Witness Name: Caroline Lamb
Statement No.: 17
Exhibits: CL17
Dated: 16 December 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT BY THE DIRECTOR GENERAL FOR HEALTH AND SOCIAL CARE

In relation to the issues raised by the supplementary statement requests dated 20 and 22 November 2024 in connection with Module 3, I, Caroline Lamb, will say as follows: -

1. This statement has been prepared in response to respond to outstanding questions following the oral evidence provided to Module 3 of the UK Covid-19 Inquiry by Caroline Lamb, Director General Health and Social Care and Chief Executive of NHS Scotland and Humza Yousaf, former First Minister and former Cabinet Secretary for Health and Care on 14 and 19 November 2024 respectively.

2. This statement should be read in conjunction with the corporate statements of DG Health and Social Care submitted to Module 3 of the UK Covid-19 Inquiry on 18 June 2024, M3/HSCD/01 and M3/HSCD/02.

Shielding

3. The UK Covid-19 Inquiry have requested further information on the steps taken by the Scottish Government subsequent to recommendations from Public Health Scotland's 2021 rapid evaluation of the shielding programme, between March and July 2021. The actions detailed in paragraphs 4 to 8 were not taken in direct response to the Public Health Scotland recommendations regarding the need to protect at risk groups from nosocomial infection and the need to ensure access to

healthcare without fear of nosocomial infection for at risk group, although they do address these issues.

4. The Scottish Government worked with Health Boards to manage and reduce the risk associated with COVID-19 transmission through the implementation of robust Infection Prevention and Control (IPC) measures in line with the National IPC guidance in place at the time. This included measures such as the appropriate use of Personal Protective Equipment (PPE), extended use of face masks and coverings, physical distancing, good ventilation, enhanced cleaning measures, systematic outbreak management, the expansion of asymptomatic patient facing and staff testing and admission testing to ensure patients are placed in the appropriate pathway.

5. Whilst there was no national shielding nosocomial policy specific to healthcare settings, at risk groups were considered at various meetings of the Covid-19 Nosocomial Review Group (CNRG). CNRG reviewed evidence, including evidence related to those at higher risk, and based on this review they provided advice to the Healthcare Associated Infection (HCAI) policy unit within the Scottish Government. Following a review of relevant advice, policy and guidance changes were implemented. Further information on this is provided Scottish Government's Module 3 statement M3/HSCD/01, dated 18 June 2024, at paragraphs 422-443.

6. The Winter (21/22), Respiratory Infections in Health and Care settings, IPC addendum (published in November 2021), provided [CL17/001 - INQ000410985], included guidance in relation to respiratory screening and triage questions:
   "It is recognised that patient placement will be dependent on clinical need in addition to respiratory status. Where a patient with respiratory symptoms cannot be placed in the respiratory cohort for clinical reasons, avoid placing the patient next to anyone high risk and previously considered to be on the shielding list, keep curtains pulled as a physical barrier if safe to do so and ensure thorough cleaning as per respiratory care pathway described in the environmental cleaning section".
   This guidance also states that patients considered high risk and previously on the shielding list should not be placed in multi bed bay cohorts.

7. Other measures were introduced to support where staff may have concerns about Covid-19 acquisition. This included being able to access an FFP3 mask when performing an aerosol generating procedure in the low risk/green pathway and from April 2022, the introduction of the personal preference policy (DL(2022)10), provided [CL17/002 - INQ000429256] where health and social care staff could wear an FFP3 based on their personal preference.

8. The roll out of the COVID-19 vaccine and increased treatment effectiveness reduced the risk of severe harm from the transmission of Covid-19. It was clear that increased testing (both asymptomatic and symptomatic) of staff and patients and improved triage and guidance led to healthcare settings being much better able to identify risk and 'at risk' patients and provide the necessary support and mitigations.

9. The UK Covid-19 Inquiry have requested further information on whether steps could have been taken in furtherance of making contact with individuals on the shielding list. It is important to note that the Scottish Government acted to ensure that those on the shielding list were aware of the information and support available to them during the pandemic.

10. A summary of key steps to this end are detailed below:
    - 23 March 2020 – Scottish Government officials began working with Local Resilience Partnerships, multiple retailers and others to put in place a package of support to help these people self-isolate. As detailed in a submission to Ministers, provided [CL17/003 - **INQ000244353**], This programme of work aimed to rapidly establish and deploy:
        - a national helpline
        - a shielding page on NHS Inform
        - an SMS service for shielding
        - a national food box service
        - volunteer-led distribution service for people to access their prescriptions and medicines.
    - 5 April 2020 – Letters started to be issued from the Chief Medical Officer (CMO) to those on the shielding list, or those caring for those on the shielding list. As different conditions and patient groups were added to the

shielding list, the CMO wrote regularly to people on the list, and the letter itself was amended and refined considerably as we got user feedback on its usefulness and clarity. [CL17/004 - INQ000117028] [CL17/005 - INQ000470038] [CL17/006 - INQ000470043] [CL17/007 - INQ000470046]

- 14 April 2020 – The Scottish Government worked with Local Resilience Partnerships across Scotland to set up and launch a coronavirus helpline for people at high risk with an urgent need for support. The service offered help to those who do not have family or existing community support.
- 11 May 2022 – The Scottish Government wrote to all Local Authorities ahead of the ending of the Highest Risk List to tell them to refer to their data retention and deletion responsibilities regarding any data held concerning the Highest Risk List.

11. The Scottish Government has learned from this outreach to people on the shielding list and has considered the following areas of potential improvement for future pandemics:
    - The initial Shielding letter from CMO sent in batches from early 2020 was deemed by some who received it to be stark. Whilst this was to an extent necessary given the gravity of the situation, communications style and tone of voice developed over the course of the pandemic and more consideration would be given to this from the outset of a future pandemic response.
    - Using a dedicated team of user researchers and content designers into the heart of a response structure as early as possible to rapidly begin understanding and responding to lived experience of individuals policies are designed for may help improve the reception of communications with those on shielding lists in the future.

12. The UK Covid-19 Inquiry have requested further information to clarify who holds data on healthcare worker deaths from Covid-19 in Scotland. As was noted within the Scottish Government's Module 3 statement M3/HSCD/02, dated 18 June 2024, paragraphs 52 – 54 provides the figures on staff who died with Covid-19 on their

death certificate during the relevant period, this data was provided to Scottish Government's Health Workforce Directorate by NHS Scotland Health Boards. It confirms that the Scottish Government was notified of 27 deaths by the Health Boards caused by or suspected to be related to Covid-19. This data underlying this statistic is provided, [CL17/008 - INQ000474691]. On 24 April 2020, the Scottish Government published guidance advising that all Health Boards must report the death of any NHS Scotland staff member suspected to have died from Covid-19 and confirmation that the incidents, where appropriate, were reported to the Health and Safety Executive (HSE).

13. It is not possible to determine from the available data that Scottish Government received whether Covid-19 was acquired whilst the NHS staff member was at work or whether it had been acquired elsewhere. There is a possibility that some health and social care workers may have acquired Covid-19 as a result of being treated as patients themselves. In some circumstances this may be known, or assumed as known, but the source of infection will be difficult to determine accurately in all cases.

14. The UK Covid-19 Inquiry have requested further information on whether the Scottish Government is aware of analysis of whether the policy and guidance differences relating to FFP3 masks in Scotland, when compared to the rest of the UK, reduced healthcare worker deaths or the level of infections by any appreciable margin. The Scottish Government is not aware of there being any such analysis conducted in Scotland.

15. The UK Covid-19 Inquiry have requested confirmation of whether a letter sent out in December 2021, provided [INQ000474692] reminding every household that they should continue to access NHS services if they needed them was sent out in accessible formats for disabled people. The national door drop, containing a booklet and cover letter, was issued as part of the Right Care Right Place campaign in December 2021 and was delivered to every home in Scotland by the Royal Mail. The same information was sent to every household in Scotland, as such it was not possible to personalise the mailing to the needs of a person at a particular address.

16. The Scottish Government did, however, take steps to support those who required a version in an alternative language or accessible format, information on how to access alternative formats and languages was included in the booklet with a QR-code that took the person to the various formats available on gov.scot. The additional formats included those supporting disabled people, namely braille; audio; British Sign Language; large print; and easy read. The QR-Code also took people to the information in a variety of languages, including Arabic; Bengali; Bulgarian; Dari; Farsi; French; Gaelic; Hindi; Hungarian; Kurdish Sorani; Latvian; Lithuanian; Polish; Punjabi; Romanian; Russian; Simplified Chinese; Slovakian; Somali; Spanish; Pashto; Traditional Chinese; Urdu; and Vietnamese.

17. Information on the translated and accessible guidance was also shared via partnership channels to help disseminate accessible and translated resources via trusted voices and community groups, including: Local Authorities; Health Boards; Equalities Partners (NHS Equalities Leads; Gypsy/Travellers; BEMIS; Minority Ethnic Carers of People Project; CEMVO; Minority Ethnic Health Inclusion Service); Colleges and Universities Scotland; Police Scotland; Scottish Ambulance Service; Third Sector Contacts.

18. The UK Covid-19 Inquiry have requested further confirmation of whether the Right Care Right Place programme specifically looked at the issue of disabled people and people and specific accessibility needs. Quantitative evaluation in the form of online survey research was undertaken after each phase of Right Care Right Place marketing activity. In 2021 campaign evaluation research was undertaken with a nationally representative sample of 1,000 people within the Scottish public, a copy of this evaluation is provided [CL17/010 - INQ000474693]. As part of the survey people were asked whether they suffer from a long-term health condition (e.g. diabetes, asthma, heart problems and disabilities) and 241 people reported that they do. The type of health condition was not recorded.

19. The evaluation analysed responses to the Right Care right Place marketing campaign at an overall total level but also looked at results among those with a long-term health condition. Individuals with a long-term health condition were more likely to have recognised the advertising campaign than people without a longer-term

health condition. They were also slightly more likely to have taken action as a result of seeing or hearing the campaign (e.g. call NHS 111 instead of going to A&E or visit NHS Inform.scot for more information).

20. Additionally disabled people were consulted during the design and creation of the Right Care Right Place marketing materials, as part of the qualitative testing which was undertaken via focus groups to assess the suitability of the communications approach. Six focus groups were undertaken, one specifically with an older age group of 50–70-year-olds who all had underlying long-term health conditions (including disabilities). Participants were shown draft posters, TV and radio scripts and logos to explore the appeal, resonance and relevance of the creative materials. The qualitative findings were reported at an overall level and analysis was not specifically undertaken of participants with underlying long-term health conditions (including disabilities).

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: PD

Dated: 16 December 2024