THE SCOTTISH COVID-19 INQUIRY

IMPACT HEARINGS

OPENING STATEMENT

For

THE HEALTH BOARDS

A. Introduction

1. The Health Boards welcome this Inquiry, which will allow a full exploration of the facts of the pandemic in Scotland as they relate to health and social care, including the response of the NHS. This Opening Statement will be the first time the Health Boards have spoken publicly in either this or the UK Inquiry, so we would like to explain some relevant background.

2. Each of the health boards we represent is an independent NHS Board in terms of the National Health Service (Scotland) Act 1978. They have grouped together for the conduct of both this and the UK Covid Inquiry due to a commonality of interests. The fourteen territorial health boards have responsibility for planning and commissioning services, including Primary Care, and for the delivery of frontline NHS services to local populations, together with providing secondary and tertiary care in Scotland's hospitals. The five special health boards provide care

and other support throughout Scotland including ambulance provision, the national 24-hour helpline NHS 24, the State Hospital, the National Waiting Times Centre (Golden Jubilee Hospital) and education of NHS staff. Each board is funded by and reports directly to the Scottish Government, although their management structures vary across the country.

3. The ethos behind the Health Boards' participation in this Inquiry is to strive for both learning and improvement. Through their participation and with that ethos to the fore, the Health Boards hope to benefit the future care of the Scottish people. The Health Boards are grateful to the Chair for granting both core participant status and leave to appear at these impact hearings and look forward to assisting the Inquiry in its important work. The Health Boards anticipate active participation in the Inquiry's work on the Terms of Reference relevant to health and social care.

B. The Impact of Covid-19

4. Following identification of the SARS-COV2 virus in early 2020, healthcare providers throughout the UK (indeed the world) strived to obtain knowledge of the virus, how it was transmitted, its effect on humans and its effective treatment. The resulting Covid-19 pandemic has presented the biggest challenge ever to face the NHS in Scotland. On 17 March 2020 the Cabinet Secretary for Health and Sport,

acknowledging the scale of the challenge, said in a speech to the Scottish Parliament[1]:

> *"The scale of the challenge is, as the First Minister has said quite simply, without precedent.*
>
> *…*
>
> *To respond to Covid-19 requires a swift and radical change in the way our NHS does its work. It is nothing short of the most rapid reconfiguration of our health service in its 71-year history.*
>
> *That's why, today, under section 1 and section 78 of the National Health Service (Scotland) Act 1978, I am formally placing our NHS on an emergency footing for at least the next 3 months."*

5. From March 2020, the Health Boards required to implement key changes in practice and policy to create additional capacity for Covid-19 patients and to manage infection prevention and control ("IPC") within the existing NHS estate. They had to do so while continuing emergency, maternity, cancer services and urgent care, all of which have been maintained (alongside many other health services) throughout the pandemic.

[1] https://www.gov.scot/publications/coronavirus-covid-19-update-scottish-parliament/

6. Initial changes saw, for example[2]:

   (i) Non-urgent surgery, treatment and appointments suspended, together with some screening services paused.

   (ii) Increase in the number of Intensive Care beds from 173 to 585, with the result that NHS critical care capacity was not breached.

   (iii) Increase in the NHS workforce. For example, during the first wave in 2020: 4,880 nursing students were deployed; 575 junior doctors had their registrations accelerated; and recently retired staff were invited to return to work.

   (iv) Adoption of digital solutions. For example, the number of video consultations increased from about 300 per week in March 2020 to more than 18,000 per week in November 2020.

7. The initial changes also saw the implementation of a strategy, set out in the Cabinet Secretary's speech on 17 March 2020, for reducing delayed discharges from hospital. The impact of that strategy, where it resulted in discharge to care homes, has presented one of the most fundamental questions regarding the health and social care response to the pandemic, which question this Inquiry will doubtless explore in detail when considering Term of Reference (g).

8. As the pandemic began to take hold in Scotland there was a rapid scaling up of testing capacity and contact tracing, together with implementation of the Test and

[2] Figures from "NHS in Scotland 2020" report by Audit Scotland, dated February 2021.

Protect strategy published by the Scottish Government in May 2020. By January 2021, Scotland had the capacity to test up to 77,000 people per day, with 36% of that capacity coming from NHS Scotland laboratories[3]. May 2020 also saw the introduction of a requirement for enhanced professional and clinical care oversight of care homes by senior Health Board staff operating within multidisciplinary teams alongside local authority officers.

9. The course of the pandemic also saw the rapid development and scaling up of the vaccine programme once, on 8 December 2020, vaccines became available and were first administered in Scotland. The Health Boards delivered vaccines across a wide variety of locations to reach as many people as possible. By September 2021, more than 7.9 million doses of vaccine have been administered in Scotland[4].

10. None of these changes and developments, nor others too numerous to mention here, would have been possible without the extreme hard work and dedication of the employees of each of the Health Boards. Exceptional effort and skill were shown not only by those employed in front-line services, IPC and health protection roles, but also by all those who supported and enabled them, from porters and cleaners through to administrative personnel. Healthcare staff and managers found new ways of working and of collaborating with colleagues and other agencies to ensure that, as a whole, the healthcare system has been able to withstand the pressures of Covid-19. The Health Boards wish to take this

[3] Ibid.
[4] Covid-19 Vaccination Programme Briefing Paper by Audit Scotland, dated September 2021

opportunity, publicly, to thank their employees. The extraordinary lengths to which NHS staff went during the pandemic was of course also recognised by the public. Who could forget "Clapping for Carers", where every Thursday at 8pm people took to their doorsteps to show their appreciation?

11. Of course, recognition of the hard work and dedication of these key workers comes with acknowledgement of the sacrifices they made. One need only recall stories of frontline staff being unable to return to loved ones at the end of their shifts, for fear of infecting them, to understand the extent of such sacrifice. The emotional and physical toll upon those caring for people dying without their family and friends around them was huge, and the media images of those working in high-risk areas, dressed fully in PPE, caring for such seriously ill patients will live long in the collective memory. In that last regard, the early pandemic saw difficulties obtaining correct PPE, even in high-risk areas. This is an issue that this Inquiry will set out to investigate fully.

12. While the impact of the pandemic has been felt by all and while it will take time to recover, the deepest wounds are with those who have either lost loved ones or who continue to suffer physically and mentally due to the virus. The Health Boards wish, at this early stage, to express their deepest sympathies to those so affected.

13. The Health Boards have not yet recovered from the impact of the pandemic and, on current estimates, are unlikely to do so for some time. The delayed impact on diagnosis of certain conditions, combined with the emotional and psychological

toll of the pandemic and its knock-on effect on services, is unlikely to be fully understood for some time. Covid-related conditions, such as long-Covid, fall to be managed alongside the risk that new variants will again result in a surge of required hospital care.

C. The Health Boards' participation in these hearings

14. The Health Boards' commitment, both in these impact hearings and beyond, is to assist the Inquiry in its important work. Over time, that assistance will involve positive actions, such as providing information and documents, and more passive steps, such as listening to the evidence of witnesses called to the Inquiry and considering the findings of Let's Be Heard. All forms of participation are important to the Health Boards and will contribute to their learning and development.

15. The Health Boards understand that these hearings focus on the impact of the pandemic, rather than decision-making. As things stand, the Health Boards have not seen disclosure of witness statements and therefore do not yet have a clear understanding of the precise boundaries of the evidence on impact. That will no doubt become clear as the hearings progress.

16. On behalf of the Health Boards, we have raised some concern regarding the procedural steps to be taken when criticism is made regarding healthcare. Those concerns are procedural and relate to the process by which criticism can fairly be investigated and responded to, rather than seeking to prevent criticism being

made. It is in the very nature of public health boards that they should, and will, be open to listening to criticism. Learning requires an understanding both of what went well and what did not go well. It is only by understanding both elements that the Health Boards will be able to improve the care given to the Scottish people in any future pandemic.

17. We have also raised queries regarding the timing for responses to be given to requests from the Inquiry. These are, we hope and expect "teething issues" that will improve with time. Our purpose in raising these matters is, of course, to allow sufficient time for responses that are of assistance to the Inquiry.

D. Looking beyond these hearings

18. It is important, while recognising the nature of these hearings, also to understand how the evidence of impact will fit within the overall framework of the Inquiry's task. It is understood that evidence is to be sought regarding key decision-making and the implementation thereof at a later stage in proceedings. How that evidence will come to be utilised alongside the evidence of impact would benefit from clarification.

19. Again, appreciating the scale of the Inquiry's task, it is to be hoped that clarification of its approach to later issues will be given sooner rather than later. This includes its intentions in relation to expert evidence where we have already heard from Dr

Croft and where decisions on the need for further expert evidence have not yet been made.

20. In the meantime, the Health Boards will listen carefully to the evidence of impact, while also assisting the Inquiry with later issues.

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