Health, Social Care and Sport Committee Meeting: Session on pandemic preparedness

Statement of the Chief Nursing Officer

I am grateful to have been asked by the Committee to discuss work connected to pandemic preparedness and I would like to apologise for being unable to attend the session in person. I understand that discussions will centre on certain themes which I have listed below.

I have provided details under each of the themes, incorporating views from a policy and clinical nursing perspective, which I hope will be helpful. I am of course happy to answer any further questions which the committee might have.

Themes

- Update on work of the standing committee and the interim report
- Learning from the public inquiries
- Legislation
- Work with UK/Global organisations
- NHS preparedness
- Personal Protective Equipment (PPE)

Update on work of the standing committee and the interim report

Recommendation 4: Innovation: *"To support continued innovation in life sciences and public health research for the development of diagnostics, vaccines, and therapeutics to provide the capability to respond to novel threats when required."*

This recommendation impacts the work of the Healthcare Associated Infection and Anti-microbial Resistance Policy Unit (HCAI/AMR Policy Unit) and a key area of clinical policy responsibility within Chief Nursing Officer's Directorate (CNOD). The team are members of the UK Infection Prevention and Control (IPC) Leads Group, which exists to discuss strategic direction, practical and scientific advice to the IPC community across the UK. The aim of this group is to engage and collaborate across organisations within the UK to optimise the safety of service users and staff. The role of the group is therefore to:

- Discuss the delivery of national IPC programmes across the UK.
- Provide support, as appropriate, on strategic and directional issues between nations which may need input and agreement to ensure the progress of work for example, to UK Chief Nursing Officers when consensus is sought on IPC matters.
- Share data, information, knowledge and learning to gain an understanding of IPC infrastructures and facilitate learning of wider systems.

Learning from the public inquiries

As the Committee will be aware and by way of background, the COVID-19 Nosocomial Review Group (CNRG) was set up in response to the pandemic by the then Chief Nursing Officer (CNO) and Chief Medical Officer (CMO), in consultation with the HCAI/AMR Policy Unit and the Antimicrobial Resistance Healthcare Associated Infection (ARHAI) service within NHS National Services Scotland (NSS).

This group considered the scientific, technical concepts and processes that were key to understanding the evolving COVID-19 situation and potential impacts in nosocomial spread within hospitals in Scotland.

The advisory group applied the advice coming from the World Health Organisation (WHO), the Scientific Advisory Group on Emergencies (SAGE), the UK-wide Infection Prevention and Control (IPC) guidance cell and other appropriate sources of evidence and information and used it to inform the decision-making process in Scotland during the pandemic.

Prior to standing down, the CNRG made a number of recommendations from the lessons learned whilst responding to the pandemic from a nosocomial perspective.

Overall, the majority of the recommendations fall into the theme of future preparedness, surveillance capacity and capability building, and have already been actioned. Key partners such as ARHAI Scotland, NHS Assure Scotland, and Public Health Scotland hold the majority of the surveillance and guidance recommendations while Population Health Resilience and Protection and Public Health Scotland own the pandemic preparedness work programme. The outstanding recommendations relate to identified areas for further research, future preparedness and surveillance. The outstanding recommendations are being picked up in business as usual programmes of work such as, where relevant, into the Healthcare Associated Infection Strategy (2023-2025) or for consideration into other planned Scottish Government activity such as the development of the Infection Prevention and Control strategy.

Whilst it is too soon in the process to be able to surmise the learning from the Public Inquiries, we have taken account of the learning from the pandemic in relation to IPC in health and social care settings to date and strive to flex and incorporate the learning and recommendations from the Public Inquiries as they become clear.

Legislation

By way of background information, the former Chief Nursing Officer and CNOD, together with UK counterparts, liaised with the Nursing and Midwifery Council to agree the scope of application of powers, granted to the NMC through emergency legislation upon the declaration of a public health emergency by the Secretary of State, to temporarily register anyone it considered "fit, proper and suitably experienced" to practise.

Following the UK Coronavirus Act 2020 passing on 23 March 2020, the NMC opened a Covid-19 temporary emergency register on 27 March 2020, to enable nurses and midwives who had left the register within the past three years to return to practise without having to pay a registration fee. Periodic revalidation requirements were also suspended temporarily. Eligible professionals were entered on the temporary emergency register by default, with an option to opt-out voluntarily. On the 15 April, the scope of temporary emergency registration was extended to automatically include those nurses and midwives who had left the register in the previous four or five years. It is important to note that decisions on the scope of emergency registration were taken collectively on a four-nations basis.

There are some lessons which can be learned from the process to improve future preparedness. For example, Allied Health Professions (AHP) student deployment; AHP students were not extensively utilised in the workforce and there were elements of delay over their deployment.

Officials in CNOD were made aware anecdotally of instances where temporary registrants who offered their services either encountered difficulty in finding a position appropriate to their skills and experience or were unable to secure a post with their local health board, where they had relatively recent employment history. Issues and opportunities in matching registrants to potential employers are now better understood, which will improve the efficiency of efforts to deploy returning staff at scale, should the need arise again

Work with UK/Global organisations

As our national clinical IPC experts, Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland is responsible for providing expert intelligence, support, advice, evidence-based guidance, clinical assurance and clinical leadership in relation to IPC and healthcare associated infections (HCAI).

ARHAI Scotland liaises with other UK countries and international counterparts in the delivery and development of their national priority programmes including the review and updating of the National Infection Prevention and Control Manual (NIPCM) or the Care Home Infection Prevention and Control Manual (CH IPCM) based on new and emerging evidence.

As I have already mentioned, the HCAI/AMR Policy Unit and ARHAI Scotland are members of the UK IPC Leads Group which is currently working on a set of principles to guide the initiation of an UK IPC cell in the event of infection emergencies and other public health incidents. It is anticipated that these principles will be finalised over the course of this year.

NHS preparedness

I am keen to stress that the Scottish Government considers infection prevention and control, and the threat of healthcare associated infections seriously. As a result we have, and continue to, provide policies and investment in the reduction of healthcare associated infection in health and care settings with the aim of improving patient safety. With this in mind the five key areas of work which are being taken forward by the HCAI/AMR Policy Unit are as follows:

i. UK Antimicrobial Resistance National Action Plan

The Scottish Government contributed to the development of the 20-year vision for antimicrobial resistance (AMR) and the implementation of the UK Antimicrobial Resistance National Action Plan to deliver this vision. This plan aims to ensure AMR will be controlled and contained by 2040. By continuing to invest in and support this aim, Scottish Government aims to reduce resistance and provide a protective factor against a future pandemic.

ii. Infection Prevention Services Workforce Strategic Plan (2022-2024)

It is recognised that the pandemic had a profound impact on our colleagues across NHS Scotland; especially in relation to the IPC community who worked tirelessly to ensure the safety of our health and social care services. The Scottish Government published the Infection Prevention Services Workforce Strategic Plan (2022-2024) during the pandemic. The strategic plan aims to enable recovery and development, reflecting on the need for planning post pandemic across all health and care and as part of the wider system infection management needs. It provides a framework to having: an appropriately skilled, resilient, sustainable and confident workforce working in an integrated way and with all appropriate disciplines, delivering evidence based advice, guidance and interventions appropriate to localised need in both acute and community settings. The evaluation of this plan will commence over the summer of this year and aims to conclude by December 2025.

During the development of the Plan, risks were identified relating to current infection intelligence systems and processes across Scotland. As a result, one of the main commitments published in the Plan, was that CNOD would set up a Programme Board to scope out and develop a business case for a national IPC surveillance e-system for Scotland. It is also a deliverable in Scotland's Data Strategy for Health and Social Care. CNOD commissioned NHS Services Scotland to lead on this work.

iii. Healthcare Associated Infection Strategy (2023-2025)

Based upon our engagement with stakeholders across NHS Scotland, we co-developed and published the Healthcare Associated Infection (HCAI) Strategy (2023-2025) in June 2023. This strategy aims to reduce the incidence of HCAIs and aid Health Boards in their recovery from COVID-19. The strategy was developed as Scotland's response towards COVID-19 was changing, the intention of the HCAI Strategy was to establish a new baseline position which in order to provide the foundations for a fully integrated Health and Social Care Infection Prevention and Control Strategy.

iv. National Infection Prevention and Control Manual

ARHAI is responsible for the development and publishing of the National Infection Prevention and Control Manual (NIPCM). The NIPCM is updated real time with any changes required to be made to guidance as a result of the quarterly evidence reviews and three yearly full literature reviews. ARHAI Scotland also has the ability to monitor respiratory activity via the outbreak reporting tool which trigger considerations and discussions regarding any additional precautions.

v. Respiratory Infection Surveillance

The Scottish Government recognises that surveillance of respiratory infections is a critical part of our approach to monitoring and managing the spread and prevalence of COVID-19 and other respiratory viruses in Scotland. As such we support both Public Health Scotland (PHS) and ARHAI to undertake surveillance activity.

In Scotland, respiratory infection levels and their impact are monitored using various sources of data, including microbiological sampling and laboratory test results from community and hospital settings, NHS 24 calls, primary care consultations, and hospital admissions. The intelligence generated from these different data sources provide a comprehensive picture of current respiratory illness in Scotland.

The Scottish Government works closely with both PHS and ARHAI. If data gathered through routine surveillance indicates the need to consider enhanced public health mitigations then PHS and/or ARHAI will offer this recommendation as part of their advice to Scottish Government to help shape any policy change.

Personal Protective Equipment (PPE)

The NIPCM and CH IPCM provide evidence-based guidance on the use of personal protective equipment (PPE), including face masks and respiratory protective equipment (RPE) centred on clinical need and risk assessment.

The Scottish Government is aware that Chapter 2 of the NICPM (Transmission Based Precautions) is currently undergoing a full update. This is based on a scientific literature review which may lead to changes being made to the NIPCM following stakeholder engagement. It is expected that this update will conclude within the 2025/2026 financial year.

We have also recently commissioned a review into the current and future arrangements for face fit testing of FFP3 masks in health and social care settings. Existing arrangements, prioritisation of access and availability of appropriate IPC guidance will be considered. If the commission results in recommendations then these will be considered as appropriate by me and subsequently the Scottish Ministers.

Additional areas to note

- Nursing and Midwifery Taskforce Implementation Phase

As Chief Nurse, I am committed to continuing to work to understand the issues affecting nursing and midwifery staff across Scotland and to deliver real change through the Nursing and Midwifery Taskforce. The implementation phase of the Taskforce has now begun, and in the development of the report and recommended actions in February, it was a privilege to work with a broad range of experts to establish the recommended actions.

As I have previously highlighted, I recognise that the needs of our changing population requires the Nursing 2030 Vision and Midwifery 2020 programme to be refreshed to take account of changes since their launches. The strong foundation of the NMT recommended actions will help our ambition to create an environment in Scotland where we meet the changing and evolving needs of our population robustly by increasing: the quantity of nursing and midwifery- led evidence-based research; innovative models of care; prevention strategies; academic teaching of the professions; improved uptake of new and novel technology; and fresh ideas across all areas of the professions.

- Health and Care Staffing Act

The Committee will be aware that the Health and Care (Staffing) (Scotland) Act 2019 commenced on April 2024. The aim of the Act is to be an enabler of high-quality care and improved outcomes for service users in both health and care services by helping to ensure appropriate staffing for high quality care. Scotland has become world leading in enshrining such legislation and by extending its core principles across our health and care system.

However it is important to recognise that the legislation does not prescribe minimum staffing levels or fixed ratios and does not advocate a ‘one size fits all’ ratio, which would be inflexible to local needs, based on a fixed point in time, and not consistently reflective of workforce, case mix or dependencies.

For the health service, the Act places duties on health boards to ensure that at all times suitably qualified and competent individuals are working in such numbers as are appropriate for the health, wellbeing and safety of service users, the provision of high-quality care and the wellbeing of staff. The Act puts in place the systems and processes to enable real-time assessment of staffing on the day which will keep service users safe now, and in years to come through better workforce planning and reform. This report will provide a Scotland-wide overview of compliance with the Act, as well as setting out how information provided by boards will be utilised in future workforce policy.

In addition, Healthcare Improvement Scotland (HIS), under their duty to monitor Health Board Act compliance, have published their annual assessment report. This report sets out how HIS have met their duty to monitor Health Board compliance and a thematic overview of their findings.

HIS have also confirmed that they will undertake a thematic review of the Common Staffing Method (CSM) and its application in workforce planning in the coming year. Scottish Government continue to work with our key partners, to ensure the legislation is implemented and complied with effectively

Conclusion

In conclusion, I hope that the details above have provided clear details of the clinical strategies that I, as Chief Nurse, and Officials in CNOD are undertaking to learn from the experiences from the pandemic in a way which is evidence based. However, I am not complacent and the conclusions from the current statutory inquires will be carefully considered and factored into future work.