UK COVID-19 INQUIRY

MODULE 3 HEARINGS

OPENING STATEMENT

on behalf of

NHS NATIONAL SERVICES SCOTLAND

Introduction

1. NHS National Services Scotland ("NHS NSS") welcomes this UK Inquiry which has been established to ascertain the UK's preparedness for and response to the COVID-19 pandemic, the impact of the pandemic across the four nations of the UK and the lessons to be learned.

2. NHS NSS is a core participant in a number of Modules in this Inquiry, including Module 3. Whilst having separate representation for Modules 1 and 2A, its legal team has now merged with the legal team of another core participant, namely Public Health Scotland ("PHS"). This will provide a more efficient service both for these core participants as well as for the purposes of assisting the Inquiry.

3. NHS NSS is conscious that, although the Inquiry team is aware of the organisation NHS NSS, the wider public may not know what NHS NSS is or does or why it is a core participant in this Module. This opening statement, therefore, contains a brief introduction first to the NHS in Scotland, and then to NHS NSS, explaining its roles and its interest in this Module of the Inquiry.

The NHS in Scotland

4. Health, social care policy and funding are devolved to the Scottish Parliament. However, the NHS in Scotland is and has always been separate to the NHS elsewhere in the UK since its establishment by virtue of the National Health Service (Scotland) Act 1947. Prior to legislative and executive devolution in 1999, the Secretary of State for Scotland had responsibility for health in Scotland.

5. The Scottish Government oversees the activities of the NHS in Scotland. It sets national outcomes and priorities for health and social care, approves plans with the territorial and national NHS Boards and manages the performance of the NHS Boards.

6. NHS Scotland includes 14 territorial NHS Boards, which are each responsible for the protection and improvement of health and the delivery of frontline healthcare services to the population within the particular Board's geographical area.

7. There are also seven national NHS Boards (Golden Jubilee National Hospital; Healthcare Improvement Scotland; National Education Scotland; NHS24; Scottish Ambulance Service; The State Hospital and Public Health Scotland). Public Health Scotland (PHS) is distinct in that it is jointly accountable to both the Scottish Government and the Convention of Scottish Local Authorities ("COSLA"). NHS NSS is a Non-Departmental Public Body.

The role of NHS NSS

8. Turning to NHS NSS, it is a Non-Departmental Public Body accountable to the Scottish Government. It was created in 1974 under secondary legislation derived from the National Health Service (Scotland) Act 1972. It was established to provide national strategic support services and expert advice to Scotland's NHS. Its headquarters are in Edinburgh, but it has staff based at a number of locations in Scotland. It is structured into several different units each providing distinct services.

9. Services currently provided by NHS NSS include the following:

- National Procurement and Logistics;
- Practitioner services
- Counter Fraud Services;
- Legal Services;
- Digital Systems and Security Services;
- National Screening Oversight
- National Programmes;
- Programme Management Service;
- Scottish National Blood Transfusion Service; and
- NHS Scotland Assure (Engineering and Assurance; Facilities; and Property, Sustainability and Capital Planning (formerly Health Facilities Scotland); and Antimicrobial Resistance and Healthcare Associated Infection Scotland ("ARHAI Scotland")

10. Prior to 1 April 2020, NHS NSS also provided a service called Health Protection Scotland ("HPS"). Elements of that service moved on 1 April 2020 to become part of a new organisation, PHS. While within NHS NSS, HPS planned and delivered specialist national services aimed at protecting the people of Scotland from infectious and environmental harms. One part of HPS prior to 1 April 2020, the Antimicrobial Resistance and Healthcare Associated Infection team, remained in NHS NSS and is now known as Antimicrobial Resistance and Healthcare Associated Infection Scotland (or ARHAI Scotland for short). ARHAI Scotland and Health Facilities Scotland joined together as NHS Scotland Assure.

11. Although it is not primarily a public facing organisation, all services provided by NHS NSS have had a role in the response to the COVID-19 pandemic in Scotland. Its roles during the pandemic response included the following:

- Programme management services to a range of programmes including the commissioning and decommissioning of the Louisa Jordan Hospital, Test and Protect and COVID-19 vaccination programmes;
- Leading the mobilisation of construction partners including the contracting, design, construction and equipping of the Louisa Jordan Hospital and providing technical oversight on mechanical, electrical and water systems at the Louisa Jordan facility;
- Development of therapeutic convalescent plasma treatments;
- Procurement and logistics for personal protective equipment ("PPE");
- Procurement, development and operation of digital platforms for Test and Protect and COVID-19 vaccination and COVID-19 status certification programmes including publicly accessible apps and web platforms;
- Procurement and logistics for polymerase chain reaction ("PCR") testing, including consumables, equipment and laboratories;
- Procurement and logistics for lateral flow tests and point of care testing, including consumables and equipment;
- Commissioning and operation of the National Contact Centre providing support to Test and Protect, COVID-19 vaccinations and COVID-19 status certification;
- Operational delivery of the UK national and local testing programmes in Scotland, working with the UK Health Security Agency, local authorities, health boards and the Scottish Ambulance Service to ensure access to appropriate COVID-19 testing for the population;

- Working with other bodies on the production of UK COVID-19 Infection Prevention and Control Guidance;
- Development and publication of Scottish COVID-19 Infection Prevention and Control ("IPC") Guidance; and
- Surveillance and monitoring of COVID-19 in healthcare settings.

12. NHS NSS, therefore, played a significant operational role in the response to the COVID-19 pandemic in Scotland across a wide range of diverse functions. Some of NHS NSS' diverse functions may receive more attention in later Modules in this Inquiry.

Interest in Module 3

13. In this Module 3, the Inquiry will focus on the impact of the COVID-19 pandemic on healthcare systems in the four nations of the UK. It will consider governmental and societal responses to the pandemic and will dissect the impact the pandemic had on healthcare systems, patients and health care workers. Particular matters for scrutiny include healthcare governance, primary care, NHS backlogs, the effects on healthcare provision by vaccination programmes as well as long COVID diagnosis and support.

14. NHS NSS has submitted four witness statements in response to a rule 9 request in relation to the matters to be considered by the Inquiry in this Module 3. Those statements provide information on NHS NSS generally, National Procurement, NSH Louisa Jordan and the development of IPC guidance.

15. NHS NSS is particularly interested in this Module's scrutiny of the development of IPC guidance during the pandemic. ARHAI Scotland played an important role in this area. NHS NSS wishes to highlight the feedback received by ARHAI Scotland from local IPC teams as well as international IPC professionals that the published rapid reviews were invaluable. The UK Health Security Agency ("UKHSA") also gave feedback to ARHAI is this regard.

16. NHS NSS also wishes to clarify a number of points, as follows, to assist the Inquiry as to the proper role and remit of ARHAI Scotland.

(1) The territorial extent of ARHAI and the national infection prevention and control manual ("NIPCM" or "NIPCM Scotland")

17. ARHAI Scotland holds the remit for the development of IPC guidance for Scotland. It has no responsibility for the development of guidance outwith Scotland. Other countries across the UK have sought permission to use ARHAI Scotland's resources, including NHS England, Public Health Wales ("PHW") and Public Health Northern Ireland ("PHNI"). The other UK countries adopt the NIPCM Scotland partly or wholly through their own governance structures and make changes as they see fit.

18. Local and national infrastructure for IPC guidance existed before the pandemic. ARHAI Scotland has invested significantly in national IPC resources and has a well-established collaborative network ensuring service providers and supporting organisations are integral in the development and implementation of national IPC guidance.

19. Prior to the COVID-19 pandemic, Scotland was the only UK nation where the NHS produced and published a NIPCM. The NIPCM Scotland is a "live" document. Its evidence base is continuously reviewed through ongoing systematic literature reviews using a defined methodology. The evidence supporting the NIPCM Scotland recommendations is monitored using monthly auto alerts from Medline and Embase. Any evidence that contradicts current recommendations is immediately appraised and, if appropriate, included in the relevant literature review. Evidence that supports the current recommendations is compiled into an ongoing evidence table, presented quarterly to the IPC Oversight & Advisory Group and published in the NIPCM. This evidence undergoes full appraisal according to the research methodology and is added to the relevant literature reviews during the next scheduled update, which occurs every three years.

20. ARHAI Scotland has used a pre-determined systematic literature review methodology to develop guidance recommendations for many years. The systematic literature review is conducted by at least two healthcare scientists (1st team) and the recommendations are formulated based on in-depth discussions and consultations with senior infection control nurses (2nd team) and the working groups which have multidisciplinary, multiorganisational representation.

21. NIPCM Scotland literature reviews critically appraise extant guidelines produced by other international IPC organisations, in line with best international practice, using the AGREE II methodology and highlight gaps in evidence and any methodological flaws. This process has been strengthened since the pandemic with an example being the current update to the NIPCM Scotland TBP Definitions literature review where the origins of historical IPC principles is being critiqued. It should be noted that it was not possible to re-critique the extant literature review during the pandemic as the focus was on reactive emergency response.

22. COVID-19 IPC guidance was published at the outset of the pandemic by Public Health England ("PHE") and applied in all four UK nations. This guidance was based on pandemic influenza guidance. The guidance was further developed using a range of intelligence including: rapid reviews undertaken by multiple organisations such as UKHSA, ARHAI Scotland, the National Institute for Health and Care Excellence ("NICE"), the Scottish Intercollegiate Guidelines Network ("SIGN") and PHS; reports by the World Health Organization ("WHO"), the Scientific Advisory Group for Emergencies ("SAGE") and the independent respiratory panel; and feedback from IPC teams at local board and trust level. Epidemiological data (Scottish, UK and international) also contributed to the development of guidance.

23. In October 2020, Scotland moved away from UK IPC guidance and published a national COVID-19 IPC addendum in October 2020 which formed the Scottish national guidance with oversight by the Scottish Government COVID-19 Nosocomial Review Group ("CNRG"). This was requested by the Chief Nursing Officer for Scotland following extensive consultation with Scottish service providers. National extant IPC guidance throughout the pandemic was through each nation's IPC guidance, which in Scotland was the NIPCM Scotland. The Scottish COVID-19 addendum was based on the UK IPC guidance but expanded to include Scottish policy and links to other relevant Scottish guidance. ARHAI Scotland have never received any enquiries or complaints regarding confusion resulting from differences in the NIPCMs across the four nations.

24. ARHAI Scotland had weekly meetings with IPC stakeholders in Scotland where the perspectives of health professionals regarding evidence from literature, local epidemiological reports and international organisations guidance and experiences were not only considered but reflected on and were partly the driving factor in Scotland producing and publishing its own COVID-19 addendums and moving away

from the UK IPC guidance. Furthermore, the evidence, feedback from frontline stakeholders and guidance documents were standing items on the CNRG agenda.

25. The ARHAI Scotland NIPCM methodology is supported by SIGN. Methodology for developing NIPCM Scotland content is available within NIPCM Scotland, along with the updated methodology currently being piloted. This is the Scottish national healthcare/clinical guidance methodology and has international standing.

(2) The CNRG

26. In Scotland, CNRG served as an advisory body that examined the epidemiological, scientific and technical concepts crucial for understanding the evolving COVID-19 situation and its potential impacts on hospitals in Scotland alongside the published evidence. This group utilised advice from the WHO, SAGE, the UK-wide IPC guidance cell as well as other relevant sources of evidence and information to order to inform decision-making in Scotland during the pandemic.

27. During the COVID-19 pandemic, from May 2020 to May 2022, ARHAI Scotland provided comprehensive Scottish epidemiological and clinical data to support the development of guidance and inform the development of advice to the Scottish Government via CNRG.

<u>COVID-19 cluster monitoring system</u>

28. One key source of information provided by ARHAI Scotland to the CNRG was the COVID-19 cluster monitoring system. This was a unique and critically important tool in Scotland. It offered insights into the burden of COVID-19 clusters, the mechanisms of COVID-19 introduction into healthcare settings and the factors promoting its transmission.

29. NHS Boards were required to report clusters of COVID-19 cases among patients and staff. Intelligence on staff clusters was particularly valuable due to the lack of other robust epidemiological data on healthcare workers. The cluster reporting system collected varying levels of information on the number of patient and staff cases, hypotheses, investigations and lessons learned. These reports enabled ARHAI Scotland to provide regular situation updates to stakeholders and synthesize key lessons for dissemination and consideration in the development of guidance

and advice. This included weekly meetings with the NHS Boards and the Scottish Government where emerging evidence was reviewed and current guidance considered in that context.

Hospital onset COVID-19 surveillance system

30. In addition to the cluster monitoring system, ARHAI Scotland provided epidemiological intelligence to CNRG via the hospital onset COVID-19 surveillance system. The system monitored trends in confirmed hospital onset COVID-19 cases using UK agreed definitions. The system collected patient level data and this enabled the patient population with hospital onset COVID-19 to be described. As the system collected information for all COVID-19 cases diagnosed in hospital inpatients, the burden of community cases on hospitals could be quantified alongside the relative contribution of nosocomial hospital onset cases (day eight of admission onwards) to be estimated. These data informed the development of patient testing strategies and supported the wider understanding of severity of COVID-19. These data were also linked to other datasets to enable impact, such as mortality, to be described.

31. Furthermore, the agreed case definitions enabled the incidence of hospital onset COVID-19 to be considered in the context of the epidemiological situation in other UK countries. The definitions used in the system were developed in collaboration with the four nations surveillance group.

(3) Rapid reviews

32. ARHAI Scotland's rapid reviews primarily focused on the assessment of SARS-CoV-2 virus studies that were published as the pandemic unfolded. The methodology and limitations were described in the content of the Rapid Review document. The review did not make graded recommendations, instead providing evidence summaries. This was considered appropriate given the paucity of randomized control trials ("RCTs") that were available and pre-print observational studies making up the bulk of the SARS-CoV-2 evidence base.

33. Monthly assessments of IPC measures for the prevention and management of COVID-19 in health and care settings were conducted from 19 March 2020 until 7 April 2022. These reviews were initiated in response to feedback from Scottish stakeholders who needed to stay updated with the latest published IPC-related

literature. Weekly meetings were held with Scottish Infection Control Managers, IPC Nurses, IPC Doctors and the Scottish Government to share intelligence and support guidance implementation. The rapid reviews were published on a public-facing website, making them accessible to everyone.

Conclusion

34. As in previous modules, NHS NSS once again offers its condolences to all those bereaved as a result of COVID-19 and its sympathy to the wider public who suffered and still suffer as a result of the far-ranging effects of the pandemic and COVID-19.

35. As a public body, NHS NSS understands the responsibility it owes to the Inquiry and to the people of Scotland and it will continue to support the Inquiry's work in any way it can.

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Mark Boni, Advocate
Counsel for NHS NSS

NHS Central Legal Office
Solicitor for NHS NSS