THE COVID-19 INQUIRY

MODULE 6

OPENING STATEMENT

For

THE HEALTH BOARDS

1. The Health Boards welcome these hearings into the impact of the pandemic on the Care Sector. They will allow a full exploration of the facts, including the response of the NHS in Scotland.

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 responsibility for planning and commissioning services, including primary care; for the delivery of frontline NHS services to local populations; and for 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. The five special health boards provide care and other support throughout Scotland including ambulance provision, the national 24-hour helpline NHS 24, the State Hospital, the National Waiting Times Centre (Golden Jubilee Hospital) and education of NHS staff. Each board is funded by and reports directly to the Scottish Government, although their management structures vary across the country.

3. The ethos behind the Health Boards' participation 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. The Health Boards have been core participants in Modules 3 to 7 inclusive. In their opening to Module 3, the Health Boards observed that:

> "*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*."

The Health Boards will, of course, listen with care to the evidence on that topic, which raises questions of how the system can safely increase capacity in the face of a pandemic and at a point in time where mass testing is unlikely to be possible – even with better underlying testing capacity. The pandemic saw the use of innovative solutions to discharging patients, including the use of facilities in certain health board areas to allow cohorting of discharged patients. A full exploration of these issues is to be welcomed.

5. Whilst the Care Sector does not fall directly under the management of the Health Boards, there are important areas of crossover in the provision of care to those in the sector. The Covid pandemic saw an enhanced focus on those crossover areas. Public health is, under the system of care applicable in Scotland, the direct concern of the territorial health boards, each of whom has a Director of Public Health and each of whom has health protection teams responsible for protection of the community from infectious diseases, or hazards which constitute a danger to human health. Commissioning responsibilities for care packages operate within the setting of health and social care partnerships, meaning that in relation to care homes there are often well-established working relationships between local authority and health board colleagues.

6. During the Covid pandemic, crossover between the health boards and the Care Sector became particularly important in providing enhanced support in the following areas:
    a) An enhanced system of assurance of care homes, following Scottish Government letters to Health Board Chief Executives on 17 and 20 April 2020. Those letters required, amongst other things, Directors of Public Health to "…*oversee the provision of local support and assurance to all care homes*…", and in particular to "…*enable each home to follow in practice the range of national guidelines on Covid-19.*" This required assessment and reporting of particular aspects of care home performance.
    b) Enhanced clinical oversight of care homes, following Scottish Government direction dated 17 May 2020. That direction required health boards to put in place a "*multidisciplinary team of key clinical leads and the area's Chief Social Work Officer*." It indicated that: "*The team's remit will include daily discussions about the quality of care in each care home in their area, with particular focus on implementation of infection prevention and control, and the provision of expert clinical support to residents who have Coronavirus."* These teams included the Executive Nurse Director, Chief Social Work Officer and H&SCP Chief Officer in addition to the Director of Public Health.
    c) An enhanced role for Executive Nurse Directors with regard to care homes, in line with the Cabinet Secretary for Health and Social Care's letter to Executive Nurse Directors, also dated 17 May 2020. It stated, "*I therefore require you to be accountable for the provision of; Nursing leadership, support and guidance within the care home and care at home sector."*
    d) Enhanced roles for Health Protection Teams we also established in providing expert advice and support to care homes on IPC measures, particularly during outbreaks.
    e) Enhanced roles for the assessment and supply of PPE and for the implementation of IPC and PPE guidance. This included, in some cases, the provision of training in IPC measures and support to undertake risk assessments.

f) Enhanced assistance for care home staff with anticipatory care planning, which was discussed extensively in Module 3.

In relation to each of these enhanced roles and others not mentioned explicitly, the Health Boards will listen carefully to the evidence in order to understand the perspectives of those affected most directly.

7. None of these developments, nor others not mentioned here, would have been possible without the extreme hard work and dedication of the employees of each of the Health Boards. Healthcare staff and managers found new ways of working and, in the context of Social Care in particular, of collaborating with colleagues and other agencies. The Health Boards wish to take this opportunity, publicly, to once again thank their employees for their exceptional effort and skill. The extraordinary lengths to which NHS staff went during the pandemic has rightly been recognised by the public throughout the pandemic's course.

8. Of course, the Social Care sector was one of the hardest hit by the impact of a pandemic that was so deadly to the older population. The challenges of managing the virus in a care home, or other social care setting are difficult to overstate. Undoubtedly, care home staff were hit with managing IPC measures, including the use of isolation and PPE, in an entirely different way. Other social care provision did not happen, often due to restrictions that were in place. Care users and their relatives required to adapt in ways that were incredibly challenging, including for example not visiting relatives who may be confused and distressed and who may have benefitted from human contact. The Health Boards wish, again, to express their deepest sympathies to those so affected by the pandemic and the steps that were taken to keep people safe.

9. In respect of these hearings, the Health Boards have provided seven Rule 9 responses, which we will not list here. Whilst is not anticipated that any of the witnesses from within this cohort will attend to give oral evidence, it is of course understood that the Inquiry will take full account of the written evidence.

10. 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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