

UK COVID-19 INQUIRY

SUBMISSIONS FOR PRELIMINARY HEARING IN MODULE 5 ON 6 FEBRUARY

2024

ON BEHALF OF THE SCOTTISH HEALTH BOARDS

1. The Scottish Health Boards welcome Module 5's examination of Personal Protective Equipment through the pandemic. The Scottish Health Boards' employees were responsible, throughout the pandemic, for caring for patients infected by Covid. They were accordingly reliant on PPE to minimise the risks they faced. The Boards were responsible for supplying that PPE and for some procurement thereof. The Boards are keen to participate in the Module's work and to listen to the evidence the Inquiry obtains on these matters. Learning for any future pandemic is a key motivation for the Scottish Health Boards participating in the Inquiry.
2. The Scottish Health Boards are grateful for the helpful Note provided by Counsel to the Inquiry in relation to the first Preliminary Hearing in Module 5, the terms of which are noted.
3. We have three brief observations relating to the following points, each of which has been raised in earlier modules, but which we mention again for completeness:
 - (1) The scope of the issues to be investigated in Module 5.
 - (2) Expert evidence in Module 5.
 - (3) The differences between the healthcare structures across the four nations.
- (1) The scope of the issues to be investigated in Module 5
4. We note that a provisional scope of issues that the Inquiry is likely to investigate in Module 5 has been set out in CTI's Note. It is stated that, 'it is neither practical nor advisable to identify at this stage all the issues that will be addressed at the Module 5

public hearing. Much will depend on evidence and material obtained under the Rule 9 process.’: (CTI Note, §14.)

5. As was noted at the module 3 preliminary hearing in February 2023, the modular structure of the Inquiry means that having a detailed list of issues to be addressed in each module helps core participants to understand what specific matters are to be addressed at each stage. We note reference to “some” of the questions that module 5 will likely consider, set out at §16 of CTI’s note.
6. We assume, but would welcome clarification that, the Inquiry plans to intimate a detailed list of the issues to be addressed at the Module 5 public hearing as soon as practicable once its investigation has developed. Given the proposed dates for the public hearings in early 2025, further detail of the likely timescale for any such list would also be welcome.

(2) Expert evidence in Module 5

7. CTI’s Note states that independent expert witnesses are likely to be appointed across different disciplines to assist with investigations: (CTI Note, §31.) Notice is, however, yet to be given as to the identity of any such witnesses, or the issues they will be asked to address. It is anticipated by the Scottish Health Boards that some aspects of the expert evidence might depend on the underlying healthcare structures within which PPE was procured and supplied, together with the ability of the experts to ascertain the correct position in systems in which they do not have direct experience. No doubt the Inquiry will consider that matter when ascertaining expertise and issuing instructions to experts.
8. Given likely public hearing dates in early 2025, clarification of these matters as early as possible would be welcomed.

(3) The differences between the healthcare structures across the four nations

9. It is our understanding that the national differences in the structure of the healthcare systems within the United Kingdom are relevant to at least some of the areas which the

Inquiry intends to examine in Module 5; for instance, in relation to the roles and responsibilities of those procuring and supplying PPE.

10. We acknowledge that any such differences will likely bear on the Inquiry's findings in Module 5. The Scottish Health Boards are well positioned to assist the Inquiry, or any expert it instructs, in understanding the position in Scotland.

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