

# SCOTTISH GOVERNMENT PROPOSAL FOR COVID INQUIRY

## RESPONSE FROM COMMON WEAL

### INTRODUCTION

We welcome the Scottish Government's decision to set up a public inquiry into the Covid pandemic before a wider UK inquiry. Any lessons from the Inquiry will have implications for the Programme for Government, particularly the Scottish Government's proposals to create a new a National Care Service. While we welcome the Scottish Government's commitment to introduce legislation to set up a National Care Service by next June, it is also important that any legislation or other reforms don't pre-judge the public inquiry or preclude its recommendations from being incorporated into a National Care Service at a later date.

While we recognise the inquiry can only "look into" devolved matters, we believe it is important it considers the impacts of the pandemic as a whole. The current proposals appear to recognise that as it is proposed the Inquiry be asked to look not just at health impacts, which is a fully devolved matter, but economic impacts where most of the powers and levers are held at UK level.

### SCOPE OF THE INQUIRY

Currently the Scottish Government appears to be proposing that the Inquiry looks at "events causing public concern" and decisions and actions taken in response to the pandemic. We believe that is far too narrow.

**1) The Inquiry should start with Pandemic planning and Scotland's preparedness for a pandemic which scientists had been warning about for years. This should include:**

- looking at how pandemic plans should be in at place at all levels of government (and in critical businesses and outsourced services such as care homes);
- what infrastructure was in place, including: the capacity of public health and track and trace; hospital capacity – why did we need to open a Louisa Jordan?; stores of PPE and arrangements to distribute this;
- how far health and care staff in both public and private sector had been trained for a pandemic and how far that training extended to other public and private sector workers who became involved in the pandemic response (such as teachers dealing with classroom restrictions or leisure centre workers whose facilities were marked for anything from test/ vaccine distribution to – as a worst-case contingency – a temporary morgue).

**2) The inquiry should then look at the extent to which pandemic plans, however limited, were implemented and their usefulness, for example:**

- Which lessons from previous preparedness exercises were and, crucially, were not fully implemented by the time that the Scottish Government became aware of Covid?
- Which lessons were implemented but not correctly or fully carried out during the pandemic?
- Which lessons were implemented and correctly activated but, in hindsight, proved to be ineffective or detrimental to containment and control of the pandemic?
- The capacity to implement decisions (e.g. the care home sector clearly did not have

the capacity to manage the pandemic alone after the SG initially decided that should happen).

- The response of the private sector to Scottish Government decisions, for example the extent to which care providers trained their staff to use PPE or implemented guidance issued by the Scottish Government (At the time of writing in September 2021, there is strong evidence that care homes are still continuing to stop visits from relatives long after the SG has said this should not be happening).
- How can future disaster preparedness plans be better designed in light of the lessons of this pandemic (e.g. more transparent publication of outcomes and implementation of those outcomes)?
- If health workers and citizens in general were adequately trained in pandemic or general disaster responsiveness and whether either or both would benefit from such training ahead of a future pandemic or other disaster.
- If workers – particularly in the public sector – had access to disaster response information that could be quickly accessed as soon as they were needed or whether such information had to be created on an ad hoc basis.

**3) It should be clear from this that we believe the Inquiry should not just be about “events” but also “systems” and their component parts and how they have operated during the pandemic. While issues of public concern – like the number of deaths in care homes – are clearly of crucial importance, the inquiry should not just be limited to issues that have hit public consciousness. Many of the impacts of the pandemic have been far less visible than the deaths in care homes but have had significant long-term consequences for the well-being of people in Scotland (e.g. the impact of isolation on mental health). The inquiry should consider if plans should be made to monitor the health impacts of Covid**

sufferers (particularly those affected by “Long Covid”) possibly for decades to come.

4) The Scottish Government’s aims and principles of an inquiry refers to four harms, as though this is self-evident truth: direct health; indirect health; societal, including education; and economic. We believe this is too limiting and it should be that care needs are considered in their own right and not subsumed under “direct and indirect health”. This conceptualisation completely misses the impact on the caring relationships which are what holds society together: the agony of people denied the right to be with their relatives when they were dying; the impact of families being divided for months; the impact on older people left alone; and conversely the impact on families being stuck together and the great increase in domestic abuse. These things matter in their own right – in fact they are crucial if we are to learn lessons for the National Care Service. While responsible for some of the indirect health impacts of the pandemic (the increase in mental illness), for example, they go broader than that and should be considered as a fifth harm.

## KEY ISSUES AND IMPACTS THAT NEED TO BE INCLUDED IN THE INQUIRY

5) Profiteering. While many have suffered during the pandemic, others have not and it is now well documented that the richest people in society have profited from the pandemic and wealth inequality has grown. The inquiry should look at the broad reasons for this, including who was left out of the furlough scheme and how the financial/landlord sector responded to businesses who were deprived of income but had debt or rent commitments. But we would also suggest that the inquiry should take a specific look at how far private care providers profited from the crisis – e.g.

whether profit was put before the provision of PPE and training to staff – and how additional government financial support to the sector during the crisis was spent.

6) Human Rights. Human Rights law is very clear that any restrictions on human rights for purposes such as protecting the health of the general population need to be proportionate. The Inquiry should be asked to investigate whether they were and in particular whether restrictions, which were quite understandable at the start of the pandemic when there was little understanding of Covid or how to prevent its spread, continued too long. Examples range from the restrictions limiting when and where people could go outdoors – which had a huge impact on the poorest section of the population – to the restrictions on relatives visiting residents in care homes.

- In addition, it is particularly important the Inquiry looks at how persons infected with Covid were discharged from hospital without apparent regard to their rights or the rights of the residents of the care homes where they were placed and why. This should cover the entire system failure, from the instructions issued by the Scottish Government and how these were to interpreted, to the extent to which Social
- Workers, for example, were included in the process and able to advocate for the people for whom they were responsible.

7) Support for care staff. As well as considering how far care staff were prepared for a pandemic, the inquiry should consider how well they were then supported and treated, both by care providers and government agencies. What lessons can we learn from care staff who against all odds worked out solutions that protected people but also made them feel cared for still? What impact did the low level of unionisation in the private sector have on staff safety (for example the latest statistics show proportionately more care staff died from Covid than health staff)

8) The effectiveness of Health and Social Care Partnerships during the crisis. There is no doubt that services managed by the HSCPs came under considerable pressure during the crisis and that many were closed or collapsed, despite the efforts of individual staff. So far there has been no objective look at HSCPs performance during the crisis, whether they deployed their resources effectively (eg to support care homes in meltdown) while the report they produced last year on how well they had performed in relation to discharging people from hospital appears to bear little resemblance to reality. (See: <https://hscscotland.scot/couch/uploads/file/resources/covid19-reports/lessons-learned-report-final.pdf>)

- The inquiry should also consider how well HSCPs supported local communities who stepped in to plug some of the gaps.

9) The effectiveness of the care regulators during the pandemic. Given the extent of the crisis in the care system, it is particularly important that an inquiry takes a look at the actions of the care regulators. What are the lessons to be learned from the SSSC's attempt to recruit staff back into the workforce? How well did SSSC support these staff and new recruits? Why did the Care Inspectorate step aside at the start of the pandemic and only re-start inspections when forced to do so by the Scottish Parliament? Why then were so few inspections undertaken? Has the support the Care Inspectorate has offered to services been effective?

10) The extent of the cover-ups that took place during the pandemic. Freedom of Information requests have cast many aspects of government's response to the pandemic in a new light, from the date the first Covid cases were notified in Scotland, to the role of hospital discharges in spreading Covid-19 to care homes. But we also know that the Scottish Government was keen to restrict Information Laws in the pandemic and most parts of government have been extremely reluctant to release information. Why and how this happened should be fully investigated by the inquiry together with what information is still being withheld from the public.

## CONCLUSION

With Scotland's relative death rate during this pandemic amongst the worst in the world, it is vital that the inquiry does not shy back from shining a light on failures both before and during the crisis. Only by learning from these can we ensure that Scotland is made more resilient in the face of inevitable future disasters.