UK Covid-19 Inquiry public hearings: module 1, week 6 (17-19 July 2023)

The UK Covid-19 Inquiry (the Inquiry) public hearings for module 1 commenced on 13 June 2023 and concluded on 19 July.[1]

This week the Inquiry heard evidence from members of the four national bereaved families groups and from key public figures including Professor Philip Banfield (chair of the British Medical Association's UK council), Dr Jennifer Dixon (chief executive of the Health Foundation) and Kate Bell (assistant general secretary of the Trades Union Council).

This briefing summarises the proceedings most relevant to NHS trusts, and is the sixth and final in the series of weekly briefings on the Inquiry's public hearings for module 1. The Inquiry chair plans to publish her report on module 1 in the summer of 2024.

Eight weeks of public hearings for module 2 on core decision making and political governance will commence on 3 October 2023.

You can see our earlier briefings on the preliminary hearings, weekly briefings on the hearings, and a set of frequently asked questions on rule 9 requests we prepared with our legal partners, on our website.

Monday 17 July

Witnesses

Evidence was given by Kate Bell, Gerry Murphy, Professor Philip Banfield, Dr Jennifer Dixon and Michael Adamson.

[1] Module 1 is investigating government planning and preparedness and will examine the period between June 2009 (when the World Health Organisation [WHO] announced that scientific criteria for an influenza pandemic had been met) and 21 January 2020 (when the WHO issued the first situation report on what would become the Covid-19 pandemic). The Inquiry has been considering evidence on this module since 21 July 2022 gathered through rule 9 requests under The Inquiry Rules 2006 and three preliminary hearings.

Summary of witnesses' evidence

Kate Bell and Gerry Murphy

Kate Bell has been assistant general secretary of the Trades Union Congress (TUC) since December 2022. Her statement to the Inquiry was also given on behalf of the Wales TUC. Gerry Murphy has been assistant general secretary of the Irish Congress of Trade Unions (ICTU) since March 2023.

Bell said that in 2015 one of the TUC's member unions, Unite, submitted evidence to a select committee inquiry about the impact of fragmentation when responsibility for public health transferred to local government. Unite said "those working in public health had reported cuts to public health services, reductions in staff terms and conditions, training and pay, poor morale and de-professionalism and loss of status". In 2015 the TUC submission to the comprehensive spending review outlined how top-down restructuring of the NHS and funding squeezes had created endemic financial stress throughout the health service which was leading to a deterioration of outcomes for patients.

In 2015, in a TUC survey of 1,000 NHS staff, 88% said the health service was under more pressure then than at any time in their working lives. Bell said that, coupled with the fact that the average NHS worker was paid less in real terms compared to 2010, had an impact on the wellbeing and morale of staff.

In 2019, Unison reported that half of NHS workers on the frontline of patient care said there were not enough staff on their shift to ensure patients were treated safely and with compassion. Bell said those impacts were visible throughout the Covid-19 pandemic. She said from 2010 to 2020, the TUC warned about the impact of austerity on the health service, including publishing a joint report with the NHS Support Federation, NHS safety: warnings from all sides. She said there was clear evidence that the NHS was under pressure in terms of capacity in bed space, but also in terms of staffing levels and this was having a significant impact on its ability to cope with additional shocks.

Bell said that concerns raised about NHS services were also reflected in the social care sector. In 2016, GMB (a union which represents a large number of social care workers) presented a special report to its congress. The report said that the adult social care sector was under unprecedented strain and that care workers and service users were bearing the brunt of unacceptable trends in the way that care was funded, commissioned and provided. Using data from April 2015, the report highlighted that a quarter of care home staff were earning less that £7 an hour at a time when the national minimum wage was £6.50. A quarter of social care workers were on zero hours contracts, a figure which remains the same in 2023.

Bell said that the TUC does not have any evidence from unions that planning and preparation for infection prevention and control took place in social care or that Exercise Cygnus recommendations around pandemic preparedness within the social care sector were acted on. She said that the evidence that they collected during the pandemic suggests there was a lack of planning for personal protective equipment (PPE) across sectors other than health.

Both Bell and Murphy said that there was no engagement between governments, the TUC, ICTU and their unions regarding civil contingency planning. Bell said that they could have brought the considerable expertise of the workforce on civil contingency planning. They both said that the ten years of austerity pre-pandemic disproportionately affected the health of workers who had vulnerabilities. Bell said there is widespread evidence on the negative impact of insecure work on people's health and that the TUC's research finds black workers twice as likely to be on zero hours contracts as white workers. The issue around quality of work exacerbates inequalities which then leads to health inequalities in the wider population and reduced resilience.

Professor Philip Banfield

Professor Banfield has been chair of the British Medical Association's (BMA) UK council since July 2022 as part of a three-year elected tenure.

Professor Banfield said that the BMA commissioned surveys of its members throughout the Covid-19 pandemic. The surveys began in April 2020, being carried out fortnightly initially and latterly monthly and then triennially. The BMA also spoke with other organisations who were involved in compiling the five BMA Covid Inquiry reports.

He said the BMA raised concerns regarding PPE after the publication of the UK influenza pandemic preparedness strategy 2011. It also highlighted the threat posed by changes to public health introduced through the Health and Social Care Act 2012, believing there was a risk of disengaging regional directors of public health (DPHs) away from the NHS which would damage the system's ability to mount an effective pandemic response.

The BMA was not itself engaged in Exercise Cygnus, but some elected members were invited to comment on ethics during the exercise. They were approached for their individual expertise, not for their role in the BMA. The BMA raised concerns about recommendations not being acted upon, particularly highlighting the issue of capacity in the health service.

Professor Banfield said that the split of public health from the NHS into Public Health England (PHE) diluted health protection locally, as there were more medically focused personnel centrally and more

non-medical personnel locally which lost some of the resilience and expertise in managing local outbreaks.

On data gathering in the social care system, Professor Banfield said that at the start of the pandemic DHSC did not have an up-to-date list of regional DPHs. He said this shows that we were not prepared for the pandemic and that there was a disconnect between the frontline and people responsible for planning.

Professor Banfield said that people were very vulnerable because of the health inequalities that already existed and had been getting worse in the ten years leading up to the pandemic. During the Covid-19 pandemic, the BMA raised the issue of inequalities in PPE available to health workers, with masks primarily designed for male faces.

On the number of units for airborne high consequence infectious diseases (HCIDs) in England, Professor Banfield agreed that the existence of only four units across England with two beds each was woefully inadequate. Professor Banfield said that the BMA thinks the disconnect between central government and the realities of the frontline was one of the issues consistently ignored in all the planning exercises.

Dr Jennifer Dixon

Dr Jennifer Dixon has been chief executive of the Health Foundation since October 2013.

Dr Dixon said that spending on public services per capita reduced by 13% in the decade prior to 2020. Over that period core NHS spending was protected relative to other public services, but the NHS received slightly less than it would have normally expected to receive per annum compared to the long-run average. The real terms spending growth long-run average is 3.6%, but NHS spending grew by 1.4% in real terms per year in that decade. During that time, pressure on the NHS grew because of population growth, an ageing population and the growing ill health of the population. The spending growth that the NHS received over that decade was not enough to keep pace with demands.

In the decade prior to 2020, the full-time NHS staff workforce only grew by 1% and the number of fully qualified GPs fell over the same period. Adult social care funding reduced by 12% per capita in the decade prior to 2020 and workforce shortages remained static at around 10%.

In order to improve the resilience of the population, Dr Dixon said there has to be a general improvement in the health of the population. There is a need to address long-term conditions and recognise that they are more prevalent in particular socio-economic or ethnic groups. Public health

funding reduced by 22% per capita in the decade prior to 2020 and deprived areas experienced larger reductions.

Michael Adamson

Michael Adamson has been chief executive of the British Red Cross since October 2014.

Adamson said that the role of the British Red Cross is to work alongside the authorities to provide support to people in emergencies, based on their assessments of peoples' needs.

The Voluntary and Community Sector Emergencies Partnership (VCSEP) was created in the aftermath of the Grenfell Tower fire, bringing together organisations in the not-for-profit sector, private sector and public sector to focus on resilience and recovery. The VCSEP also includes the Civil Contingencies Secretariat, the resilience and emergency directorate within the Department for Levelling Up, Housing and Communities (DLUHC), the Department for Culture, Media and Sport (DCMS) and local government. Officials from government departments attend a monthly network call and are also part of a smaller strategy steering group which meets once a quarter. The British Red Cross believes bringing these organisations together in advance of an emergency allows them to secure better outcomes for people. Adamson said the importance of partnership in emergencies needs to be recognised at national and government level.

Adamson said that there needs to be a strengthening of the terminology in the legal obligations of category 1 responders in the Civil Contingencies Act 2004 (the Act). The requirement upon category 1 responders to have "regard" to activities of certain voluntary organisations could have stronger phraseology in law.

The full transcript of the day's proceedings is available here.

Tuesday 18 July

Witnesses

Evidence was heard from Matt Fowler, Jane Morrison, Anna-Louise Marsh-Rees and Brenda Doherty.

Closing submissions were given by Covid-19 Bereaved Families for Justice UK, Northern Ireland Covid-19 Bereaved Families for Justice, Covid-19 Bereaved Families for Justice Cymru, Scottish Covid Bereaved and the Association of Directors of Public Health (ADPH).

Summary of witnesses' evidence

Matt Fowler

Matt Fowler is co-founder of Covid-19 Bereaved Families for Justice UK. He gave evidence to the Inquiry as a representative of this organisation.

The group was founded because they wanted systemic change in how the Covid-19 pandemic had been managed in the care and support of people suffering from the disease and ensuring future planning and preparedness for health emergencies. The main areas of concern the group wants the Inquiry to scrutinise are:

- Lack of planning for a pandemic or health emergency
- Testing in hospitals, infection prevention and control, PPE for hospital staff and discharge into the community
- Communication between central government and hospitals
- The issuing of "do not attempt cardiopulmonary resuscitation" forms (DNACPRs) on patients and how they were communicated to families.
- Lack of consistency in protocols care homes had in place
- Visitation guidance for care homes and hospitals
- Restrictions on funeral and burial attendee numbers.

Jane Morrison

Jane Morrison gave evidence to the Inquiry on behalf of Scottish Covid Bereaved.

The Scottish Covid Bereaved want to find the answers to things that went wrong during the Covid-19 pandemic, but also want to recognise what went well. Their main areas of concern are:

- Nosocomial infections and infection control within hospitals, with 26% of Scottish Covid Bereaved members having lost family members to nosocomial infections
- Inadequate communication between hospital staff and relatives of patients
- Procedure for infection prevention and control in care homes
- Lack of available diagnostic testing, lack of mass contact tracing and lack of PPE supplies.

Anna-Louise Marsh-Rees

Anna-Louise Marsh-Rees gave evidence to the Inquiry on behalf of Covid-19 Bereaved Families for Justice Cymru.

Covid-19 Bereaved Families for Justice Cymru campaign for procedures and decision-making processes to change by using their lived experience to inform that change. Part of their work is also to source bereavement support for members. They campaigned successfully for an official inquiry into nosocomial infections in Welsh hospitals. Their main areas of concern are:

- The provision of PPE, respirators and ventilators
- Communications between hospitals/care homes and relatives
- Funeral and end of life arrangements for loved ones. They want death and the after-death impact of the Covid-19 pandemic to be considered within the Inquiry recommendations to ensure dignity in death
- The issuing of DNACPRs and how they are communicated to families.

Brenda Doherty

Brenda Doherty gave evidence to the Inquiry on behalf of Northern Ireland Covid-19 Bereaved Families for Justice.

The aim of Northern Ireland Covid-19 Bereaved Families for Justice is to find out the changes that need to be made and ensure those changes are implemented. They continue to aid members with bereavement support. Their main areas of concern are:

- Legislative changes in Northern Ireland around planning and resilience
- The issuing of DNACPRs and how they are communicated to families in both hospitals and care homes
- Visitation rights during the pandemic and differing hospital protocols on visitation
- Lack of PPE, particularly within the community
- Failure to communicate how Covid-19 symptoms were evolving and presenting differently in the population
- The breakdown in communication in the application of Covid-19 guidance.

Summary of core participants' (CPs) closing submissions

Closing submissions were given by Covid-19 Bereaved Families for Justice UK, Northern Ireland Covid-19 Bereaved Families for Justice, Covid-19 Bereaved Families for Justice Cymru, Scottish Covid Bereaved and the ADPH.

CPs said that evidence has shown there was no single point of responsibility in central government for civil emergencies, resilience, or preparedness. They said ministers had regard to some aspects of preparedness or resilience, but none bore significant responsibility. There is an absence of national responsibility and a national system to make the system work.

CPs noted how issues around capacity in health and social care were emphasised by many of the witnesses in module 1. They said services struggle to maintain business as usual, so what chance is

there when a disastrous event, such as a pandemic, occurs. They said the degradation of capacity due to budget cuts is for the Inquiry to note, as it is directly relevant to resilience.

Reflecting on evidence given around health inequalities during austerity years, CPs questioned why so little attention was paid to the disproportionate effects of pandemics and disease on particular ethnic communities or vulnerable groups. They said protected characteristics should be considered an integral part of planning. The ADPH said that if proper use had been made of public health resources at a local level, the NHS would have had fewer patients to treat.

CPs urged the Inquiry to make the following recommendations:

1. There should be a senior minister in government who is the single point of responsibility for civil emergency and resilience planning.
2. There should be a whole-system plan for each group of threats or hazards identified in National Risk Assessments (NRAs).
3. The legal framework should be reformed so that the duties on first and second responders are mirrored by duties at national level.
4. There should be an independent UK standing scientific committee on pandemics with the power to advise those formulating the NRA, challenging where necessary, and to advise the government on resilience and preparedness for pandemics.
5. There should be a duty on those with responsibility for resilience and planning to raise any issues of capacity or resourcing with the minister.
6. There should be a people-first approach, with duties placed on local and national responders to integrate community and voluntary groups into civil emergency plans.
7. All civil emergency plans should incorporate clear statements indicating how they will combat the effects of structural and institutional racism, other forms of discrimination relating to protected characteristics and health inequalities.
8. There should be a clear national policy on data gathering and analysis relating to civil emergency planning and response.
9. There should be openness and candour in civil emergency planning and response with all plans, risk assessments and exercises published unless there is a clear national security reason.

The full transcript of the day's proceedings is available here.

Wednesday 19 July

Witnesses

Closing submissions were given by: the BMA, TUC, Local Government Association (LGA) and Welsh Local Government Association (WLGA), Government Office for Science (GO Science), His Majesty's Treasury (HMT), Department of Health Northern Ireland (DH) and the Cabinet Office.

Summary of CPs' closing submissions

The BMA said that hearings in module 1 have made clear that the UK entered the pandemic with critically under-resourced and underfunded health and public health services. There were repeated failures in pandemic planning and preparedness including the lack of PPE stockpiling and the failure to implement recommendations from pandemic planning exercises. The BMA said that there was a failure to ensure that doctors and healthcare workers were adequately protected when responding to a pandemic. Not only was the volume of PPE inadequate, but there was also a failure to ensure that there was PPE available to suit a diverse range of facial features.

The TUC said it is the duty of the Inquiry to "be full and fearless about its findings about the consequences to drastic cuts to public spending". It said that over 7 million people on the NHS waiting list is the long-term cost of inadequate resilience and capacity planning. The TUC said this was an unfair demand on the workforce, already burnt out from the demands of battling a pandemic in an under-resourced system, now facing the pressures of managing and responding to growing waiting lists.

GO Science asked the Inquiry to reject any suggestion that the scientific advisory group for emergencies (SAGE) and the chief scientific advisor (CSA) network should be changed further. They said these structures work well and are fit for purpose. Adding mandatory representation of the devolved nations would risk harming a body that has developed organically.

CPs noted that witnesses recognised that the Covid-19 pandemic disproportionately impacted particular ethnic, socio-economic and other vulnerable groups. They said it is important for the Inquiry to understand what drives the disproportionate impact and how future planning can mitigate those impacts. It is also an issue which needs to be addressed in advance of a health emergency at a structural level.

The full transcript of the day's proceedings is available here.