THE COVID-19 INQUIRY

MODULE 3

OPENING STATEMENT

For

THE SCOTTISH HEALTH BOARDS

A. Introduction

1. The Scottish Health Boards welcome these hearings into the impact of the pandemic on healthcare systems. They will allow a full exploration of the facts, including the response of the NHS in Scotland. This opening statement will be the first time the Scottish Health Boards have spoken publicly in this Inquiry, so we would like to explain some relevant background.

2. Each of the nineteen health boards we represent is an independent NHS Board in terms of the National Health Service (Scotland) Act 1978. They comprise fourteen territorial health boards and five special boards. They have grouped together to assist both this and the Scottish Covid Inquiry due to a commonality of interests. The fourteen territorial health boards have involvement in: planning and commissioning services, including primary care; the delivery of frontline NHS services to local populations; and providing secondary and tertiary care in Scotland's hospitals. Many of their functions are exercised alongside local authorities, under a health and social care partnership model[1]. The five special health boards provide care and other support throughout Scotland including ambulance provision by the Scottish Ambulance Service, the national 24-hour helpline NHS 24, the State Hospital, the National Waiting Times Centre (Golden Jubilee Hospital), and training and education of NHS staff by NHS Education for Scotland. Each board is funded by and reports directly to the Scottish Government, although their management structures vary across the country.

[1] This see the Boards operate alongside local authorities and integration joint boards, as part of an integrated health and social care system.

3. The ethos behind the Health Boards' participation in both this and later modules is to assist the inquiry and, in doing so, 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 healthcare of the Scottish people.

4. At the outset of these remarks, the Scottish Health Boards recognise the deep wounds felt by those who have either lost loved ones or who continue to suffer physically and mentally as a result of the Covid-19 pandemic. Their sympathies are with you.

B. The Impact of Covid-19

5. 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[2]:

> *"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.*
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> *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."*

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

6. From March 2020 the Health Boards implemented key changes in practice and policy to create significant 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.

7. Initial changes saw, for example[3]:
   (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.

8. 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 in order that capacity could be increased to treat the first wave of Covid-positive patients. The impact of that strategy, where it resulted in discharge to care homes, is an issue which this Inquiry will consider in Module 6.

9. As the pandemic began to take hold in Scotland there was a scaling up of testing capacity and contact tracing, together with implementation of the Test and Protect strategy published by the Scottish Government in May 2020. This Inquiry has already, in Module 2A, heard evidence of Scotland's testing capacity at the

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

beginning of 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[4]. May 2020 also saw the introduction of a requirement for enhanced professional and clinical care oversight of care homes by Executive Nurse Directors.

10. The course of the pandemic 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 had been administered in Scotland[5].

11. These changes and developments, while easy for us to summarise in a paragraph or two, were far from straightforward for those in leadership roles to implement. For instance, the requirement to increase the numbers of critical care beds comes with it the requirement to increase the number of critical care nurses and the requirement to ensure suitable medical cover for a far greater number of patients. These requirements, in turn, led to the need to upskill existing nurses and doctors to safely perform tasks outwith their usual field of expertise and the need to ensure safe provision as the pandemic progressed and staff were ill or were having to shield or isolate.

12. None of these 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 laboratory staff and administrative personnel. Healthcare staff and managers found new ways of working and of collaborating with colleagues and other agencies to ensure that, overall, the healthcare system has been able to respond to the significant pressures of Covid-19. The Health Boards wish to take

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

this opportunity, publicly, to thank their employees. The extraordinary lengths to which NHS staff went during the pandemic has of course been recognised by the public throughout the pandemic's course.

13. Of course, recognition of the hard work and dedication of these key workers must also acknowledge 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. Healthcare staff were required to work under frequently changing national guidance and to make challenging clinical and ethical decisions under extreme pressure and in unknown circumstances. They required to do so as colleagues became ill and, in some cases, tragically died due to the disease.

14. 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 regard, the early pandemic in particular saw difficulties in some areas both in determining and obtaining correct PPE. This is an issue that this Inquiry will set out to investigate fully, with the expertise available to it. It is an area in which the Inquiry will wish to consider making recommendations such that similar problems do not arise in any future pandemic. The lasting impact on the health and wellbeing of healthcare staff, brought on by managing the various unprecedented challenges they faced, will continue to be felt for some time. Some have, of course, not returned to work because of conditions such as long covid.

15. The impact of the pandemic has been felt across the health service. It has affected countless patients' experiences of healthcare. 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 impact on patients caused by delayed 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 surges of required hospital care.

C. The Health Boards' participation

16. In respect of these hearings, the Health Boards have answered eighteen Rule 9 responses. Two such responses have come from "spotlight hospitals" (Glasgow Royal Infirmary and Raigmore Hospital in Inverness.)

17. For the conduct of the hearings in this module, in addition to the legal team the Health Boards will benefit from the input of senior clinical staff, some of whom have specific remits in relation to the inquiries, who intend to watch some of the most relevant evidence through the Inquiry's online platform. This will mean the voices of those impacted by the pandemic will be heard by those directly involved in healthcare.

18. The Health Boards' commitment, both in these 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 Every Story Matters. All forms of participation are important to the Health Boards and will contribute to their learning and development. Ultimately, it may be for the Health Boards to implement some of the recommendations that this Inquiry may make. They will require to do so having regard to the resources available to them and, in that regard, are keen to assist the Inquiry in making recommendations workable.

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