotland) Act 1978. They are taken into account by the Care Inspectorate in regulating care services.

As part of its consultation on 'Anne's Law' (see 4.2 above), the Scottish Government also consulted on changes to the Health and Social Care Standards to support the right of care home residents to remain in contact with relatives. Analysis of the responses was published on 2<sup>nd</sup> March 2022.<sup>100</sup> There was strong support for either a new standard or improvements to existing standards.

On 31<sup>st</sup> March 2022, the Government announced two new Health and Social Care Standards were to be added, that adults living in care homes could:

- Nominate relatives/friends who would be supported to be directly involved in providing their care and support, and
- Nominate relatives/friends to visit them, if there are restrictions to prevent infection.<sup>101</sup>

The Care Inspectorate has issued guidance on the standards.<sup>102</sup>

#### 5.3 Quality assurance during COVID

The Scottish Government asked Iriss to review how social care improvement is best supported during periods of acute crisis such as the pandemic. In September 2022, Iriss published a report, 'Care Home Quality Assurance in COVID-19', based on a review of 17 local authority areas.<sup>103</sup> Findings were mixed, and indicative rather than conclusive, but highlighted the challenges presented when assurance was framed as

<sup>102</sup> Care Inspectorate, *Guidance to residents and professionals* < <u>https://www.careinspectorate.com/index.php/visiting-meaningful-connection-anne-s-law/10-</u> <u>organisation/7089-information-for-care-home-residents-and-their-carers</u> > and < <u>https://www.careinspectorate.com/index.php/visiting-meaningful-connection-anne-s-law/10-</u> <u>organisation/7090-information-for-care-home-providers-managers-and-staff > respectively</u>, both accessed on

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18 May 2023
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<sup>103</sup> Iriss, Care Home Quality Assurance in COVID-19, September 2022, <
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<sup>&</sup>lt;sup>99</sup> Scottish Government, Social care: Independent Review of Inspection, Scrutiny and Regulation < <u>https://www.gov.scot/groups/social-care-independent-review-of-inspection-scrutiny-and-regulation/ ></u> accessed on 18 May 2023

<sup>&</sup>lt;sup>100</sup> Scottish Government, Anne's Law and Health and Social Care Standards consultations: analysis of the responses, February 2022, < <u>https://www.gov.scot/publications/annes-law-health-social-care-standards-consultations-analysis-responses/pages/3/</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>101</sup> Scottish Government, New Health and Social Care Standards for care homes, 31 March 2022, <</p>
<u>https://www.gov.scot/news/new-health-and-social-care-standards-for-care-homes/ > accessed 18 May 2023</u>.
The updated standards are at < <u>https://www.gov.scot/publications/health-social-care-standards-support-life/</u>
> accessed on 18 May 2023.

https://www.iriss.org.uk/sites/default/files/2022-09/iriss-chqa-visits-review-sept-2022.pdf > accessed on 18 May 2023

'inspection' or 'oversight' rather than support, or when staff and leaders were overwhelmed or experiencing distress. Co-production and partnership was felt to be more helpful, and sometimes in evidence.

Material submitted noted the substantial pressure on care home support staff and leadership, expressing concerns about exhaustion, stress, and burnout.

Several reports noted pressure and distress for staff required to give more end-of-life support than usual and in particular handling family and friends' distress at not being physically present at end-of-life.

A number of areas noted changing messaging and lack of clarity relating to the national and local guidance on COVID-19 as significant barriers to practice during lockdown. Some areas saw different areas of guidance as periodically conflicting and noted the very short time window for implementing guidance following issue.

#### 5.4 Care homes and COVID-19 deaths

The daily data on deaths, including care home deaths, cited by Farrell and Frowde (page 62, footnote 148) would no longer appear to be published. Similarly, the National Records of Scotland web page on deaths involving coronavirus in Scotland is no longer updated.<sup>104</sup> A new page has been set up, 'Deaths registered weekly in Scotland', which includes data on deaths involving coronavirus.<sup>105</sup>

This links to a spreadsheet which includes deaths involving coronavirus in care homes each week.<sup>106</sup> There were 48 in the week beginning 31 January 22. The weekly death rate drops significantly around April 2022 and is below single figures for the period beginning on 15 August 2022 to 12 December 2022, although there is a rise from mid-December to January 2023.

The Scottish Government website contains links<sup>107</sup> to data published by the Care Inspectorate<sup>108</sup> on deaths in care homes notified to them, and by Public Health Scotland on confirmed cases of COVID-19 amongst care home residents and care home staff. The Crown Office and Procurator Fiscal Service continues to publish on

<sup>&</sup>lt;sup>104</sup> National Records of Scotland, *Deaths involving coronavirus (COVID-19) in Scotland,* < <u>https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/deaths-involving-coronavirus-covid-19-in-scotland</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>105</sup> National Records of Scotland, Deaths registered weekly in Scotland, <

https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/generalpublications/weekly-deaths-registered-in-scotland > accessed on 18 May 2023 <sup>106</sup> National Records of Scotland <

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.nrscotland.gov.uk%2Ffiles%2F%2Fs tatistics%2Fvital-events%2Fweekly-deaths%2Fweekly-deaths-23.xlsx&wdOrigin=BROWSELINK > accessed on 18 May 2023

<sup>&</sup>lt;sup>107</sup> Scottish Government, *Coronavirus (COVID-19): data for Scotland <* 

https://www.gov.scot/publications/coronavirus-covid-19-data-for-scotland/ > accessed on 18 May 2023 <sup>108</sup> Care Inspectorate, *Covid-19 Adult Care Home Statistics* <

https://www.careinspectorate.com/index.php/publications-statistics/184-statistics-and-data/covid-19statistics > accessed on 18 May 2023

its website data on deaths linked to COVID-19 in individual care homes, which are referred to their COVID Deaths Investigation Team.<sup>109</sup>

#### 5.5 COPFS investigation of deaths (Operation Koper)

The investigation by the Crown Office of care home deaths remained controversial. The perceived burden on care homes was felt by many in the sector to be disproportionate, particularly compared with the investigation of deaths in other settings.

On 6 February 2022, the Daily Record criticised the fact that none of the 4888 cases being investigated by the Crown Office had reached a conclusion.<sup>110</sup>

In March 2022, the CEO of Scottish Care wrote to the Lord Advocate calling for a halt to the investigations and arguing that, because of the changed nature of the pandemic, there was no longer a justification for the investigation of every COVID related care home death.<sup>111</sup>

On 23 October 2022, the Scotsman reported continuing concerns by the care sector that the investigations were causing a 'real emotional and psychological burden' and that, to date, there had not been a single prosecution or fatal accident inquiry.<sup>112</sup>

In December 2022, it was reported that more than 95% of the nearly 5,000 COVID-19 deaths in Scottish care homes under investigation by the COPFS remained unresolved.<sup>113</sup>

On 22 December 2022, the Lord Advocate announced updated guidance on the reporting of COVID related deaths to the Crown Office.<sup>114</sup> The updated guidance was issued on 21<sup>st</sup> December by the Chief Medical Officer to medical practitioners.<sup>115</sup> With immediate effect, certifying doctors were no longer required to report deaths associated with COVID-19 where the only reason for reporting the death was that the virus was contracted whilst the deceased was resident in a care

<sup>&</sup>lt;sup>109</sup> The February 2023 table is at *Care homes deaths linked to COVID as per records held by the COVID Deaths Investigation Team (CDIT) February 2023* < <u>https://www.copfs.gov.uk/publications/care-homes-deaths-linked-to-covid-as-per-records-held-by-the-covid-deaths-investigation-team-cdit-february-2023/</u> > accessed on 18 May 2023

<sup>&</sup>lt;sup>110</sup> J Ferguson, 'No probes into Scotland's 4888 care home covid deaths completed since criminal investigation launched', *Daily Record*, 6 February 2022.

<sup>&</sup>lt;sup>111</sup> J MacGill, 'Call to end care home deaths probe', *Healthandcare,scot*, 23 March 2022, <

https://healthandcare.scot/default.asp?page=story&story=3048 > accessed on 18 May 2023

<sup>&</sup>lt;sup>112</sup> 'Covid Scotland: Families and care homes 'stuck in limbo' as Crown Office

stalls Covid-19 death decisions', Scotsman, 23 October 2022.

 <sup>&</sup>lt;sup>113</sup> J MacGill 'Care home death inquiries unresolved' Healthandcare.scot, 8 December 2022, <</li>
 <u>https://healthandcare.scot/default.asp?page=story&story=3318 > accessed on 18 May 2023</u>
 <sup>114</sup> COPFS, Change in reporting of care home Covid-19 deaths to the Procurator Fiscal, 22 December 2022, <</li>
 <u>https://www.copfs.gov.uk/about-copfs/news/change-in-reporting-of-care-home-covid-19-deaths-to-the-procurator-fiscal/ > accessed on 18 May 2023</u>

<sup>&</sup>lt;sup>115</sup> Chief Medical Officer, *RE: UPDATED GUIDANCE TO MEDICAL PRACTITIONERS FOR DEATH CERTIFICATION AND REPORTING DEATHSTO THE PROCURATOR FISCAL DURING THE RECOVERY FROM COVID-19 DISEASE PANDEMIC*, SGHD/CMO(2022)40, 21 December 2022, < <u>https://www.sehd.scot.nhs.uk/cmo/CMO(2022)40.pdf</u> > accessed on 18 May 2023

home, or where it may have been contracted whilst the deceased was in the course of their employment or occupation.

### 5.6 Care Home Data Review

The Office for Statistical Regulation's 2020 report on Adult Social Care Statistics<sup>116</sup> highlighted a number of issues with the current care home evidence base. It noted that the data landscape can be confusing and does not currently provide the insight it could to meet the needs of stakeholders. In addition, current data collections place a significant burden on care home data providers but do not necessarily collect information that benefits them.

In response, Scottish Government, Public Health Scotland and the Care Inspectorate began in late 2022 a review of the care home data landscape.<sup>117</sup>

Although not directly linked to COVID, the review may be relevant to some of the concerns expressed regarding the burden of data collection during the pandemic and gaps in Government understanding about the needs of the sector.

<sup>&</sup>lt;sup>116</sup> Office for Statistics Regulation, Adult Social Care Statistics in Scotland. February 2020 < <a href="https://osr.statisticsauthority.gov.uk/wp-content/uploads/2020/07/ASC\_Scotland-1.pdf">https://osr.statisticsauthority.gov.uk/wp-content/uploads/2020/07/ASC\_Scotland-1.pdf</a> accessed on 18 May 2023

<sup>&</sup>lt;sup>117</sup> Scottish Government,, *Care Home Data Review*, 27 April 2023 < <u>https://www.gov.scot/publications/care-home-data-review/</u> > accessed on 18 May 2023

## 6 COVID-19 and the Health and Social Care workforce

# Update of Farrell and Frowde Part IVG and Burton on Infection Protection and Control pages 17-24

#### 6.1 Managing workforce risks

The summary of relevant guidance on the NHS Scotland Staff Governance online hub<sup>118</sup> was updated on 28<sup>th</sup> September 2022.<sup>119</sup> Notable new guidance included:

- on 31 March 2022, a letter confirming a de-escalation of infection protection and control measures in Health and Social Care settings including withdrawal of physical distancing guidance: but stating that care homes were exempt from these recommendations, pending consideration through appropriate governance channels<sup>120</sup>
- in April 2022, revised guidance on symptomatic testing of staff<sup>121</sup>
- from September 2022, guidance indicating a pause in asymptomatic testing of staff.<sup>122</sup>

## 6.2 Rates of COVID-19 infection among staff

The Care Inspectorate publishes rates of staff absence in care homes related to COVID.<sup>123</sup> 1245 absences were reported for the week of 1 March 2022 (3.3%). From April, the numbers fell, with 283 reported for the week of 20 December 2022 (0.9%).

The rates of infection among healthcare workers also declined, from the 15 February 2022 figure of 3,482 cited by Farrell and Frowde (p79) to 1,148 as at 20 December 2022.<sup>124</sup>

<sup>119</sup> NHS Scotland, *Guidance for Staff and Managers on Coronavirus,* September 2022, < <u>https://www.staffgovernance.scot.nhs.uk/media/1852/staff-governance-covid-19-guidance-for-staff-and-managers-280922.pdf</u> > accessed 16 May 2022

<sup>&</sup>lt;sup>118</sup> NHS Scotland, *Staff Governance* < <u>https://www.staffgovernance.scot.nhs.uk/coronavirus-covid-</u> 19/guidance/ > accessed on 15 May 2023

<sup>&</sup>lt;sup>120</sup> Chief Nursing Officer, 'De-escalation of COVID-19 infection prevention and

control (IPC) measures in Health and Social Care settings to alleviate system pressures,' Letter, DL (2022) 07, 31 March 2022, < <u>https://www.sehd.scot.nhs.uk/dl/DL(2022)07.pdf</u> > accessed on 16 May 2023

<sup>&</sup>lt;sup>121</sup> Scottish Government (Health Workforce Directorate) 'Managing Health and Social Care Staff with symptoms of a respiratory infection, or a positive COVID-19 test, as part of the Test and Protect Transition Plan' Letter 29 April 2022, DL (2022) 12, < <u>https://www.sehd.scot.nhs.uk/dl/DL(2022)12.pdf</u> > accessed on 16 May 2023

 <sup>&</sup>lt;sup>122</sup> Chief Nursing Office and Chief Medical Officer, 'Advance Notice of a Pause of Asymptomatic Staff
 Testing in Health and Social Care and Asymptomatic Testing in Hospitals to be in place by the end of
 September 2022', Letter, DL (2022) 32 14 September 2022 < https://www.sehd.scot.nhs.uk/dl/DL(2022)32.pdf</li>
 >accessed on 16 May 2023 >accessed 16 May 2023

<sup>&</sup>lt;sup>123</sup> Care Inspectorate, *COVID Statistics*, < https://www.careinspectorate.com/index.php/publicationsstatistics/184-statistics-and-data/covid-19-statistics > accessed on 16 May 2023

<sup>&</sup>lt;sup>124</sup> NHS Education for Scotland, *NHS Staff COVID-19 Absences*, < <u>https://turasdata.nes.nhs.scot/data-and-reports/other-workforce-statistics/covid-19-staff-absence/</u> > accessed on 16 May 2023

## 6.3 Healthcare workers

On 19 May 2022 the BMA published its *Covid Review 2: the Impact of the pandemic on the medical profession*<sup>125</sup> reporting on a UK-wide survey it had conducted. It noted that the pandemic had significantly impacted on everyone, but that medical professionals had particularly borne the brunt of it. In late 2021 it found that the pandemic had seriously affected the health and wellbeing, and financial and career prospects of medical professionals in the following ways:

- Healthcare workers were among those with higher infection rates relative to the general population.
- Ethnic minority doctors and disabled doctors were among those whose physical health was particularly negatively impacted.
- Medical professionals' mental health and emotional wellbeing suffered considerably.
- Burnout, overwork, distress, trauma, and isolation were all serious issues. Calls to the BMA's counselling service increasing by over a third in the first year of the pandemic, and several respondents to the BMA survey indicated they had left or would be leaving the medical profession.
- Exhaustion was found to be more prevalent among female respondents to the BMA survey (62%, compared to 53% for male respondents) and amongst respondents with a disability or LTC (62% versus 57% of those without).

The BMA report also highlighted that the medical profession rarely received the support they needed, and employers had missed opportunities to mitigate the negative impact of COVID-19 medical professionals. However, the pandemic had also resulted in some practical positive changes in the UK's health services. The report noted that remote working and hybrid working was better facilitated, morale improved (particularly at the start of the pandemic), and a better streamlined appraisal system had emerged.

Information on the impact of COVID-19 on social care workers and further evidence of this on healthcare workers, together with lessons learned and the impact of Long COVID, can be found in Chapter 8 of this report.

Couper et al reported on a study conducted between April and August 2020 on the psychological impact of COVID-19 on the UK nursing and midwifery workforce. This identified post-traumatic stress disorder in this workforce and potential factors

<sup>&</sup>lt;sup>125</sup> BMA, Covid Review 2: the Impact of the pandemic on the medical profession, 19 May 2022, <</p>
<u>https://www.bma.org.uk/media/5645/bma-covid-review-2nd-report-19-may-2022.pdf</u> > accessed on 5 May 2023

associated with signs of the disorder and has implications for planning for future pandemics.<sup>126</sup>

<sup>&</sup>lt;sup>126</sup> K Couper *et al*, 'The impact of COVID-19 on the wellbeing of the UK nursing and midwifery workforce during the first pandemic wave: A longitudinal survey study' (2022) 127 *International journal of nursing studies* doi: 10.1016/j.ijnurstu.2021.104155.

## 7 DNACPR, end of life care and anticipatory care planning

# Update on Farrell and Frowde Part IVF and Burton on end of life care and DNACPR pages 37-41

We identified few new developments in relation to the pandemic and DNACPR and related issues during the period February to December 2022, although some of the guidance documentation which was discussed in the earlier research appears no longer to be extant.

We found little evidence of how far practice during the pandemic followed or was influenced by this guidance, or how it comported more generally with legal requirements and ethical principles. There are ongoing concerns about the way in which DNACPR notices are understood and used by health professionals.

## 7.1 Clinical and ethical guidance

At the beginning of the pandemic, there was considerable concern that parts of the NHS might be overwhelmed, raising issues about rationing of care. Concerns were also expressed about whether care teams were being encouraged to place DNACPR notices on people, sometimes on a block basis or without full discussion and consent. A number of guidance documents were subject to critical scrutiny, and some were amended to better reflect human rights and equalities concerns.

It appears that much of the guidance has been withdrawn. We have not been able to establish when this was done, but the following guidance is no longer listed on the Government website:

- Coronavirus (COVID-19): clinical guidance for managing patients (contains chapter on Anticipatory Care Planning and ACP Template)<sup>127</sup>
- Coronavirus (COVID-19): ethical advice and support framework (guidance on ethics, human rights and equality issues)<sup>128</sup>
- Coronavirus (COVID-19): guidance on critical care management of adult patients.<sup>129</sup>

The ethical advice and support framework referred (pages 12-14) to a national ethical advice and support group, which would meet on a regular basis and report to the Chief Medical Officer, alongside local support groups at Health Board level. As far as we can establish from contact with the Mental Welfare Commission, some

<sup>&</sup>lt;sup>127</sup> Scottish Government, Coronavirus (COVID-19): clinical guidance for managing patients < <a href="https://webarchive.nrscotland.gov.uk/20210325183348/https://www.gov.scot/publications/coronavirus-covid-19-clinical-advice/">https://webarchive.nrscotland.gov.uk/20210325183348/https://www.gov.scot/publications/coronavirus-covid-19-clinical-advice/</a> > accessed on 18 May 2023

<sup>&</sup>lt;sup>128</sup> Scottish Government, *Coronavirus (COVID-19): ethical advice and support framework,* 13 July 2020, < <u>https://webarchive.nrscotland.gov.uk/20220419223643/http://www.gov.scot/publications/coronavirus-covid-19-ethical-advice-and-support-framework/ > accessed on 18 May 2023</u>

<sup>&</sup>lt;sup>129</sup> Scottish Government, *Coronavirus (COVID-19): guidance on critical care management of adult patients* < <u>https://webarchive.nrscotland.gov.uk/20220419223619/http://www.gov.scot/publications/coronavirus-covid-19-guidance-on-critical-care-management-of-adult-patients/#full-history</u> > accessed on 18 May 2023

local groups were established, but it appears the national group was never set up. Some, if not all, of the local groups have been wound up.

Early guidance to care homes specifically mentioned the importance of Anticipatory Care Plans.<sup>130</sup> The topic does not appear in more recent guidance.

## 7.2 Impact of pandemic on end-of-life and critical care

One small study looked at 'moral distress' among palliative care doctors working during the pandemic.<sup>131</sup> 'Moral distress' refers to the experience of being unable to take the action that one believes to be morally right due to institutional constraints. During the pandemic, restrictions imposed by national government and local management forced doctors to act against their instincts: to reduce communicative touch, limit visiting and spend less time with patients. The authors wrote:

'This study found that the limited visitation policy, PPE and physical distancing restrictions had a large impact on staff. Facial recognition and lip-reading are important for interpersonal reassurance in distressed patients and the presence of family and friends is well-known to benefit patients with delirium and dementia. Restrictions therefore increased patient distress, which in turn led to moral distress in palliative care doctors as they felt they were not always doing the right thing.'

It recommended that 'Measures to mitigate moral distress should be implemented at a personal and institutional level.'

Another Scottish study looked at how doctors in critical care units gathered information to guide their practice during the early stages of the pandemic, when there was little knowledge of how to treat it.<sup>132</sup> The study largely focused on research and information on how to treat COVID, rather than ethical and legal guidance. Since the usual routes such as peer-reviewed journal articles were too slow, new sources of information were found, including social media platforms and instant messaging apps – with information of variable quality and accuracy.

Although the ethical and legal issues were not to the fore in this research, the researchers reported:

'As the first wave progressed, the increasing burden of COVID-19 on critical care capacity led clinicians to question how ICU service provision should be organised and attempt to predict who would benefit from different types of treatment.' One interviewee commented 'We were worried about the ICU being fully overwhelmed so

<sup>130</sup> For example, Scottish Government, *National Clinical and Practice Guidance for Adult Care Homes in Scotland during the COVID-19 Pandemic*, updated 15 May 2020, p.9, < https://webarchive.nrscotland.gov.uk/20210920212831/https://www.gov.scot/publications/coronavirus-

covid-19-clinical-and-practice-guidance-for-adult-care-homes/ > accessed on 18 May 2023

<sup>&</sup>lt;sup>131</sup> E C Fish and A. Lloyd'Moral distress amongst palliative care doctors working during the COVID-19 pandemic: A narrative-focussed interview study.' (2022) 36(6) *Palliative Medicine* 955.

<sup>&</sup>lt;sup>132</sup> I Sawyer, J Harden and R Baruah, 'Intensive care clinicians' information acquisition during the first wave of the Covid 19 pandemic' (2023) 24(1) *Journal of the Intensive Care Society* 2 40.

there were a lot of discussions about who we would admit to our ICU, and there were a lot of discussions around about that.'

The research did not disclose whether or how Government guidance influenced these discussions.

Another area of concern highlighted was a lack of alignment in some areas between advice from Scottish and UK Government and clinical bodies, such as PPE Guidance from NHS England versus that from Health Protection Scotland and the Intensive Care Society.

## 7.3 Use of DNACPR during pandemic

Research by Michalowski and Martin into the forms used for DNACPR notices in England found that there was continued uncertainty around fundamental key concepts, including the notion of 'futility', the legal status of DNACPR notices, and the nature of the required consultation.<sup>133</sup>

It argued that DNACPR forms used in the NHS in England, and the broader ReSPECT form, had shortcomings in reflecting the legal requirements. The use of the terms 'order' or 'instructions' was misleading as, unlike advance decisions to refuse treatment under the Mental Capacity Act 2005, the notices are not binding legal documents. The decision of the clinician who signs the form may influence the decision of a later health professional but does not exempt them from making their own clinical judgement on how to proceed. This highlighted the need for improvements in the forms used and a better understanding of the legal framework underpinning the process.

A study by Bows and Herring examined the use of DNACPRs during the pandemic across 23 Trusts in England.<sup>134</sup> It found overall increases in the number of patients with a DNACPR decision during the two main COVID 'waves' (23 March 2020–31 January 2021) compared with the previous year: an increase of 30% for the first wave compared with the same period in 2019, and an 11% increase for the second wave compared with the same period in 2019–2020.

Overall, approximately one in five patients was not consulted about the DNACPR decision, but during the first COVID wave more patients were consulted than pre-COVID: 16% of patients not consulted compared with 18% of patients during the earlier period.

A disproportionate number of Black Caribbean patients had a DNACPR decision. There was no change in the proportion of patients with a DNACPR who had a

<sup>&</sup>lt;sup>133</sup> S Michalowski and W Martin, 'DNACPR Decisions: Aligning Law, Guidance, and Practice' (2022) 30(3) Med.L.Rev-434.

<sup>&</sup>lt;sup>134</sup> H Bows and J Herring, 'DNACPR decisions during Covid-19: An empirical and analytical study' (2022) 30(1) MedL.Rev. 60.

learning disability during the two pandemic waves (Periods 3 and 4) compared with the pre-COVID data periods.

Only 8% of NHS Trusts provided information in response to a Freedom of Information request, highlighting the lack of centrally collected data on the use of DNACPR forms.

Another English study by Fitton et al involved a survey and focus group of professionals discussing their experiences of the use of DNACPR notices in care homes during the pandemic.<sup>135</sup> Fifty-five per cent of survey respondents reported that, during the pandemic, they had witnessed DNACPR forms being added without consultation with the resident or a relative. Seventeen per cent of survey respondents reported that, at some point since the beginning of the pandemic, they had witnessed DNACPR recommendations influence medical decisions beyond CPR. Twenty-two respondents reported that a decision had been made not to transfer any residents with a DNACPR recommendation to hospital. Four respondents reported that they had witnessed the denial or withdrawal of medication on the basis that a resident had a DNACPR recommendation in place.

We have not found similar research in Scotland, but media reports suggest continuing concern across the UK about the making and operation of DNACPR notices.<sup>136</sup>

## 7.4 Parliamentary consideration of DNACPR notices

On 13 April 2022, Monica Lennon MSP asked a Parliamentary Question about what information the Scottish Government holds on how many do-not-resuscitate orders have been signed during the COVID-19 pandemic, and how this compares with each calendar year from 2010 onwards. In line with previous responses, the Health Secretary answered on 10 May 2022 that:

'This recording is done in hard copy on a DNACPR form, the existence of which is then recorded on an individual's Key Information Summary. Such information is only shared for the purposes of direct care and is therefore not centrally collected.' <sup>137</sup>

This suggests that the data issues found by Bows and Herring would be likely to be replicated in Scotland.

<sup>&</sup>lt;sup>135</sup> E Fittonet al, 'Managing DNACPR Recommendations in Residential Care: Towards Improved Training for Social Care and Capacity Professionals', (2023) (00) *British Journal of Social Work* 1.

<sup>&</sup>lt;sup>136</sup> For example, 'I've been given a do not resuscitate order but I want to live' *BBC Scotland News*, 21 January 2023, < <u>https://www.bbc.co.uk/news/uk-scotland-glasgow-west-64334328 ></u> and 'Do not resuscitate: Man choked to death after paramedics stood down', *BBC News*. 16 May 2023, < <u>https://www.bbc.co.uk/news/uk-65597888</u> > both accessed on 18 May 2023

<sup>&</sup>lt;sup>137</sup> Scottish Parliament, *Question reference: S6W-08061* < <u>https://www.parliament.scot/chamber-and-</u> committees/questions-and-answers/question?ref=S6W-08061 > accessed on 18 May 2023

## 8 COVID Recovery and Aftermath

#### 8.1 NHS and social care recovery plans

In October 2021, the Scottish Government published its COVID Recovery Strategy.<sup>138</sup> It sets out the Scottish Government's "vision for recovery and the actions we will take to address systemic inequalities made worse by Covid, make progress towards a wellbeing economy, and accelerate inclusive person-centred public services."

The strategy makes very few references, or specific commitments, in relation to social care. However, it does contain the following commitments:

- An "ambition" that, from 2030, at least 5% of all community-based health and social care spend will be invested in preventative whole family support measures that will enable more children to only know care, compassion and love rather than a 'care system'.
- To work with local government to deliver the key foundation pillars set out in the Independent Review of Adult Social Care in Scotland together with a commitment to ensuring that staff delivering direct adult social care are paid at least the real Living Wage including an additional funding of £64.5 million in 2021.
- To deliver a framework that supports and enables the delivery of approaches to tackling health inequalities within communities, including developing more effective ways to support community-led third sector programmes that can help to improve the health of and support those most in need and supporting health and social care providers to be anchor institutions in reducing socioeconomic inequalities.
- Renew and refocus efforts to build equity into our health and social care services for minority ethnic groups.

There is evidence, however, that although life was returning to normal there were concerns that council-run social care services remained closed after being suspended at the beginning of the pandemic. This led the Scottish Government to request an audit of adult day and respite services across all Scotland's local authorities in May 2022<sup>139</sup>.

*Coronavirus (COVID-19): adult social care building-based day services – guidance* was updated on 26 May 2022 and then 28 September 2022<sup>140</sup> and on 19 October 2022 the Cabinet Secretary for Health and Social Care wrote to local authorities and health and social care partnerships setting out the findings of the day services and

 <sup>&</sup>lt;sup>138</sup> Scottish Government, *Covid Recovery Strategy: for a fairer future, 5 October 2021, <* <u>https://www.gov.scot/publications/covid-recovery-strategy-fairer-future/</u> > accessed on 5 May 2023
 <sup>139</sup> E Pringle, *Government commissions day services audit, <*

https://healthandcare.scot/default.asp?page=story&story=3090 > Healthandcare.scot ,5 May 2022 <sup>140</sup> Scottish Government, *Coronavirus (COVID-19): adult social care building-based day services – guidance*, 28 September 2022,< https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-adult-social-carebuilding-based-day-services/ > accessed on 5 May 2023

respite services audit and next steps in supporting the reopening of services<sup>141</sup>. The letter also stated that the survey would be repeated in November 2022 to establish progress since the publication of updated guidance.

It appears that providers of adult social care in Scotland were told in June 2022 that 'essential' funding for COVID-19 costs would be pulled at the end of the month. This gave them only a fortnight to prepare, with the risk that some would be pushed out of business.<sup>142</sup> NHS funds were being squeezed as well.<sup>143</sup> Indeed, there were concerns that the NHS recovery plan was scrambled together much too quickly by the Scottish Government.<sup>144</sup>

In February 2023, Audit Scotland published its report *NHS in Scotland 2022*<sup>145</sup> in which it calls for the Scottish Government to be more transparent about how long NHS recovery from COVID-19 and to reform services will take.

In terms of social care, Audit Scotland's Social Care Briefing of January 2022 stated:

'The pandemic has exacerbated the long-standing challenges facing the social care sector, highlighting the precarious situation of many vulnerable people who rely on social care or support. The Scottish Human Rights Commission (SHRC) reported on the negative impact Covid-19 had on people requiring support and their rights. The SHRC expressed deep concern about future levels of social care support likely to be available to people whose packages were reduced or withdrawn during the pandemic. It highlighted the need to invest in a social care system, based on human rights, that meets people's needs and improves outcomes'<sup>146</sup>

Audit Scotland published its *Local Government in Scotland Overview* in May 2022<sup>147</sup> which maps progress towards recovery and looks at the impact of COVID-19 on

<sup>&</sup>lt;sup>141</sup> Scottish Government, *Adult day services and respite services survey: follow-up letter*, 19 October 2022,< <u>https://www.gov.scot/publications/adult-day-services-and-respite-services-survey-follow-up-letter/</u> > accessed on 5 May 2023

https://healthandcare.scot/default.asp?page=story&story=3136 > (healthandcare.scot), accessed on 5 May 2022

<sup>&</sup>lt;sup>143</sup> E Pringle, 'Halted covid funding squeezes NHS Boards', Healthandcare.scot, 23 August 2022, < https://healthandcare.scot/default.asp?page=story&story=3196 > accessed on 5 May 2023

 <sup>&</sup>lt;sup>144</sup> F MacPherson and H Anderson, 'Emails show haste to publish recovery plan' Healthandcare.scot, 7 July
 2022, < <u>https://healthandcare.scot/default.asp?page=story&story=3157</u> > accessed on 5 May 2023
 <sup>145</sup> Audit Scotland, NHS in Scotland 2022, February 2023,< <u>https://www.audit-</u>

scotland.gov.uk/uploads/docs/report/2023/nr 230223 nhs overview.pdf > accessed on 5 May 2023
<sup>146</sup> Audit Scotland, Social Care Briefing, January 2022, para 33,< <a href="https://www.audit-">https://www.audit-</a>

scotland.gov.uk/uploads/docs/report/2022/briefing 220127 social care.pdf > accessed 5 May 2023. See also Scottish Human Rights Commission, *COVID-19, Social Care and Human Rights: Impact Monitoring Report,* October 2020, < <u>https://www.scottishhumanrights.com/media/2054/coronavirus-care-homes-briefing-</u> 140720 vfinaldocx.pdf > accessed on 18 May 2023

<sup>&</sup>lt;sup>147</sup> Audit Scotland, *Local Government in Scotland Overview*, May 2022, <Local government in Scotland Overview 2022 (audit-scotland.gov.uk)> accessed on 5 May 2023

services and equality. In June 2022, it published *Scotland's financial response to Covid-19*<sup>148</sup> which it updated on 29 March 2023.<sup>149</sup>

## 8.2 Future pandemic planning and learning from COVID-19

In August 2020, ARC Scotland published its report "*We're all in this together*": the *impact of Covid-19 on the future of social care in Scotland: a view from the workforce*<sup>150</sup> reporting the findings of an online survey resulting in 623 responses from social care frontline staff and managers from across 23 Scottish local authority areas. The survey's purpose was to capture and record the learning and experiences of those involved in the planning and delivery of social care services during 2020, particularly in relation to people with learning disabilities, autism and physical disabilities, in order to inform and shape longer term changes to social care in Scotland. It included the provision of care at home, housing support, residential, day and respite services and community-based support. The report states that it contains important information for:

- Frontline social care practitioners and service managers
- Local authority planners and commissioners
- · Leaders in the third and independent sectors
- National bodies
- Scottish Government

and delivered four key messages arrived at from the perceptions of social care staff:

1. Supported people are better able to cope and more resilient than many would have thought.

2. Supported people prefer support that is constructed around their needs and preferences, and provided in a relaxed, non-pressurised way.

3. Whilst feeling motivated, resilient, adaptable and proud of how their work changes people's lives, social care staff also feel undervalued professionally. The longstanding resentment within substantial parts of the third sector that it is seen as the 'poor cousin' to the public sector needs to be addressed.

 <sup>&</sup>lt;sup>148</sup> Audit Scotland, Scotland's financial response to Covid-19, 16 June 2022,< <u>https://www.audit-scotland.gov.uk/publications/scotlands-financial-response-to-covid-19</u> > accessed on 5 May 2023
 <sup>149</sup> Audit Scotland, Scotland's financial response to Covid-19:Spending update, 29 March 2023,

https://www.audit-scotland.gov.uk/publications/scotlands-financial-response-to-covid-19-spending-update > accessed on 5 May 2023

<sup>&</sup>lt;sup>150</sup> ARC Scotland, "We're all in this together" The impact of Covid-19 on the future of social care in Scotland: a view from the workforce, August 2020,.< <u>https://arcscotland.org.uk/wp-content/uploads/Were-all-in-this-together-The-impact-of-Covid-19-on-the-future-of-social-care.pdf</u> > accessed on 5 May 2023

4. An opportunity now exists to use learning from the 'lockdown experience' to reappraise the way the social care workforce functions, especially in terms of how to make use of more flexible, autonomous, and creative working practices.

A lack of guidance was particularly mentioned, e.g. how Scotland's social care sector could cope with a flu pandemic (despite this being identified as a priority).

In April 2022, concerns were expressed over whether social care will be included in future Scottish Government pandemic planning.<sup>151</sup>

In August 2022 the Scottish Government Standing Committee on Pandemic Preparedness called for a dedicated Centre of Pandemic Preparedness for future pandemics which can pull together all relevant cross-sector and discipline data in a unified way to ensure better preparedness and actions.<sup>152</sup>

On 29 March 2023, Audit Scotland published a blog by Sheila Gunn of the Accounts Commission entitled *Learning the lessons of Covid-19 has never been more important.*<sup>153</sup> In terms of social care and lessons learned, issues relating to provision in rural and island communities during the pandemic were highlighted to the Inquiry in March 2022 by Broadfoot et al.<sup>154</sup>

Moreover, several pieces of literature remind us of the adverse and unequal impact of the COVID-19 restrictions both during and coming out of the pandemic. Woolhouse discusses whether lockdown was an effective public health measure<sup>155</sup> and Yang et al. write about the disparity in policies during the first and second pandemic waves across the UK.<sup>156</sup> In October 2022, Witcher called for urgent and meaningful dialogue with government to make sense of the 'incomprehensible mismatch' between lived experience of harms caused by the restrictions and coming out of them and government abandonment of ways to prevent them.<sup>157</sup> The Scottish Health Survey 2021, published in November 2022, highlights that Scots' mental

<sup>152</sup> E Pringle, 'Scotland should set up pandemic centre' *Healthandcare.scot*, 1 August 2022, < <a href="https://healthandcare.scot/default.asp?page=story&story=3205">https://healthandcare.scot/default.asp?page=story&story=3205</a> > accessed on 5 May 2023
<sup>153</sup> Cupper Journal Learning the Journal of Cavid 10 here payer here more important blog 20 March 20

<sup>154</sup> K Broadfoot et al, Health and Social Care Provision in Rural and Island Communities During the COVID-19 Pandemic, *Final report*, 1 March 2022,< <u>https://www.covid19inquiry.scot/sites/default/files/2023-</u> <u>03/Portfolio 3MacRury et al UHI Health Social Care Provision Rural Highland Communities.pdf</u> > accessed on 5 May 2023

<sup>&</sup>lt;sup>151</sup> F MacPherson, 'Social care left out of future pandemic planning', *Healthandcare.scot*, 18 April 2022, < <a href="https://healthandcare.scot/default.asp?page=story&story=3069">https://healthandcare.scot/default.asp?page=story&story=3069</a> accessed on 5 May 2023

<sup>&</sup>lt;sup>153</sup> S Gunn, Learning the lessons of Covid-19 has never been more important, blog, 29 March 2023, < https://www.audit-scotland.gov.uk/publications/learning-the-lessons-of-covid-19-has-never-been-moreimportant > accessed on 5 May 2023

<sup>&</sup>lt;sup>155</sup> M Woolhouse, 'The case against lockdown as a public health intervention', (2022) 52(1) Journal *of the Royal College of Physicians of Edinburgh* 12.

<sup>&</sup>lt;sup>156</sup> M Yang et al, 'Critical policies disparity of the first and second waves of COVID-19 in the United Kingdom' (2022) 21(1) *International Journal for Equity in Health* 1.

<sup>&</sup>lt;sup>157</sup> S Witcher, 'Desperately seeking Covid sense', *Healthandcare.scot*, 17 October 2022,
<<u>https://healthandcare.scot/default.asp?page=story&story=3259</u> > accessed on 5 May 2023

wellbeing declined since the pandemic<sup>158</sup>. Again, the Health and Social Care Alliance Scotland in its letter of 5 January 2022 to the COVID-19 Recovery Committee Inquiry<sup>159</sup> highlighted that COVID-19 exacerbated pre-existing inequalities and that health inequalities contributed to higher COVID-19 (and other) deaths amongst certain groups, e.g. disabled people, people with long term conditions, older people, Black and minority ethnic people, and socio-economically disadvantaged people. To deal with the indirect impact of COVID-19 during winter 2021/22 the Alliance recommended an equality and human rights and AAAQ (<u>accessible</u>, <u>available</u>, <u>appropriate and high-quality</u>)<sup>160</sup> based focus, better support for third sector support and a holistic care and support planning approach in primary care.

## 8.3 Long COVID – emerging evidence

The Health and Social Care Alliance Scotland in its January 2022 communication to the COVID-19 Recovery Committee Inquiry<sup>161</sup> also emphasised the ongoing and indirect impact of COVID-19 on people's health and that there was insufficient strategic focus on this. The BBC, citing ONS statistics, also reported in November 2022 that whilst Long COVID has contributed to people being out of work owing to long term illness this is not a new phenomenon.<sup>162</sup>

The Alliance also highlighted the need to support persons with Long COVID in its email of 13 January to the Scottish COVID-19 Public Inquiry<sup>163</sup>. In this email it once more highlights the:

'profound and disproportionate impact on certain population groups, including disabled people, people living with long term conditions and unpaid carers. A range of issues within the Scottish Government, local and Integration Authorities, and the third and independent sectors, have been highlighted and exacerbated.'

It asked, amongst other things, what steps have been taken to support people living with Long COVID, including access to care and support, and research.

<sup>160</sup> Unicef, Availability, Accessibility, Acceptability and Quality Framework, < <u>https://gbvguidelines.org/wp/wp-content/uploads/2019/11/AAAQ-framework-Nov-2019-WEB.pdf</u> > accessed on 19 May 2023
 <sup>161</sup> Op cit.

<sup>&</sup>lt;sup>158</sup> Scottish Government, Scottish Health Survey 2021, November 2022,

<sup>&</sup>lt;https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2022/11/scottish-healthsurvey-2021-volume-1-main-report/documents/scottish-health-survey-2021-volume-1-main-report/scottishhealth-survey-2021-volume-1-main-report/govscot%3Adocument/scottish-health-survey-2021-volume-1main-report.pdf> accessed on 5 May 2023

<sup>&</sup>lt;sup>159</sup> Health and Social Care Alliance Scotland, *Covid-19 Recovery Committee Inquiry: Excess deaths in Scotland since the start of the pandemic*, 5 January 2022, <a href="https://www.alliance-scotland.org.uk/wp-">https://www.alliance-scotland.org.uk/wp-</a>

content/uploads/2022/01/ALLIANCE-Response-Excess-deaths-during-COVID-19-05.01.22-1.pdf> accessed on 4 April 2023

<sup>&</sup>lt;sup>162</sup> BBC News, *Our increasingly unhealthy economy*, 15 November 2022, < <u>https://www.bbc.co.uk/news/uk-scotland-business-63643961</u> > accessed 15 May 2023

<sup>&</sup>lt;sup>163</sup> Health and Social Care Alliance Scotland, *Email to The Hon. Lady Poole QC By email 13 January 2022 COVID-19 Public Inquiry*, 13 January 2022,< <u>https://www.alliance-scotland.org.uk/wp-</u>

content/uploads/2022/01/ALLIANCE-letter-to-Lady-Poole-Final.pdf > accessed on 4 April 2023

On 19 May 2022, the Royal College of Nursing Scotland (RCN Scotland) issued a parliamentary briefing *Scottish Government debate on Long Covid.*<sup>164</sup> It pointed out that;

"ONS data shows that people working in health and social care are significantly more likely to report having long term sickness as a result of Covid than the wider population. Support for these staff needs to continue and the impact of Long Covid in terms of increased long term absence needs to be factored in to workforce planning."

It noted that ONS across-UK statistics estimated that 3.2% of health care staff and 3.5% of social care staff working report having symptoms of COVID more than 12 weeks after contracting it (in comparison to 2% in the wider population).

It expressed concern that:

- Insufficient consideration had been given to the workforce requirements of treating Long COVID, particularly on already overstretched community services.
- The real risk that, in addition to other pressures on services, Long Covid will disrupt efforts to remobilise health and social care.

The RCN Scotland has also developed Long COVID guidance<sup>165</sup>, primarily targeted at RCN members with Long COVID and who are looking to return to work or are experiencing difficulties with their employers. The guidance webpage was last updated on 27 April 2023. The RCN Scotland briefing noted that NHS staff absent from work with COVID were receiving full pay and allowances and stated that these arrangements should remain in place for as long as possible, and that ongoing support for staff with Long COVID must include enhanced Occupational health provision going forward.

In the Health and Social Care Alliance's 30 June 2022 response to the Scottish Parliament consultation on 'Road to recovery: impact of the pandemic on the Scottish labour market' it stated that there were two key factors contributing to labour market inactivity in Scotland following the COVID-19 pandemic, which were:

- The impact of Long COVID on people's ability to work; and
- Burnout amongst health and social care workers. It noted that this has been a recurring theme since the start of (even before) the pandemic. They were also experiencing recruitment and retention issues again starting prior to the pandemic resulting from factors such as Brexit, increasing workloads, and the persistent undervaluing of the social care sector which was compounded by the pandemic, the subsequent recession, and the current cost of living crisis.

A Robert Gordon University study *Lived experience of long term Covid-19 on* workers in NHS health care settings in Scotland: a longitudinal mixed methods

<sup>&</sup>lt;sup>164</sup> Royal College of Nursing, *RCN Scotland briefing – Scottish Government debate on Long Covid*, 19 May 2022,< <u>https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-parl-long-covid-briefing-190522</u> > accessed on 5 May 2023

<sup>&</sup>lt;sup>165</sup> Royal College of Nursing Scotland, *Long Covid: A guide about Long COVID,* < <u>https://www.rcn.org.uk/Get-Help/RCN-advice/long-covid</u> > accessed on 5 May 2023

*study*<sup>166</sup> commenced on 1 June 2021 and concluded 30 April 2023. It explored the impact of the longer-term effects of Long COVID-19 on NHS workers with a view to informing workforce planning needs. Its first survey results revealed that 92% of participants<sup>167</sup> reported limitations in their daily activities due to Long COVID, with the most reported symptoms being fatigue (88%), brain fog (80%), and breathlessness (69%).

<sup>&</sup>lt;sup>166</sup> Robert Gordon University, Lived experience of long term Covid-19 on workers in NHS health care settings in Scotland: a longitudinal mixed methods study < <u>https://www.rgu.ac.uk/research/research-</u> projects/projects/4265-lived-experience-of-long-term-covid-19-on-workers-in-nhs-health-care-settings-inscotland-a-longitudinal-mixed-methods-study > accessed on 5 May 2023

<sup>&</sup>lt;sup>167</sup> 471 participants completed the survey of which 48% were nurses, 22% were administrative and other professionals, 11% were Allied Health Professionals, 11% were ancillary staff and 8% were doctors.

#### ANNEXES

#### Annex A: Bibliography

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## Annex B

## Chronology of key events – February to December 2022

Date	Events	Chapter
10 February	Publication of responses to National Care Service consultation	2.7
22 February	Publication of COVID-19 Strategic Framework update	4.1
7 March	Spring/summer vaccination booster programme begins	3.5
9 March	Parliamentary debate on 'Anne's Law'	4.2
25 March	Expiry of Mental Health Act emergency measures	3.1
31 March	New guidance to care homes – more visitors, reduced isolation, greater mixing in communal areas	4.1
31 March	New Health and Care Standards to support visiting in care homes	5.2
11 April	Govt ceases publication of vaccine update data	3.5
18 April	Ending of advice on regular testing except for care homes	4.1
4 May	Govt announces audit of adult social care day services	8.1
27 April	High Court ruling in <i>Gardner and Harris</i> on legality of discharge from hospital to care homes	4.5
30 April	Ending of routine testing of care home visitors	4.1
3 May	Isolation period in care homes reduced from 10-5 days	4.1
31 May	Ending of Highest Risk List	3.6
1 June	Updated 'Open with Care' guidance	4.1
1 June	Publication of weekly data on visiting in care homes ends	4.1
20 June	Introduction of National Care Service Bill	2.7, 4.2
10 August	Coronavirus (Recovery and Reform) (Scotland) Bill enacted	3.1

7 September	Recommendations re face masks in social care sector ended	4.1
22 September	Winter vaccination booster programme began	3.5
23 September	Announcement of Independent Review of Inspection, Scrutiny and Regulation in Scotland	5.1
28 September	Pause in asymptomatic testing in care homes (except on admission)	6.1
1 October	Expiry of emergency powers to direct care homes	3.1
15 October	15 <sup>th</sup> and final report to Parliament on Coronavirus Acts	3.1
14 December	Scottish Government announce new arrangements for clinical care and support of care homes	5.1
15 December	Publication of Scottish Budget 2023/24	2.1
22 December	Lord Advocate updates guidance on reporting of COVID deaths to Crown Office	5.5

## Annex C

## List of abbreviations

ACP	Anticipatory Care Plan
BMA	British Medical Association
CPR	Cardio-pulmonary resuscitation
DNACPR	Do not attempt cardio-pulmonary resuscitation
CEO	Chief Executive Officer
COPFS	Crown Office and Procurator Fiscal Service
COSLA	Convention of Scottish Local Authorities
CPAG	Clinical Professional and Advisory Group
ECHR	European Convention on Human Rights
F&F	Farrell and Frowde
HSCP	Health and Social Care Partnership
ICU	Intensive Care Unit
IJВ	Integrated Joint Board
Iriss	The Institute for Research and Innovation in Social Services
LTC	Long term condition
NCS	National Care Service
NES	NHS Education for Scotland
NICE	National Institute for Health and Care Excellence
ONS	Office for National Statistics
PHS	Public Health Scotland
PPE	Personal Protective Equipment
RCN	Royal College of Nursing
SSSC	Scottish Social Services Council
SPICe	Scottish Parliament Information Service
SHRC	Scottish Human Rights Commission
WTE	Whole time equivalent

## Annex D

## **Search Strategy**

The following databases and platforms were searched on the 12<sup>th</sup> April 2023: CINAHL with Full text (EBSCO), Medline (EBSCO), PubMed Central, Web of Science Core Collection, Ovid Nursing and Proquest Social Science Premium Collection. Nexis Uni was searched on 17<sup>th</sup> April 2023 and Westlaw UK and Lexis+ were both searched (using the search terms set out below for cases and journal articles and for relevant legislation) on 21<sup>st</sup> April 2023.

Handsearching was undertaken online in the Edinburgh Napier University Library catalogue, LibrarySearch

https://napier.primo.exlibrisgroup.com/discovery/search?vid=44NAP\_INST:44NAP\_A LMA\_VU1, and GoogleScholar https://scholar.google.com/,

Hand searches were also carried out in the following websites:

-

- Audit Scotland https://www.audit-scotland.gov.uk/
- Age Scotland <u>https://www.ageuk.org</u>., uk/scotland/
- BBC News Scotland https://www.bbc.co.uk/news
- Care Inspectorate <u>https://www.careinspectorate.com/</u>
- Court of Protection Hub <u>https://www.courtofprotectionhub.uk/</u>
- Health and Social Care Alliance Scotland <u>https://www.alliance-scotland.org.uk</u>
- HealthandCare.Scot https://healthandcare.scot/
- Healthcare Improvement Scotland COVID pages <u>https://www.healthcareimprovementscotland.org/our\_work/coronavirus\_covid-19.aspx</u>

- Inclusion Scotland https://inclusionscotland.org/
- Mental Welfare Commission for Scotland https://www.mwcscot.org.uk/
- NHS Management Letters <u>https://www.sehd.scot.nhs.uk/index.asp?name=&org=%25&keyword=&catego</u> <u>ry=6&number=50&sort=tDate&order=DESC&Submit=Go&offset=0</u>
- NHS CMO letters https://www.sehd.scot.nhs.uk/index.asp?name=&org=%25&keyword=&catego ry=9&number=10&sort=tDate&order=DESC&Submit=Go
- Office for National Statistics https://www.ons.gov.uk/
- Public Health Scotland Archive https://www.hps.scot.nhs.uk/covid-19guidance-archive/home/
- Royal College of Nursing Scotland https://www.rcn.org.uk/scotland
- Royal College of Occupational Therapists <u>https://www.rcot.co.uk/</u>
- Scottish Care https://scottishcare.org/
- Scottish Commission for People with Learning Disabilities <u>https://www.scld.org.uk/</u>,
- Scottish Government https://www.gov.scot/,
- Scottish Human Rights Commission https://www.scottishhumanrights.com/,
- Scottish Parliament https://www.parliament.scot/
- Social Care Online https://www.scie-socialcareonline.org.uk/.,
- Unison https://www.unison.org.uk/

The search strategy was developed in CINAHL by the Subject Librarian, Maria King, then sent to the rest of the review team for peer-review before the full searches were carried out across all the databases.

Table 1 below demonstrates the free-text keyword terms used in the database searches. Search results were limited to a date range of 1<sup>st</sup> January 2022 to 1<sup>st</sup> April 2023.

Table 1

Overview of Search Terms

Main	Covid	Scotland	Health and social care
Concept			

Free Text	covid-19	Scotland	health resources
Search Terms	coronavirus	Scottish	health facilities
	2019-ncov		health care services
	sars-cov-2		healthcare services
	cov-19		health services
			health provision
			patient care
			nursing care
			hospitals
			inpatients
			acute care
			critical care
			emergency care
			social care
			social services
			social work
			care home*
			residential care
			nursing home*
			residential home*
			long term care
			residential facilities
			DNACPR
			Cardiovascular
			Cardiac
			life support
			ventilat*
			palliative care
			critically ill
			emergency patients

			resuscitat*
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Handsearching was undertaken using adapted free-text search terms to account for the difference in allowed characters and search terms in these platforms. A simpler search of (covid OR coronavirus) AND (Scotland OR Scottish) was therefore used for LibrarySearch, Google Scholar and Social care Online and (covid OR coronavirus) for the remainder of the sites, with search results screened for relevance to health and social care and the eligibility criteria.

## Inclusion and exclusion of literature

The following shows all the searches and results for the different databases searched. Literature and sources identified by these, and from the hand searches, were then screened by the research team for specific relevance to the Farrell and Frowde and Burton report updates and other requests made by the Inquiry Team. Literature and sources which fell outside such relevance were excluded.

**Database Searches** 

Main Concept	Search No.	Search Line	No. of Results
Covid	1	TI (covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19) OR AB (covid- 19 or coronavirus or 2019-ncov or sars- cov-2 or cov-19)	119,869
	2	(MH "COVID-19") OR (MH "COVID-19 Pandemic") OR (MH "SARS-CoV-2") OR (MH "Coronavirus") OR (MH "Coronavirus Infections")	76,794
	3	S1 OR S2	134,990
Scotland	4	TI ( scotland or scottish ) OR AB ( scotland or scottish )	14,275
	5	(MH "Scotland")	17,781
	6	S4 OR S5	22,988
Health services	7	TI (health resources or health facilities or health care services or healthcare services or health services or health provision or patient care or nursing care or hospitals or inpatients or acute care or critical care or emergency care or social care or social services or social work or care home* or residential care or nursing home* or residential home* or long term care or residential facilities or DNACPR	1,290,987

#### CINAHL 12<sup>th</sup> April 2023

1		
	or cardiovascular or cardiac or life support or ventilat* or palliative care or critically ill or emergency patients or resuscitat*) OR AB (health resources or health facilities or health care services or health care services or health services or health provision or patient care or nursing care or hospitals or inpatients or acute care or critical care or emergency care or social care or social services or social work or care home* or residential care or nursing home* or residential home* or long term care or residential facilities or DNACPR or cardiovascular or cardiac or life support or ventilat* or palliative care or critically ill or emergency patients or resuscitat*)	
8	(MH "Health Care Delivery") OR (MH "Health Services Administration") OR (MH "Health Resource Allocation") OR (MH "Health Resource Utilization") OR (MH "Primary Health Care") OR (MH "Secondary Health Care") OR (MH "Patient Care") OR (MH "Life Support Care") OR (MH "Nursing Care") OR (MH "Quality of Health Care") OR (MH "Health Care Delivery, Integrated") OR (MH "Health Services Needs and Demand") OR (MH "Health Services for Older Persons") OR (MH "Health Services for Persons with Disabilities") OR (MH "Health Services") OR (MH "Social Work") OR (MH "Health Facilities") OR (MH "Hospitals") OR (MH "Nursing Homes") OR (MH "Residential Care") OR (MH "Acute Care") OR (MH "Cardiovascular Care") OR (MH "Palliative Care") OR (MH "Palliative Care") OR (MH "Residential Facilities") OR (MH "Long Term Care") OR (MH "Hospitalization of Older Persons") OR (MH "Cardiac Patients") OR (MH "Cardiac Patients") OR (MH "Emergency Patients") OR (MH "Nursing Home Patients") OR (MH "Ventilator Patients") OR (MH "Terminally III	649,032

		Patients") OR (MH "Resuscitation, Cardiopulmonary") OR (MH "Resuscitation") OR (MH "Resuscitation Orders") OR (MH "Ventilation, Manual")	
	9	S7 OR S8	1,630,293
Combined	10	S3 AND S6 AND S9	150
Final	11	Date limiter from 2022	72

# Medline 12<sup>th</sup> April 2023

Main Concept	Search No.	Search Line	No. of Results
Covid	1	TI ( covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19 ) OR AB ( covid- 19 or coronavirus or 2019-ncov or sars- cov-2 or cov-19 )	346,957
	2	(MH "COVID-19") OR (MH "Coronavirus Infections") OR (MH "SARS-CoV-2") OR (MH "Coronavirus")	229,523
	3	S1 OR S2	358,895
Scotland	4	TI ( scotland or scottish ) OR AB ( scotland or scottish )	25,422
	5	(MH "Scotland")	25,998
	6	S4 OR S5	38,156
Health services	7	TI (health resources or health facilities or health care services or healthcare services or health services or health provision or patient care or nursing care or hospitals or inpatients or acute care or critical care or emergency care or social care or social services or social work or care home* or residential care or nursing home* or residential home* or long term care or residential facilities or DNACPR or cardiovascular or cardiac or life support or ventilat* or palliative care or critically ill or emergency patients or resuscitat*) OR AB (health resources or health facilities or health care services or health provision or patient care or nursing care or hospitals or inpatients or acute care or critical care or emergency care or social care or social services or social work or care home* or residential care or nursing home* or residential home* or	3,354,492

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		long term care or residential facilities or	
		DNACPR or cardiovascular or cardiac or	
		life support or ventilat* or palliative care	
		or critically ill or emergency patients or	
	_	resuscitat*)	
	8	(MH "Patient Care Management") OR	918,915
		(MH "Delivery of Health Care") OR (MH	
		"Delivery of Health Care, Integrated") OR	
		(MH "Health Services Administration")	
		OR (MH "Social Work") OR (MH "Patient	
		Care") OR (MH "Terminal Care") OR (MH	
		"Resuscitation Orders") OR (MH	
		"Palliative Care") OR (MH "Long-Term	
		Care") OR (MH "Life Support Care") OR	
		(MH "Hospitalization") OR (MH "Critical	
		Care") OR (MH "Nursing Care") OR (MH	
		"Health Services for the Aged") OR (MH	
		"Health Services for Persons with	
		Disabilities") OR (MH "Health Services")	
		OR (MH "Health Care Facilities,	
		Manpower, and Services") OR (MH	
		"Hospitals") OR (MH "Health Facilities")	
		OR (MH "Health Resources") OR (MH	
		"Primary Health Care") OR (MH	
		"Secondary Care") OR (MH "Quality of	
		Health Care") OR (MH "Health Services	
		Needs and Demand") OR (MH "Nursing	
		Homes") OR (MH "Residential Facilities")	
		OR (MH "Homes for the Aged") OR (MH	
		"Cardiovascular Nursing") OR (MH	
		"Critical Illness") OR (MH "Resuscitation")	
		OR (MH "Cardiopulmonary	
		Resuscitation")	
	9	S7 OR S8	3,784,609
Combined	10	S3 AND S6 AND S9	310
Final	11	Date limiter from 2022	148

# PubMed 12<sup>th</sup> April 2023

Main Concept	Search No.	Search Line	No. of Results
Covid	1	covid-19[Title/Abstract] OR coronavirus[Title/Abstract] OR 2019- ncov[Title/Abstract] OR sars-cov- 2[Title/Abstract] OR cov-19[Title/Abstract]	350,143

	2	(((COVID-19[MeSH Terms]) OR	239,982
	-	(Coronavirus Infections[MeSH Terms]))	200,002
		OR (SARS-CoV-2[MeSH Terms])) OR	
		(Coronavirus[MeSH Terms])	
	3	S1 OR S2	367,384
Scotland	4	scotland[Title/Abstract] OR	25,783
		scottish[Title/Abstract]	
	5	scotland[MeSH Terms]	26,079
	6	S4 OR S5	38,280
Health	7	health resources[Title/Abstract] OR health	2,120,905
services		facilities[Title/Abstract] OR health care	
		services[Title/Abstract] OR healthcare	
		services[Title/Abstract] OR health	
		services[Title/Abstract] OR health	
		provision[Title/Abstract] OR patient	
		care[Title/Abstract] OR nursing	
		care[Title/Abstract] OR	
		hospitals[Title/Abstract] OR	
		inpatients[Title/Abstract] OR acute	
		care[Title/Abstract] OR critical	
		care[Title/Abstract] OR emergency	
		care[Title/Abstract] OR social	
		care[Title/Abstract] OR social	
		services[Title/Abstract] OR social	
		work[Title/Abstract] OR care	
		home*[Title/Abstract] OR residential	
		care[Title/Abstract] OR nursing	
		home*[Title/Abstract] OR residential	
		home*[Title/Abstract] OR long term	
		care[Title/Abstract] OR residential	
		facilities[Title/Abstract] OR	
		DNACPR[Title/Abstract] OR	
		cardiovascular[Title/Abstract] OR	
		cardiac[Title/Abstract] OR life	
		support[Title/Abstract] OR ventilat*[Title/Abstract] OR palliative	
		care[Title/Abstract] OR critically	
		ill[Title/Abstract] OR emergency	
		patients[Title/Abstract] OR	
	0	resuscitat*[Title/Abstract]	10 170 04
	8	((((((((((((((((((((((((((((((((((((((	10,170,04
		Management[MeSH Terms]) OR	3
		(Delivery of Health Care[MeSH Terms]))	
		OR (Delivery of Health Care,	
		Integrated[MeSH Terms])) OR (Social	
		Work[MeSH Terms])) OR (Patient	
		Care[MeSH Terms])) OR (Terminal	

		Care[MeSH Terms])) OR (Resuscitation Orders[MeSH Terms])) OR (Palliative Care[MeSH Terms])) OR (Long-Term Care[MeSH Terms])) OR (Life Support Care[MeSH Terms])) OR (Hospitalization[MeSH Terms])) OR (Critical Care[MeSH Terms])) OR (Nursing Care[MeSH Terms])) OR (Health Services for the Aged[MeSH Terms])) OR (Health Services for Persons with Disabilities[MeSH Terms])) OR (Health Services[MeSH Terms])) OR (Health Services[MeSH Terms])) OR (Health Care Facilities, Manpower, and Services[MeSH Terms])) OR (Hospitals[MeSH Terms])) OR (Health Facilities[MeSH Terms])) OR (Health Facilities[MeSH Terms])) OR (Health Resources[MeSH Terms])) OR (Health Resources[MeSH Terms])) OR (Primary Health Care[MeSH Terms])) OR (Primary Health Care[MeSH Terms])) OR (Quality of Health Care[MeSH Terms])) OR (Health Services Needs and Demand[MeSH Terms])) OR (Nursing Homes[MeSH Terms])) OR (Residential Facilities[MeSH Terms])) OR (Homes for the Aged[MeSH Terms])) OR (Homes for the Aged[MeSH Terms])) OR (Cardiovascular Nursing[MeSH Terms])) OR (Critical Illness[MeSH Terms])) OR (Cardiovascular Nursing[MeSH Terms])) OR	
	9	S7 OR S8	11,068,56 5
Combined	10	S3 AND S6 AND S9	345
Final	11	Date limiter from 2022	153

# Ovid Nursing 12<sup>th</sup> April 2023

Main Concept	Search No.	Search Line	No. of Results
Covid	1	coronavirus/ or sars virus/ or coronavirus infections/	4,514
	2	(covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19).ab,ti.	13,761
	3	S1 OR S2	13,887
Scotland	4	Scotland/	3,773
	5	(scotland or scottish).ab,ti.	2,383

	6	S4 OR S5	4,146
Health services	7	(health resources or health facilities or health care services or healthcare services or health services or health provision or patient care or nursing care or hospitals or inpatients or acute care or critical care or emergency care or social care or social services or social work or care home* or residential care or nursing home* or residential home* or long term care or residential facilities or DNACPR or cardiovascular or cardiac or life support or ventilat* or palliative care or critically ill or emergency patients or resuscitat*).ab,ti.	187,896
	8	health services/ or health services administration/	14,002
	9	health services for the aged/ or gerontologic care/	6,778
	10	nursing care/ or social work/ or health care delivery/ or "health services needs and demand"/	74,873
	11	health care/	32,846
	12	health resource utilization/	144
	13	patient care/ or cardiovascular care/ or critical care/ or emergency care/ or life support care/ or long-term care/ or nursing care/ or palliative care/ or primary health care/ or residential care/ or terminal care/	122,611
	14	health care delivery/ or integrated health care delivery/	18,428
	15	resuscitation/ or cardiopulmonary resuscitation/ or resuscitation orders/	8,777
	16	health facilities/ or "health care facilities, manpower, and services"/ or hospitals/ or housing for the elderly/ or residential facilities/ or health facility administration/	13,842
	17	"quality of health care"/ or "quality of nursing care"/	23,173
	18	nursing home patients/ or nursing homes/	15,448
	19	critical illness/	4,797
	20	S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19	326,595

Combined	21	S3 AND S6 AND S20	13
Final	22	Date limiter from 2022	8

## Web of Science 12<sup>th</sup> April 2023

Main Concept	Search No.	Search Line	No. of Results
Covid	1	covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19 (Title) or covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19 (Abstract)	425,662
Scotland	4	scotland or scottish (Title) or scotland or scottish (Abstract)	66,109
Health services	7	health resources or health facilities or health care services or health care services or health services or health provision or patient care or nursing care or hospitals or inpatients or acute care or critical care or emergency care or social care or social services or social work or care home* or residential care or nursing home* or residential home* or long term care or residential facilities or DNACPR or cardiovascular or cardiac or life support or ventilat* or palliative care or critically ill or emergency patients or resuscitat* (Title) or health resources or health facilities or health care services or health provision or patient care or nursing care or critical care or emergency care or social care or social services or social work or care home* or residential care or nursing home* or residential facilities or DNACPR or cardiovascular or cardiac or life support or ventilat* or palliative care or critically ill or emergency care or social care or social services or social work or care home* or residential care or nursing home* or residential facilities or DNACPR or cardiovascular or cardiac or life support or ventilat* or palliative care or critically ill or emergency patients or resuscitat* (Abstract)	4,215,860
Combined	10	#3 AND #2 AND #1	341
Final	11	Date limiter from 2022	147

Proquest Social Scien Arial ces Premium Collection 12<sup>th</sup> April 2023

(title(covid-19 OR coronavirus OR 2019-ncov OR sars-cov-2 OR cov-19) OR abstract(covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19)) AND (title(scotland or scottish) OR abstract(scotland or scottish)) AND (title(health resources or health facilities or health care services or healthcare services or health services or health provision or patient care or nursing care or hospitals or inpatients or acute care or critical care or emergency care or social care or social services or social work or care home\* or residential care or nursing home\* or residential home\* or long term care or residential facilities or DNACPR or cardiovascular or cardiac or life support or ventilat\* or palliative care or critically ill or emergency patients or resuscitat\*) OR abstract(health resources or health facilities or health care services or healthcare services or health services or health provision or patient care or nursing care or hospitals or inpatients or acute care or critical care or emergency care or social care or social services or social work or care home\* or residential care or nursing home\* or residential home\* or long term care or residential facilities or DNACPR or cardiovascular or cardiac or life support or ventilat\* or palliative care or critically ill or emergency patients or resuscitat\*)) = 67

Final results with date limiter from 2022 = 28