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UK COVID-19 INQUIRY
MODULE 2A

WITNESS STATEMENT OF THE DIRECTOR GENERAL HEALTH AND SOCIAL CARE

This statement is one of a suite provided for Module 2A of the UK Covid Inquiry and these should be considered collectively. In relation to the issues raised by the Rule 9 notice dated 27 September 2023 served on the Scottish Government, in connection with Module 2A, the Director-General Health and Social Care will say as follows, in relation to advisory groups: -

1. This statement covers the groups which fall under the remit of the DG Health and Social Care. It should be noted that some of these groups were not advisory and where this is the case, an explanation of the group's role has been provided for completeness but not all questions will be relevant for non-advisory groups.

2. This statement should be read in conjunction with the other Module 2A DG Health and Social Care statements provided to the Inquiry on 23 June 2023, as well at the statement provided by Chair of the Scottish Government Covid-19 Advisory Group.

3. Groups covered in this statement:

    - Data and Intelligence Network (D&IN), supported by Network Management Office (NMO): not advisory
    - Coronavirus (Covid-19): Mental Health Research Advisory Group
    - Supply Resilience Oversight Group: not advisory
    - Adult Social Care PPE Steering Group

- Covid-19 Nosocomial Review Group
- Advisory Subgroup on Public Health Threat Assessment
- Scientific Advisory Group on Testing
- Mobilisation Recovery Group
- Clinical and Professional Advisory Group (CPAG) for Adult Social Care
- The Pandemic Response in Adult and Social Care Group (PRASCG)
- Coronavirus (Covid-19): PPE Strategy and Governance Board: not advisory
- Coronavirus (Covid-19): NHS Louisa Jordan Governance Board: not advisory

4. Whilst an explanation of these groups is provided here, it is important to note that the Scottish Government received advice from a number of sources, as described in the Module 2A DG Health and Social Care corporate statement provided on 23 June 2023.

Data and Intelligence Network (D&IN), supported by Network Management Office (NMO)

5. The Data and Intelligence Network (D&IN) was not an advisory group. It was established in May 2020. The network's core purpose was to deliver added value across the public sector in Scotland by supporting data-driven policy development and providing a forum for constructive challenge and collaboration. It aimed to do this by:

    - facilitating collaborative working with a focus on addressing issues no one person or organisation can take on alone
    - ensuring information security and the ethical use of data is central to data and intelligence projects across our network
    - developing frameworks and guidance on the data ecosystem, public participation and ethics that have broad applicability across Scotland. Ultimately creating a shared infrastructure for our community
    - combining data from across the public sector, to generate actionable insights to make improvements for the people of Scotland, in a safe and transparent way, trusted by the public
    - championing data quality improvements to enhance the resulting operational and analytical insights.

6. The D&IN initially met fortnightly during the early stages of the pandemic and subsequently on a quarterly basis. The D&IN is a community of data experts from the Scottish public sector whose membership spans Scottish Government, health boards,

Public Health Scotland (PHS), health and social care partnerships (HSCPs), local authorities, academia and other public bodies who developed data and intelligence solutions to help inform the Covid-19 response. It is not an advisory group, but a wide-ranging partnership whose stated aim was to identify, prioritise, and develop data and intelligence products to address some of the key challenges relating to Covid-19. This network is no longer active but the informal and formal connections made continue to bring benefits to the Scottish Public Sector.

7. The D&IN was supported by the Network Management Office (NMO). The NMO operated and ran the network on a day-to-day basis, encouraged data and intelligence challenge generation and supported the shaping of challenges. The NMO orchestrates data and intelligence solution delivery across multiple public sector agencies and supports the establishment of data sharing arrangements. It also develops and maintains network assets, including the data catalogue, and for the D&IN, provided multiple communication platforms for its work to be shared with network members.

8. The D&IN had various sub-groups which were established quickly and stood down as required. These groups were informal and were intended to avoid duplication of effort at such a fast moving time. The D&IN discussed the Contact Tracing form, data flows for testing data, shielding and early data on vulnerable patients, management information and national level reporting. The focus of D&IN's efforts were on where the Scottish Government, local government and NHS needed to interact.

9. There were no formal lessons learned exercise undertaken for the D&IN. Feedback and suggestions for improvement were part of a general programme of continuous improvement.

Links with other advisory structures

10. The D&IN's structure at the time in question, including its relations with other groupings and policy areas, are set out in detail within the programme handbook from December 2020, provided: [CL11/001 – INQ000322606]. This document includes the terms of reference (ToR) for its own Portfolio Board, and details of decision-making structures within the network.

Coronavirus (Covid-19): Mental Health Research Advisory Group (MHRAG)

11. Pre-pandemic, and as part of the Programme for Government, [CL11/002 - INQ000322604] the Scottish Government established a mental health policy and research forum. However, in light of the pandemic, the work of the Group was refocused on to the effects of Covid-19. Instead of the planned thematic explorations of different topic areas and research in mental health involving various people, the Group had a tighter remit, acting as a central coordination point for translating Covid-19 mental health research findings into advice to the Government. This was an advisory group.

12. The Group published its ToR [CL11/003 - INQ000323488] in May 2020, alongside its membership. However, it had met for the first time in April 2020. It was planned that the Group would meet virtually every six weeks. The MHRAG met six times between April 2020 and January 2021, with Scottish Government representation at each meeting. Scottish Government officials took minutes of the meetings, which are published on the Scottish Government website and have been provided to the Inquiry under general disclosure. The Group is still active.

13. The membership of the MHRAG was consistent with that of the existing policy and research forum. It consisted of a wide range of mental health academics, stakeholders and experts, as well as with those leading and working in NHS Mental Health services. The Group was chaired by Professor Andrew Gumley, Director of the NHS Research Scotland (NRS) Mental Health Network and Professor at the University of Glasgow.

14. The Group was tasked with identifying emerging evidence of how the pandemic and lockdown was affecting the population's mental health and wellbeing. The key emerging themes, agreed through discussion between MHRAG members, were summarised in the Mental Health Transition and Recovery Plan [CL11/004 - INQ000322603], which was published in October 2020, having been signed off by the Group. This Plan had targeted commitments to respond to where the MHRAG identified greatest need, or population groups at particular disadvantage.

15. The initial findings from the MHRAG were summarised into the themes listed below, with appropriate policy actions included. These were taken forward in the Transition and Recovery Plan. Scottish Government officials had worked with MHRAG members

to agree the themes for inclusion in the Transition and Recovery Plan through discussion in meetings and circulation of drafts:

- Studies show that some groups in the population are at higher risk of experiencing negative mental health impacts due to Covid-19 including younger adults; women; those living on low incomes and individuals with pre-existing mental health conditions. There are other groups whose mental health seems to have been particularly affected by the impacts of Covid-19, for example people who have been requested to shield and those whose employment has been adversely affected.

- A combination of social factors (such as loneliness and social networks/friendships) play a key role in the impacts on mental health and wellbeing, in addition to economic pressures (such as finances or employment). There is a relationship between increased mental distress and a range of factors related to spending more time at home, including loneliness, childcare, home schooling, working from home and receiving care from outside the home.

- There is growing evidence that interventions, such as social distancing, stay at home guidance and school closures, have likely had an adverse effect on the mental health and wellbeing of children and young people. Loneliness has been a particular challenge. Some have reported benefits for their mental health. Vulnerable children and young people, and those with challenging home environments, are more likely than others to have had experiences during the pandemic that are associated with a risk to mental health and wellbeing, such as disruptions to support. There also appears to have been a general worsening of mental wellbeing in older girls particularly.

- The economic and employment impacts of Covid-19 are likely to have a significant effect on the public's mental health in the coming years, and these impacts are likely to be unevenly distributed. An Institute for Fiscal Studies briefing indicates that if the economic downturn is similar to that experienced after the 2008 financial crisis, the number of people of working age suffering poor mental health in the UK would rise by half a million.

- Traumatic experiences of Covid-19 in hospitals and care homes could lead to mental health problems (including Post Traumatic Stress Disorder (PTSD))

for patients, residents and family members. Staff working in these settings may also experience negative mental health impacts. The circumstances associated with the pandemic may increase the numbers of those who experience prolonged and severe grief symptoms, which may require intervention. Normally around 7% of people experience a complex reaction but we may expect this to be higher.

- There are indications of a potential widening in mental health inequalities as the impacts of Covid-19 interact with pre-existing risk and protective factors for mental health.

- Pre-pandemic, rising public awareness and demand for mental health treatment and support was outstripping supply. There will be challenges in meeting new levels of demand, and in gearing back up, changing and reshaping services. However, there will also be opportunities for improved and more person-centred approaches to personal wellbeing and mental health service delivery. There have been many successes in terms of how services have been reshaped. Some of these changes will remain in place, or will be further developed to better meet need in a person-centred way.

Lessons Learned and Reflections

16. There were no specific lessons learned exercises undertaken for this Group. Feedback from members was primarily provided through dialogue in meetings, all of which were minuted.

Supply Resilience Oversight Group

17. The Inquiry have asked about the PPE Supply Resilience Group. To clarify, the Group which dealt with PPE supply in Scottish Government prior to the establishment of the PPE Directorate was named the Supply Resilience Oversight Group and the narrative that follows relates to that group. This was not an advisory group.

18. The Supply Resilience Oversight Group was set up to provide governance and coordination across the Health and Social Care Directorates on the numerous workstreams underway to deal with supply chain resilience for key products required to support the Covid-19 response. The Group was set up at the request of the Interim

Deputy Director of Health Resilience in order to streamline and centralise the approach being taken by Scottish Government, which involved multiple directorates. It was not advisory in nature, though information from the Group did support ministerial updates through teleconferences with Ivan McKee, then Minister for Trade, Investment and Innovation.

19. The remit of the Group was to have oversight of PPE supply. Its role, as stated in the ToR, was to provide:

    - a central updating function on what was happening across Scotland
    - an escalation route for problem solving and consider decision-making and authorisation
    - a route into links with the commercial sector, clinical advice and modelling capacity
    - links with national and international supply sources.

20. The Group provided updates to a 'Health Supply Chain Live Issues Actions Log' and contributed to a daily ministerial teleconference as required with the Minister for Trade, Investment and Innovation.

Membership

21. The Group was co-chaired by Yvonne Summers, Head of Operational Planning and Performance and Michael Healy, then Interim Deputy Director for Health Resilience, both in the Scottish Government. The Group's membership included Scottish Government officials, plus representatives from NHS NSS and Scottish Enterprise. Meetings were held virtually, initially three times per week. The first meeting of the Group was on 23 March 2020. Members were invited by Scottish Government officials where the Group was considered relevant to their policy interests.

22. At the end of April 2020, the meetings of the Group ceased as a new Directorate for PPE was established within the Scottish Government. The functions of the Group broadly fell into the remit of the PPE Strategy and Delivery Board, a larger governance group. Neither group served an advisory role, but instead provided oversight and governance.

Lessons Learned

23. No formal lessons learned exercises were held, though members were able to offer feedback through meeting discussion and in emails. The Group was short-lived, and its functions were ultimately shared between the PPE Supply and Governance Board and the wider PPE Directorate.

Adult Social Care PPE Steering Group

24. The Adult Social Care PPE Steering Group was established to monitor the use of the PPE distribution network (PPE Hubs) and levels of supply and demand, in addition to addressing ad hoc issues of concern raised by Steering Group members. This was an advisory group. The Group was established mainly at the request of the third sector and NHS NSS. The Scottish Government agreed to try and bring everyone together in the group and sign a Memorandum of Understanding.

25. For context, PPE Hubs were themselves set up in March 2020 as a direct result of the pandemic. They were supplied by NHS NSS, with governance arrangements set out in the Memorandum of Understanding which was co-signed by NSS, Scottish Government, the Convention of Scottish Local Authorities (COSLA), HSCPs, Coalition of Care Providers Scotland (CCPS), Scottish Care and National Carer Organisations.

Membership

26. The Group was chaired by Scottish Government officials and members included representatives from NHS NSS, COSLA, HSCPs, CCPS, Scottish Care and National Carer Organisations. Membership was based on consideration of the parties with a role to play in development, implementation and monitoring of the new model for PPE access across the range of social care settings. Each organisation nominated their own representatives to sit on the group.

27. The Group met for the first time on 12 April 2020. Meetings were held frequently, as required in the early days of the pandemic response, but settled into a more regular weekly rhythm. They were led by a Senior Civil Servant from the Scottsih Government.

28. The Memorandum of Understanding, membership and minutes of the meetings were not published, but were disseminated to all partners following the meetings. The

various revisions of the Memorandum of Understanding are provided: [CL11/005 - INQ000322686] [CL11/006 - INQ000322612] [CL11/007 - INQ000147342] [CL11/008 - INQ000147343].

29. The Steering Group primarily provided a forum for care sector representative bodies, COSLA, HSCPs, NHS NSS and Scottish Government officials to discuss issues relating to the supply and demand of PPE within the adult social care sector, particularly the supply through the PPE Hubs. NHS NSS would routinely provide an overview of current supply capacity for the Hubs and how the Hubs were operating more generally. Steering Group members could raise issues in relation to a range of related PPE matters, including advice and guidance for the use of PPE within care settings. Where officials were unable to provide answers to questions raised, they would contact the relevant bodies usually the national Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) service within NHS NSS and PHS, for clarification.

30. The Steering Group's functions remained broadly the same throughout the pandemic.

Advice

31. The Adult Social Care PPE Steering Group did not have a direct role in providing advice to Cabinet meetings, SGoRR or the Four Harms Group.

32. The Adult Social Care PPE Steering Group was not a decision-making body. However, the Group's views on issues such as the operation and extension of the PPE Hubs and the long term supply of PPE to the social care sector were reflected in advice to Ministers.

33. There are no instances of which officials are aware where Steering Group advice was not followed by Scottish Ministers.

34. The Steering Group was not subject to scrutiny by the Scottish Parliament or its Committees. Ultimate oversight of the Steering Group was provided by the Cabinet Secretary for Health and Sport, and if the Committee had called for her to give evidence, officials would have supported any appearance or request in the usual way.

Lessons Learned and Reflections

35. Overall, the Adult Social Care PPE Steering Group played an important role in monitoring the provision of PPE to the social care sector, which was a critical issue in the wider response to the pandemic. It allowed a collaborative approach between Scottish Government, NSS, COSLA, HSCPs and care provider representatives in ensuring provision of PPE to the social care sector. It also provided reassurance throughout the sector and allowed the sector direct access to officials for any concerns to be raised and acted upon.

36. No formal lessons learned reviews were undertaken for this group.

Covid-19 Nosocomial Review Group (CNRG)

37. The Chief Nursing Officer (CNO) and Chief Medical Officer (CMO) in consultation with Scottish Government officials and the national ARHAI service in NHS NSS identified the need to better understand healthcare associated Covid-19 epidemiology and emerging evidence. This was in order to identify any additional Infection Prevention Control (IPC) measures which could be considered for implementation in health and social care settings to reduce the risk of hospital associated Covid-19 infection in Scotland. The CNRG was an advisory group.

38. The CNRG supported Scottish Government, and senior clinical advisers to:

- interpret the Scientific Advisory Group for Emergencies (SAGE) outputs and other emerging scientific evidence in relation to nosocomial infection in the context of Scotland
- provide expert advice spanning the disciplines of infection prevention and control, nosocomial infection, epidemiology, virology, statistical modelling and clinical advice more generally
- make recommendations to CNO and CMO to reduce and mitigate against Covid-19 nosocomial infection, including but not limited to national surveillance, testing, screening, research, guidance and policy
- support the Scottish Government Covid-19 Corporate Analytical Hub, overseen by the Chief Statistician, through analysis of nosocomial infection data in Scotland

- advise the Scottish Government, Health and Social Care Directorates, and Covid-19 Corporate Analytical Hub on strategic approach to identifying, accessing and using data to support our understanding and response to nosocomial transmission of Covid-19 in Scotland
- develop links with other Scottish Government Covid-19 Advisory Groups; including co-opting members to the group as appropriate and taking early decisions on whether any supporting groups should be established.
- maintain close engagement with SAGE and their nosocomial sub-group, as well as the UK-wide IPC guidance cells
- act as a mechanism for approving Covid-19 related ARHAI guidance.

39. The focus of this group was on nosocomial infection and transmission. However, it maintained close engagement with colleagues in the Scottish Government, National ARHAI Scotland and PHS to ensure findings were shared and that policy recommendations were developed collaboratively, with system considerations.

Membership

40. The CNRG was a time-limited expert group chaired by Professor Jacqui Reilly, Nurse Director, and Healthcare Associated Infection (HAI) Executive Lead. It met 40 times between 7 May 2020 and 17 November 2022. CNRG was formally closed at that point because it was felt that the group had fulfilled its purpose as set out in the ToR.

41. The group was accountable to the Scottish Government through the CNO, to whom it provided advice. At the request of the Scottish Government, Health Protection Scotland submitted a paper on 22 April 2020 [CL11/009 – INQ000322609] setting out a number of recommendations in relation to reducing nosocomial transmission in hospitals. In this paper (written for the then CNO), Professor Jacqui Reilly stated that there was an identified need to better understand the healthcare associated Covid-19 epidemiology and emerging evidence in order to identify any additional IPC measures which could be considered for implementation in health and social care settings to reduce risk of HAI. The paper highlighted five key evidence gaps and made nine recommendations, one of which was to establish an HAI Covid-19 group in Scotland, with key ARHAI, public health microbiology, virology/PHS and wider SAGE stakeholders from Scotland to review all the intelligence and make recommendations for national surveillance, research, guidance and policy in Scotland. It was the recommendations made within this paper that led to the establishment of the CNRG.

42. Members of the CNRG were IPC experts, clinicians and academics spanning the disciplines of epidemiology, virology, public health and statistical modelling. Ministers were not involved in the membership or ToR sign off for CNRG, as it was an independent group, but were provided with a link to the ToR when they were informed that minutes of CNRG meetings had been published on SG website, or when the ToR was updated by the group.

43. The ToR and minutes of the CNRG have been provided under general disclosure.

44. Clinical advisors from within Scottish Government, including the Associate CNO, National Clinical Lead for Quality and Safety, Interim Deputy Chief Medical Officer (DCMO) and/or Senior Medical Officers, and CNO Professional Advisors were core members of the CNRG. ARHAI Scotland, who are responsible for the delivery of the National ARHAI and IPC guidance in Scotland were represented in the membership of CNRG and had the role of providing regular scientific critiques of available published literature. This included SAGE, Centre for Disease Control and Prevention (CDC), World Health Organisation (WHO), Public Health England (PHE), UK Health Security Agency (UKHSA), PHS and UK IPC cell outputs.

45. The chair of CNRG was also a member of a sub-group of SAGE called the Hospital Onset COVID-19 Working Group (HOCWG). The Working Group was formed under instruction from SAGE to provide an overview of possible nosocomial transmission of Covid-19 and evaluate evidence from which to recommend actions and interventions to reduce nosocomial infection and risk of transmission. The chair attended the HOCWG for the month before it was stood down. Following the standing down of this group, the chair was invited to be an observer at Hospital Onset Covid-19 Working Group (HOCI).

Advice

46. As noted, the CNRG provided advice to the CNO. Thereafter, the CNO and officials in the Healthcare Associated Infections and Antimicrobial Resistance (HCAI/AMR) Policy Unit considered the advice and used it to inform policy development. Submissions containing CNRG advice were provided by CNO and CMO Directorates to Ministers for consideration and decision. Advice was offered by the CNRG on the following topics:

- the evolving understanding of the nature of Covid-19, infection routes, potential consequences of infection, at risk groups, the risk of re-infection and death
- the impact of the Covid-19 pandemic and the countermeasures taken by the Scottish Government on those at risk or vulnerable, whether as a result of underlying medical conditions or protected characteristics in Scotland
- testing strategy and roll-out
- NHS capacity, including the availability of staff, equipment, PPE and infrastructure and the management and significance of nosocomial infection
- non-pharmaceutical interventions (NPIs)
- face coverings.

47. The CNO and HCAI/AMR Policy Unit also considered any cross-cutting policy impacts and consulted with the CMO, National Clinical Director and other Health and Social Care Directors where necessary.

48. Though not a formal sub-group of the Covid-19 Advisory Group (C19AG), the CNRG provided regular updates on the work of the group at main C19AG meetings. This ensured two-way information and evidence sharing within Scotland and with wider UK groups, such as HOCI, the UK SAGE Nosocomial Group (via the CMO) and the UK IPC guidance cell.

49. These connections and information sharing enabled Ministerial updates to be made to the Cabinet Secretary for Health and Sport, the First Minister and other Ministers with a portfolio interest.

50. The recommendations from the CNRG were taken forward by National ARHAI Scotland within NSS. The HCAI/AMR Policy Unit worked closely with the group to progress policy development and implementation, as well as providing secretariat support.

51. There was no official arrangement for SAGE to share any outputs with CNRG. As such, the outputs from available to CNRG were those publicly available on the UK Government website.

Links to other advisory systems and structures

52. The working relationship between CNRG and the advisory systems and other advisors was effective. The Chair, being a core member of the C19AG and the Care Home Professional Advisory Group (CPAG), supported information and evidence sharing.

53. As noted at point 44, the ARHAI provided scientific critiques of available published literature. A standalone rapid review, first published in March 2020 by ARHAI Scotland to assess the IPC requirements for the prevention and management of Covid-19, updated monthly, informed CNRG and formed the basis of Scottish Addendums to the *COVID-19 IPC guidance (National Infection Prevention and Control Manual: Scottish COVID-19 Infection Prevention and Control Addendum for Acute Settings)* [CL11/010 - INQ000322610]. This work formed part of the inputs from all four UK countries to the *UK IPC guidance documents (COVID-19: infection prevention and control (IPC)* [CL11/011 - INQ000322611]. A rapid review of the evidence base to inform the UK Aerosol Generating Procedures (AGP) list for Covid-19 was also undertaken by ARHAI Scotland, in collaboration with the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG), prior to the establishment of CNRG. ARHAI was also represented at the UK IPC cell four nations meetings. This cell was the owner of the UK IPC guidance, which was important for connectedness of the UK work on IPC guidance to CNRG.

54. Individuals on wider UK SAGE sub-groups were invited to attend CNRG according to the specific needs of the agenda, such as the SAGE Environmental & Modelling Group (EMG) representation from Health Facilities Scotland (HFS) and modelling colleagues from PHE.

55. CNRG also invited international experts to present national lessons learned and guidance from across the globe. This was enabled via the CNRG members academic and professional connections. Connections were also made to colleagues in CDC, European Centre for Disease Prevention and Control (ECDC), WHO and Australia by correspondence. This was an important part of the CNRG remit as understanding the policy decisions made in other countries in the absence of evidence was helpful for context and advice. All the emerging evidence was considered in the context of the available Scottish nosocomial data and intelligence.

56. In relation to the Scottish Parliament, the CNRG was not subject to Parliamentary scrutiny, nor that of its Committees.

Lessons Learned and Reflections

57. Scottish Government has not carried out or commissioned any internal or external reviews, lessons learned exercises and other reports on CNRG's role in Scottish Government decision-making relating to the management of the Covid-19 pandemic.

58. However, CNRG did complete a *Review of the CNRG response to Covid-19 to inform future preparedness* in November 2022 [CL11/012 - **INQ000322605** This review considered the delivery against the agreed remit and scope of CNRG, highlighting lessons learned for future preparedness in delivery of the CNRG objectives. Wider system learning, as part of the CNRG considerations, was also covered and recommendations made for wider future pandemic preparedness and IPC strategy.

Advisory Subgroup on Public Health Threat Assessment

59. The Advisory Sub-Group on Public Health Threat Assessment (PHTA) was established as a sub-group to the C19AG. The PHTA was an advisory group.

60. The PHTA was a time-limited group which provided advice to the CMO and to Scottish Ministers on:
    - determining the likelihood and impact of significant and concurrent clinical risks to public health that may occur during the next 12 months
    - identifying data that will be critical to signalling in advance this emerging risk and also monitoring the response of the health and social care system in addressing these
    - identifying and describing high value and evidence-based interventions that healthcare systems can begin to plan and make contingency for should these threats arise.

61. The PHTA was established in Summer 2020 and held five meetings in July and August 2020. The last meeting of the Group took place on 12 August 2020. The Group was always intended to be short-life, and its business concluded with the publication of two reports: *Coronavirus (COVID 19): Advisory Subgroup on Public Health Threat Assessment: seasonal influenza vaccination programme proposal* [CL11/013 -

INQ000322878 and *Coronavirus (COVID 19): Advisory Subgroup on Public Health Threat Assessment: preparing for a winter emergency report* [CL11/014 - INQ000322879].

Membership

62. The PHTA was chaired by Professor Sir Harry Burns. The membership of the group was drawn from the operational and academic public health structures across Scotland and was supplemented with relevant expertise to fulfil the intended function of the Group. Members of the Group included NHS Boards, PHS, Scottish Government, the British Medical Association (BMA), local authorities and HSCPs. The membership of the group was agreed between the Chair and the CMO. The full membership was published as were the minutes, ToR [CL11/015 - INQ000322768 and reports. The minutes have been provided under general disclosure.

63. The PHTA was a sub-group of the C19AG. There was no direct link between PHTA and SAGE; however, links were made via the C19AG.

Advice

64. The PHTA reported to and provided advice to the Scottish Government through the CMO. It did not directly advise PHS, NHS Boards or other organisations, though its membership included representatives from a number of these groups.

65. The PHTA did not provide advice to Cabinet, SGoRR or the Four Harms Group.

66. The PHTA was attended by a number of senior civil servants. Upon completion of the final report of the PHTA, the Chair met with the Cabinet Secretary for Health and Sport on 9 September 2020 to present the report. A note of the meeting is provided [CL11/016 – INQ000322608].

Lessons learned and reflections

67. No formal lessons learned or evaluation of the PHTA was carried out.

Scientific Advisory Group on Testing

68. This group was another sub-group of the C19AG. The group's name varied in practice, though it was most commonly referred to as the Scientific Advisory Board on Testing or sometimes the Scientific Strategic Advisory Board on Covid Testing. This was an advisory group. The ToR for the group is provided: [CL11/018 – INQ000324794] [CL11/019 – INQ000324834] and minutes are provided under general disclosure.

69. The C19AG identified testing as a priority area on which it gave advice to the Scottish Government and CMO. As such, the Scottish Government and the C19AG agreed to establish a dedicated sub-group to provide additional scientific advice in relation to Covid-19 testing.

70. This group considered the scientific and technical concepts and processes key to supporting the delivery of Covid-19 testing; and informed the Scottish Government's strategic use of testing to manage the pandemic. The Group considered emerging scientific evidence and other appropriate sources of information to inform local decisions in Scotland during the pandemic. The Group provided expertise and advice to inform Scottish Ministers but did not have a role in policy decision making.

71. The Group's remit was to:

- provide an ongoing review of testing strategy within Scotland in light of emerging scientific evidence and changing prevalence of the disease
- recommend strategies for the delivery of testing, including the evaluation of different testing types, considering new methods of testing, and the need to have sufficient testing capacity to meet demand
- consider emerging evidence to inform current testing priorities and recommend which groups within the Scottish populace should be prioritised for testing
- provide an expert point of contact with and strategic input to C19AG
- evaluate the efficacy of Covid-19 testing strategy and practice across the UK and thereby provide advice to inform Scottish provision.

Membership

72. The Group was chaired by the Chief Scientist (Health), Professor David Crossman. The first meeting was on 1 April 2020 and the last was on 8 March 2022. The Group met three times per week.

73. The First Minister and Cabinet Secretary for Health and Social Care were made aware of the establishment of the Group by the Chief Scientist on 2 April 2020.

Advice

74. As a sub-group of the Covid-19 Advisory Group, all advice was provided through the CMO. The group did not directly provide advice to Cabinet, SGoRR or the Four Harms Group.

Lessons Learned

75. The sub-group did not carry out formal lessons learned exercises in its own right.

Mobilisation Recovery Group

76. The Mobilisation Recovery Group (MRG) was established under the *Remobilise, Recover and Redesign: The Framework for NHS Scotland* [CL11/020 - INQ000147375]. It provided input to decisions on resuming and supporting service provision but was not itself a decision-making group; its main role was stakeholder engagement, and supporting the Cabinet Secretary for Health and Sport in the areas of policy and delivery. This was an advisory group.

77. The Health Planning and Sponsorship division supported the MRG. The MRG generated key expert, stakeholder, and system-wide input into decisions on resuming and supporting service provision in the context of the Covid-19 pandemic.

78. The Group:

- brought together stakeholders and decision makers to ensure that the delivery of health and social care services maintained a strong focus on quality, equity and person-centred care, within the necessary constraints of the Covid-19 response

- provided insight and advice in ensuring the safe and incremental resumption of paused services, whilst safeguarding resilience in health and social care and ensuring that the positive transformation that has taken place can be sustained into the future
- provided insight and advice on key interdependencies, risk factors and opportunities, and how these could be mitigated/addressed
- considered how we could collectively continue to offer enhanced and active support to ensure staff wellbeing and safety
- assisted initial thinking on longer term reform, feeding in to the wider *Renew* programme
- acted a forum for frank and open discussion, whilst maintaining a clear focus on securing resilience and recovery.

Membership

79. The MRG was chaired by Jeane Freeman, Cabinet Secretary for Health and Sport. It was also attended by the Minister for Public Health, Sport and Wellbeing. The Group met for the first time in June 2020, and held 13 meetings between June 2020 and April 2021.

80. The membership of the Group was published online and is provided to the Inquiry [CL11/021 – INQ000324470]. The Group was made up of external partners, service delivery partners, service users and the Scottish Government.

81. The Health and Social Care Alliance ("The Alliance") sat on the group and were commissioned to undertake community engagement work. This engagement work, called "People at the Centre", was delivered in partnership with Healthcare Improvement Scotland (HIS). The aim of this was to ensure that the diverse experience and a broad range of perspectives from patients and carers fed into the work of the MRG.

82. During this engagement work, short papers and updates were submitted to the MRG. These were published. A final report summarising the findings of "People at the Centre" was published by the Alliance on 18 February 2021 [CL11/022 - INQ000324576].

83. The minutes of the Group were published online, as were the key reports produced by the Group. These are provided under general disclosure.

Links with other advisory structures and systems

84. The Group as a whole acted as a stakeholder engagement forum with an agenda set by the Cabinet Secretary for Health and Sport, so was itself the conduit for discussion between the Scottish Government, external partners and service users.

Lessons learned and reflections

85. The final report cited above set out the findings of the Group's priority programme, the "People at the Centre" Programme, taking into account the views of a wide range of stakeholders.

86. A presentation on the future of the MRG was prepared in May 2021, taking into account views of members on its effectiveness. It was considered to have been a successful forum for engaging and informing stakeholders, with learning points identified as being the effect of the size of the group on its ability to hold full discussions, especially on policy matters [CL11/023 - INQ000322607].

Clinical and Professional Advisory Group (CPAG) for Adult Social Care

87. The Clinical and Professional Advisory Group for Social Care (CPAG) was established in April 2020. Its initial remit was to provide clinical and professional advice and guidance for protecting the care home sector during Covid-19. This remit was later expanded to include the wider adult social care sector. This was an advisory group.

88. CPAG met more than 80 times during the course of the pandemic. The first meeting was held on 23 April 2020 and the last in December 2022. The frequency of meetings varied at different phases of the pandemic from twice weekly to monthly.

Membership

89. The group, which was commissioned by the CMO and CNO, and chaired by a CMO and CNO representative, brought together clinicians and external stakeholders including care home providers, NHS and local authorities to provide professional and clinical advice to Scottish Government. The chairs were initially Senior Medical Officer, Professor Graham Ellis (who later became DCMO) and Anne Armstrong, Deputy CNO. Both chairs reported directly to CMO and CNO.

90. Scottish Government officials identified key stakeholders and invited them to join the group. Membership was designed to ensure advice was provided to Scottish Government and partners on clinical and professional support for the care home sector (and subsequently adult social care). Members reflected the care home and adult social care sector as well as national and local organisations that support the sector. Representatives attended from care homes, Scottish Care, CCPS, Directors of Public Health, PHS, Executive Nurse Directors, Chief Social Work Officers, Integrated Joint Board Chief Officers, Care Inspectorate, HIS, the Royal College of Nursing (RCN), the University of Glasgow, COSLA, Scottish Social Services Council, Royal College of General Practitioners (RCGP), BMA, Scottish Committee for GPs (SCGPs), Royal College of Physicians, Scottish Ambulance Service, Alzheimer Scotland, ARHAI Scotland, Social Work Scotland, NHS National Education for Scotland, NHS NSS, Scottish Government clinical and professional advisers (from nursing, medicine, social work and pharmacy) and policy officials.

91. The details of individual membership and minutes of CPAG meetings were not published by the Scottish Government, but minutes were disseminated to all members, including those external to Scottish Government. These are provided to the Inquiry under general disclosure.

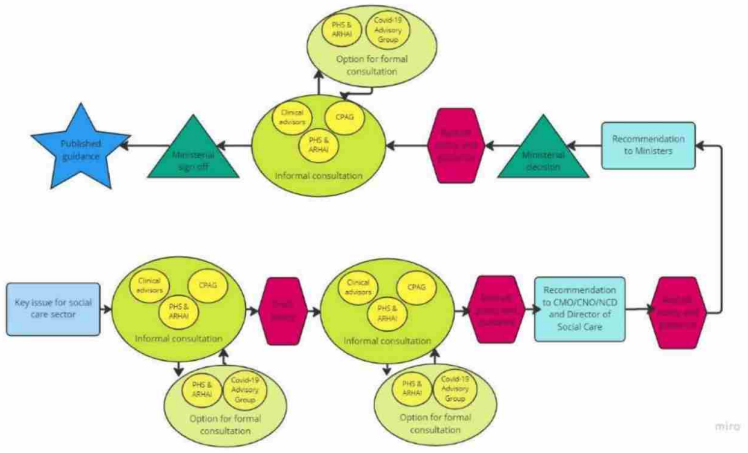
Advice

92. When officials were developing policy, this group enabled consultation with a wide range of stakeholders, allowing appropriate solutions to be developed. Members also brought issues to the attention of the group for consideration. This approach enabled a more significant degree of collaboration than would otherwise have been feasible under the circumstances.

93. The discussions at CPAG also influenced members approaches to developing advice and support for care homes and adult social care. For example, it supported the Care Inspectorate to develop appropriate communications to support the sector. The discussions also informed the development of Health Protection Scotland (now PHS) guidance for adult social care.

94. While the CPAG itself did not directly report to Ministers, advice and outputs from the group (for example, guidance) would be considered by the Adult Social Care pandemic policy team and shared with CMO, CNO and the National Clinical Director for review

and approval before being shared by the Adult Social Care pandemic policy team with Scottish Ministers for final sign-off ahead of publication. The diagram below shows how advice and guidance was developed for adult social care with input from CPAG.



95. CPAG was not a decision-making forum. It provided advice and, where necessary, matters of importance were escalated to the CMO, CNO and Scottish Ministers. Advice provided by CPAG included clinical and visiting guidance for the care home sector. CPAG also provided advice to the sector on implementation of policies that it was not directly responsible for, so the development and rollout of testing to care homes, guidance on this and also training workshops for the sector. Other examples include the rollout of the vaccination programme within the social care sector.

96. Where work required deeper examination than a core CPAG meeting would allow, informal and sometimes more formal 'sub-groups' were established with a smaller number of members who then reported back to the core group. The papers for these sub-groups have been provided under general disclosure. For example, when the first standalone visiting guidance was developed in May and June 2020, an informal writing group was established with members. The outputs from this writing group were then taken to the core CPAG group.

97. CPAG did not provide advice to Cabinet meetings or SGoRR but provided clinical and professional advice to the Scottish Government and the care sector leadership on ways to protect the sector through guidance and support. It worked closely with Care Home Rapid Action Group (CHRAG) which then became the Pandemic Response in Adult and Social Care Group (PRASCG) to ensure that best practice and guidance was communicated promptly and effectively to the sector and the public.

98. Officials are not aware of any instances where advice provided by CPAG was not followed by Scottish Government.

99. There were no specific mechanisms put in place to ensure CPAG was scrutinised by the Scottish Parliament or its Committees. Ultimate accountability for CPAG was provided by the Cabinet Secretary for Health and Sport. If the Committee had called for her to give evidence, officials would have supported any appearance or request in the usual way.

Lessons learned and reflections

100. Review of the Group's remit and functions was an ongoing process, and in September 2020 a decision was taken by the membership to widen the scope of the forum from care home to encompass wider adult social care. This was duly updated in the CPAG ToR.

101. Learning around advice being given to the Scottish Government was also an ongoing process.

102. In 2021 and 2022, surveys were undertaken of members to consider the role, remit and future of CPAG. The last survey undertaken particularly focused on the future of the CPAG, and the follow-up discussions with members led to a recommendation that the CPAG should end in December 2022.

The Pandemic Response in Adult and Social Care Group (PRASCG)

103. This Group was formerly known as the Care Home Rapid Action Group (CHRAG), and was a stakeholder group sitting within the Pandemic Response for Adult Social Care Responding to the Pandemic Division (now the Adult Social Care Oversight and Assurance Support Division). This was an advisory group.

104. A national CHRAG was established in April 2020 comprising key partners with operational oversight and delivery responsibility for care homes. The group received daily updates and was tasked with activating any local action needed to deal with issues as they emerged, as well as informing and coordinating a wider package of

support to the sector. The CHRAG initially focused on care homes but in September 2020 was widened to cover adult social care under a new group, PRASCG.

105. PRASCG was set up to provide a multi-stakeholder focal point for the work being undertaken to support the effective delivery of adult social care provision during the continuing coronavirus pandemic.

106. The objectives of the group were to:

- enhance existing collaborative working across adult social care sector leaders
- share intelligence and identify key issues for resolution related to the pandemic (supported by relevant data/metrics/evidence as appropriate)
- share intelligence and identity key issues that continue to hamper recovery from Covid-19
- ensure learning from the pandemic shapes the future as the sector recovers.

Membership

107. CHRAG was co-chaired by the Director of Community Health and Social Care in the Scottish Government. When PRASCG took over from the CHRAG, a co-chair arrangement was put in place between Scottish Government and COSLA, with a rotational chair put in place from both organisations.

108. Scottish Government officials identified key stakeholders and membership was designed to ensure all core partners had input in the analysis of the current situation and identification of evolving risks and of actions to be taken. This was a collaborative multi-agency approach. Representatives attended from the COSLA and the Society of Local Authority Chief Executives (SOLACE), Scottish Care, the Care Inspectorate, PHS Integrated Joint Board Chief Officers, Directors of Public Health, RCGP, BMA, RCN, SSSC and the Scottish Government. PRASCG was jointly chaired by the Scottish Government and COSLA.

109. The details of individual membership and minutes of CHRAG/PRASCG meetings were not published by the Scottish Government, but minutes and actions were disseminated to all members, including external partners.

Advice

110. CHRAG/PRASCG did not provide advice to Cabinet meetings or SGoRR. However, it made proposals to Scottish Government and the care sector leadership for national level actions to drive good two-way communication within the whole system and with the public on care home and wider social care issues. This included communicating best practice and guidance from the clinical group or elsewhere promptly to the sector and the public. It sought to enhance local collaboration both by helping to tackle any obstacles and by spreading good practice.

111. While the forum was not a core decision-making body, CHRAG/PRASCG escalated matters of importance to the Cabinet Secretary and Ministers. CHRAG developed an *Action Plan* in late May 2020 [CL11/024 - INQ000322940]. The aim of this action plan was to deliver whole-system support to care homes in Scotland and as such provide a safe and homely setting for their residents and staff throughout the Covid-19 pandemic and assure the public that residents and staff would be protected. The action plan was flexible, and the Group updated it on a regular basis to meet emerging and new issues. The plan was shared with Ministers but not published. It was a live document and was updated on an ongoing basis.

112. In addition, PRASCG played a role in drafting the *Adult Social Care - Winter Preparedness Plan: 2020 to 2021* [CL11/025 – INQ000324639]. The plan, which was published in October 2020, set out the measures already in place that should be retained and those that needed to be introduced across the adult social care sector over winter 2020 to 2021. This was signed off as a key output by Scottish Ministers. The intention was to work with partners to ensure strong local oversight that took account of and responded to delivery barriers and challenges. This was to be supported through the PRASCG.

113. Meetings with Ministers would be held regularly during the pandemic across a raft of portfolio social care issues alongside specific briefings and updates on the work of CHRAG including evolving action plans arising from the groups.

114. Officials are not aware of any advice provided by CHRAG/PRASCG that was not followed by the Scottish Government.

Links to other advisory systems and structures

115. The groups included a broad range of key internal and external stakeholders across health and social care to ensure integrated working across several areas. CHRAG/PRASCG established links with senior colleagues and professional advisors in the Scottish Government through other advisory systems and sub-groups. PRASCG also established relationships with other groups like CPAG. These relationships were seen as effective but there was ongoing opportunity for members to reflect on the roles and remits of each group. There was no direct connection with SAGE or the C19AG.

116. There were no specific mechanisms put in place to ensure CHRAG/PRASCG was scrutinised by the Scottish Parliament or its Committees. Ultimate accountability for CHRAG/PRASCG was provided by the Cabinet Secretary for Health and Sport. If the Committee had called for her to give evidence, officials would have supported any appearance or request in the usual way.

Lessons Learned and Reflections

117. In general, learning was an ongoing process, and the decision to widen the scope of the forum from care homes to encompass wider adult social care was taken by the membership, who were regularly invited to contribute views on the group's effectiveness. There was not a formal lessons learned exercise undertaken at any point. However, both the CHRAG/PRASCG evolved through an ongoing process of internal review and reflection by members of its remit and role.

118. At the PRASCG meeting of 28 April 2022, members agreed that the group should be repurposed, and the ToR should again be revised. It was agreed at that point that the pandemic would always be an element of the group going forward, but there would be a focus on wider system pressures, building a robust system and ensuring that people were at the centre of this. A working group from PRASCG duly met and reviewed the ToR before the next meeting and the functions of the group have subsequently been subsumed into the Whole System Planning and Oversight group.

Coronavirus (Covid-19): PPE Strategy and Governance Board

119. This was not an advisory group; it was a Governance Board. This Group did not provide advice nor make decisions.

120. The Board first met on 6 May 2020 and is now disbanded. The final meeting of the Board was on 28 April 2022.

121. The Board was accountable for delivering the PPE Sustainability Strategy across all sectors in Scotland. The Board provided assurance to Scottish Ministers on the supply and demand of PPE and also managed ministerial aspirations to have an indigenous supply of PPE.

122. The aims of the Board upon its inception were set out as below:

- to provide collective leadership and expertise to shape and guide the delivery of the PPE Sustainability Strategy
- to monitor the implementation of the PPE Sustainability Strategy progress using regular status reports, ensuring the programme remains on track
- to approve all PPE Sustainability Strategy implementation documentation including the risk and issue register and resolve or escalate risks and issues as appropriate
- to progress niche pieces of work in support of the weekly ministerial meeting
- to recognise and support where appropriate, indigenous supply of PPE
- to make opportunities to support Scotland's economic recovery
- to collaborate to produce PPE demand usage signals across all sectors.

123. The Board was initially chaired by Caroline Jack, Deputy Director of PPE Division. Latterly, the Chair role was taken over by Alan Morrison, Deputy Director of Health Infrastructure.

Coronavirus (Covid-19): NHS Louisa Jordan Governance Board

124. This was a time-limited Governance Board, and not an advisory group. This group did not provide advice or make decisions.

125. This Board was set up to ensure that there was an appropriate level of governance of the NHS Louisa Jordan project, where part of the Scottish Event Campus (SEC) in Glasgow was repurposed as a contingency measure should the NHS Scotland estate run out of space to accommodate people with Covid-19. The NHS Louisa Jordan was set up as a direct delivery arm of the Scottish Government but it was important that the leadership of the hospital were given appropriate autonomy to construct and run the hospital effectively.

126. The Board was chaired by Fiona McQueen, CNO. It was attended by the Chief Executive of NHS NSS, NHS Louisa Jordan and various Directors and Deputy Directors from the Health and Social Care Directorates in Scottish Government.

127. The Board met for the first time on 2 April 2020 and the final time on 21 May 2020. The Board held six meetings during this time. The membership and minutes of the meetings were published.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data

Dated: 11 December 2023