

## UK COVID-19 INQUIRY

### MODULE 6 – CARE SECTOR

#### OPENING STATEMENT

on behalf of

PUBLIC HEALTH SCOTLAND

#### **Introduction**

1. Public Health Scotland (“PHS”) 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. PHS is a core participant in a number of Modules in this Inquiry, including Module 6. In Modules 1 and 2A it was separately represented. For Modules 3 and 7 its legal team merged with the legal team of another core participant, NHS National Services Scotland (NHS NSS). In this Module PHS is again individually represented.
3. PHS is conscious that, although the Inquiry team is aware of the organisation PHS, the wider public may not know what PHS 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 PHS, explaining its roles and its interest in this Module of the Inquiry.
4. PHS 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. It also reiterates its thanks to the people of Scotland, as spoken to by Professor McMenamin of PHS at the end of his evidence in Module 7, for their cooperation during the pandemic. It has been observed many times that self-isolation is a considerate act, and PHS places on record its gratitude for the collective commitment of the Scottish people.

## **The NHS in Scotland**

5. 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.
6. Since devolution, health and social care policy and funding, including public health policy, has been devolved to the Scottish Parliament. 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.
7. NHS Scotland consists of 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.
8. There are also seven national NHS Boards: Golden Jubilee National Hospital; Healthcare Improvement Scotland; National Education Scotland ("NES"); NHS24; Scottish Ambulance Service; The State Hospital; and PHS. PHS is distinct in that it is jointly accountable to both the Scottish Government and the Convention of Scottish Local Authorities ("COSLA"). In addition, there is NHS NSS which is a non-departmental public body.

## **Creation of PHS**

9. It is important to note that PHS is a relatively young organisation. It came into existence legally in December 2019, becoming operational on 1 April 2020, at around the start of the Covid-19 pandemic and at the time of the first UK-wide lockdown.
10. Prior to that, responsibility for protecting the Scottish public from infectious diseases and environmental hazards fell to a different organisation, namely Health Protection Scotland ("HPS") which was a part of NHS NSS. Elements of HPS moved to PHS on 1 April 2020. However, one element of HPS, namely Antimicrobial Resistance and Healthcare Associated Infection Scotland ("ARHAI Scotland"), remained, and still remains, a part of NHS NSS.

11. When PHS was created, many of the staff and functions of HPS were transferred over to PHS. As a result of the pandemic, at the time of PHS's launch, there required to be a rapid rethinking of plans in relation to the organisation which had been put in place over a number of years previously. It is fair to say that the organisation faced coalescing and difficult challenges at that time.

## **The role of PHS**

12. PHS is Scotland's national public health body. It is the lead national organisation in Scotland for improving and protecting the health and wellbeing of Scotland's population. It was created as a result of a Public Health Reform Programme in Scotland which was designed, amongst other things, to strengthen national leadership in public health. The rationale for its creation was to establish a unified public health organisation with a focus on improving and protecting the health and wellbeing of Scotland's population, and, no less importantly, reducing societal health inequalities.
13. It seeks to identify and understand what has been scientifically shown to improve and protect health and reduce inequality nationally. It then shares that knowledge with relevant persons and organisations. In carrying out its role it collaborates extensively with the public, private and third sectors. The organisation draws upon a range of expertise within its staff to deliver these objectives: including healthcare consultants, data professionals and healthcare scientists.
14. PHS, however, is not involved in many of the practical aspects of maintaining public health at a community or local level. Many of the steps to support the control of the pandemic at a local level were performed by public health teams within Scotland's 14 territorial health boards. Neither is PHS involved in regulation or inspection activities nor is it responsible for infection and prevention control guidance in health and social care settings, which is primarily a matter for ARHAI Scotland.
15. Owing to devolution, PHS operates in a different context to its counterparts in the other UK nations. PHS is committed to helping the Inquiry navigate the complexities that this will inevitably create for a UK-wide investigation.
16. In terms of its relationships with others, as already mentioned, PHS is accountable to both the Scottish Government and local government, reflecting the fact that public health in Scotland is viewed as a shared endeavour, of local and national government.

Indeed, PHS is uniquely sponsored by the Scottish Government and COSLA on behalf of local government.

17. In the early days of the pandemic the organisation faced a number of 'bedding in' issues, including challenges around staff, information systems, governance and creating a new cohesive organisational culture from the three legacy bodies. Moreover, PHS's opening budget and staffing levels were not sufficient for PHS to deliver the health protection response required by the pandemic. Additional funding was helpfully provided by Scottish Government, but for a period, there was a shortage of personnel within PHS trained and experienced in pandemic response. Although PHS considers that, at an organisational level, it nevertheless responded well during that period, this was not without a cost. It recognises and acknowledges that this would not have been possible without the enormous dedication of its staff and their willingness to work long hours over sustained periods. That, combined with stressful working conditions, without a doubt adversely impacted on staff health and wellbeing, as indeed was the case throughout many parts of the NHS, local government and beyond.
18. Despite the pressure of being very much on the frontline of the nation's response to dealing with the Covid-19 pandemic, in September 2020 PHS published a three-year strategic plan setting out its goals for Scotland, focussing on four cross-cutting areas: Covid-19; community and place; poverty and children; and mental wellbeing.
19. The original strategy was strengthened in November 2022 with the publication of a new three-year plan. This plan built on the 2020 strategic plan and set out PHS's purpose as Scotland's national public health body to lead and support work across Scotland to prevent disease, prolong healthy life and promote health and wellbeing. PHS will publish a successor strategic plan this year.

### **Specific role during the Covid-19 pandemic**

20. During the Covid-19 pandemic, PHS had a major role leading, and contributing to, Scotland's response across a range of areas. Its scientific knowledge and expertise were relied on by the Scottish Government and the organisation was widely viewed as a key source of data, information and advice. In particular, PHS worked with, or supported, the Scottish Government in relation to the following:

- (i) PHS supported the Scottish Government's modelling of future projections of the pandemic through the provision of data and intelligence on case numbers and other matters such as demand for acute beds and workforce absence;
- (ii) PHS advised the Scottish Government on the development of its national testing strategy as part of the wider national COVID-19 response and led the development of a whole genome sequencing service for Scotland;
- (iii) PHS advised the Scottish Government on the development and roll out of its Test and Protect programme and played a major role in the delivery of the national contact tracing service; and
- (iv) PHS shaped the digital infrastructure that supported the response. This included the creation of the PHS dashboard and publication of weekly and other statistical reports.
- (v) PHS was responsible for producing certain health protection guidance for various settings during the pandemic. This contained elements of both health protection and infection prevention and control, and had the important function of operationalising Scottish Government policy.

## **Interest in Module 6**

21. In this Module the Inquiry will focus on the impact of the pandemic on the publicly and privately funded adult social care sector across the UK. As part of its investigations the Inquiry will consider key decisions made by the Scottish Government in respect of the sector, the management of the pandemic in care and residential homes (including matters such as infection prevention and control, testing, PPE and access restrictions), DNA CPR notices, the regulatory regime, and deaths of residents and staff due to Covid.
22. PHS has provided a detailed corporate statement in response to a rule 9 request made by the Inquiry. The statement provides, amongst other things, information about PHS generally and its role in relation to the care sector. In addition, the Inquiry is due to hear from Dr Maria Rossi, on behalf of PHS, during the Module 6 evidential hearing.

23. A full account of the involvement of PHS in the matters being considered in Module 6 can be found in its corporate statement. The statement also includes the reflections and actions of PHS in the period since the pandemic. It would urge anyone with an interest to read the corporate statement to gain a more detailed understanding of PHS's position on the issues arising, some of which are complex and do not admit of a simple or straightforward answer.

## **Conclusion**

24. PHS considers that despite the extraordinary circumstances, it was able to respond to the pandemic in a competent, professional and efficient manner in order to support Scotland's overall response to the COVID-19 pandemic.

25. PHS's publicly stated values include respect, collaboration, innovation, excellence and integrity. As a public body, PHS 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. PHS believes it has much to contribute and share by way of experience and expertise, but equally important from PHS's perspective, it is keen and committed to learn from the Inquiry.

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