UK COVID-19 INQUIRY

MODULE 7 – TEST TRACE AND ISOLATE

CLOSING SUBMISSIONS FOR NATIONAL SERVICES SCOTLAND ("NHS NSS")

Introduction

1. NHS National Services Scotland (NHS NSS) is pleased to have been designated as one of the Module 7 Core Participants, on a joint basis with Public Health Scotland (PHS). It was represented throughout Module 7 and its chief executive, Mary Morgan, provided a detailed witness statement and gave oral evidence. NHS NSS fully adopts the evidence she gave.

2. The purpose of this written closing submission is to add to what has already been said on behalf of the organisation by Ms Morgan's witness statement, its Opening Statement, and in Ms Morgan's oral evidence. NHS NSS seeks to add its further reflections having benefited from having had the opportunity to listen to all the evidence in this Module.

3. What follows focuses on what NHS NSS considers are some of the more important points (at least from this organisation's perspective) arising out of the evidence.

The Module 1 report recommendations

4. NHS NSS is mindful that the Inquiry has already issued its Module 1 report and has recommended the creation of a UK-wide independent statutory body for whole system civil emergency preparedness, resilience and response. NHS NSS proceeds on the assumption that this recommendation will be enacted. NHS NSS is committed to continuing to work on pandemic preparedness

Matters arising from Mary Morgan's witness evidence

5. The role of NHS NSS, as explained in Ms Morgan's witness statement and in her evidence, is in the operational space. Decisions on policy were for, and were made by, the Scottish Government.

6. At the start of the pandemic there were two NHS Scotland labs performing PCR testing for Virology, these were NHS Greater Glasgow and Clyde and NHS Lothian. By Summer 2020, all 14 territorial boards, as well as the NHS Golden Jubilee and NHS NSS (SNBTS) had this capacity.

7. University genetics labs in Edinburgh provided additional PCR capacity to NHS Lothian in the first few months of the response. Being physically co-located with the Western General Hospital site enabled links to the NHS Scotland IT system, and the NHS Lothian quality management system was extended to include these tests. The easing of lockdown in the summer of 2020, coincided with the return of university staff to normal duties and to increased testing capacity both in the NHS Scotland and in the lighthouse laboratories.

8. Ms Morgan was asked why the results of Scottish National Blood Transfusion Service testing, which provided useful data about the prevalence of asymptomatic transmission, was not taken more seriously in Scotland. The role of NHS NSS was to report that information, which it did. It was not the role of NHS NSS to make decisions in light of that information. It did not have the power to do so. It will be for others to explain the role that the SNBTS data played in decision-making. NHS NSS is not in a position to assent to the proposition that the data was "not taken seriously" simply because no specific action was taken in light of it. Many decisions made by policymakers were multi-factorial and the working assumption of NHS NSS is that the SNBTS data was considered by the appropriate decision-maker and taken account of when formulating policy.

9. NHS NSS would also observe that the fact that donors to SNBTS whose blood subsequently tested positive will have been asymptomatic at the time of their donation does not necessarily mean that they were asymptomatic at the time when they were infected. NHS NSS has not conducted research on this matter but suggests that assuming that all of the SNBTS positive tests related to entirely asymptomatic cases would be an unsafe assumption to make.

10. The Inquiry has been addressed about the pace of scaling up testing. In that context, the 'small ships' metaphor has featured. The argument has been that use of pre-existing laboratory capacity and scaling up that laboratory capacity in the early stages, would have been an appropriate step while the Lighthouse Laboratories were being created. NHS NSS did this. As Ms Morgan explained in evidence, a number of laboratories (on the east coast, to avoid competing with the Glasgow based Lighthouse lab for staff) were engaged by NHS NSS to assist with testing while the Lighthouse labs were being set up. It is however important to understand that scaling up smaller laboratories is not necessarily a straightforward thing to do. Laboratories are not 'plug and play'. They require to use certain (specific) equipment and to meet certain (exacting) quality assurance standards.

11. The Scottish Covid Bereaved Families for Justice raised, in their oral submissions at the end of the public hearing, the issue of internal hospital transfers. For the assistance of that group and the Inquiry NHS NSS explains its position in relation to internal hospital transfers. Specific guidance for extended hospital testing was first published in December 2020 version 1.0 by the Scottish Government, in line with the Chief Executive Letter Covid19 Testing Expansion 27 November 2020 and included:

    a. All elective admissions tested prior to admission and retested 5 days after admission.

    b. All emergency admissions tested on admission and 5 days after admission.

    c. Any patient with any clinically indication of suspected infection to be tested immediately.

    d. A clinical or a public health professional may consider testing even if the definition of a possible case is not met.

    e. All patients are to be tested prior to discharge to residential settings.

12. This guidance for hospital testing then developed over time, through the Scottish Government COVID-19 Nosocomial Review Group (CNRG), as tests became available and on review of evidence to support testing as a control within healthcare. Version 2.0 was published in February 2021 by ARHAI Scotland. ARHAI took on responsibility for updating this guidance on the advice of CNRG. Multiple updates were made until October 2022 which was version 2.13.

13. FEMHO asked why the infographic recommended by the Equality Impact Assessment meeting in July 2020 had not been created. NHS NSS appreciates that the impression created by the documentation available to FEMHO might create the impression that this recommended step had simply been overlooked. However, as Ms Morgan explained, that was not the case. In the course of looking to action the recommendation, it became clear that the development of a useful infographic would be a more complicated task than might initially have been appreciated, and because issues of information governance might be expected to arise.

14. It is also important to understand that part of the premise of FEMHO's question was misconceived. The question included a belief that contact with the NCTC was confidential and that no information about that contact would be shared with the police. In fact, that cannot be said to be a blanket position. Information about

disclosed anticipated violations of isolation rules could have been passed to police, as potentially could any other evidence of criminality disclosed during a contact. There were a number of requests from Police Scotland for the release of information and each instance it was assessed in line with data protection guidance. In terms of contact tracing, information was only released on the production of a court order. For border monitoring data, NHS NSS understands that information was shared by other organisations with Police Scotland on those randomly selected individuals who NCTC/NCC had attempted to contact multiple times and who had not been contactable. The creation of the type of infographic contemplated by the FEMHO questioning was not possible, because the infographic would need to be accurate.

15. In relation to the CBFFJ UK questioning about the reporting of LFD devices, it is important to understand that NHS NSS does not operate any hospitals or employ any treating clinicians in hospitals.

Positive lessons learned

16. The Inquiry has always been clear that in examining preparing and reporting on preparations for and the response to the pandemic it is interested in what went well during the pandemic. NHS NSS agrees with this approach – lessons learned can include learning what went well, to attempt to ensure that similar steps are taken in future pandemics. In that regard NHS NSS would offer the following observations.

17. NHS NSS was commissioned by PHS to set up the National Contact Tracing Centre ("NCTC"). The numbers of contact tracers engaged was covered in Mrs Morgan's evidence. The NCTC was able to successfully complete the overwhelming majority of attempted contacts. In the context of a Scottish population of approximately 5.5m during the financial year 2021/22, the NCTC together with NHS Boards successfully digitally contacted and provided support and isolation advice to all 1.73 million reported positive cases, with some 92% receiving further telephone or digital contact. These interactions with positive cases identified 2.79 million close contacts of which 2.88 million (over 97 per cent) were then provided support and isolation advice digitally or via the telephone.

Closing remarks

18. NHS NSS has been a core participant, on either a single or joint basis, in Modules 1, 2A, 3, 5 and 7. It does not expect to be a core participant in future Modules. NHS NSS and its advisers wish to take this opportunity to thank all involved in the Inquiry

for their engagement and assistance through the course of the Inquiry so far. It looks forward to receiving the Inquiry's further reports and commits to engaging with those in due course.

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