UK Covid-19 Inquiry public hearings: module 2, week 1 (03-06 October 2023)

The public hearings for module 2 of the UK Covid-19 Inquiry (the Inquiry) began on 3 October 2023 and will conclude on 14 December 2023.

Module 2 is focused on core political and administrative governance and decision-making for the UK. It will examine the initial response, central government decision making, political and civil service performance as well as the effectiveness of relationships with governments in the devolved administrations and local and voluntary sectors. It will also assess decision-making about non-pharmaceutical measures and the factors that contributed to their implementation.

This week the Inquiry heard from core participants (CPs) and witnesses including Professor Philip Banfield, British Medical Association (BMA), and Kate Bell, Trade Unions Congress (TUC), and members of the four national bereaved families groups. The Inquiry heard evidence on: health inequalities and structural discrimination, the use of the NHS Covid-19 decision support tool, community testing, personal protective equipment (PPE), and the reliance on behavioural science.

This briefing summarises the proceedings most relevant to NHS trusts, and is the first in the series of weekly briefings on the Inquiry's public hearings on module 2. Next week Sir Gus O'Donnell, ex-cabinet secretary and previous head of the civil service who set up the behavioural insight team, and a range of experts will give evidence.

You can see our earlier briefings on the preliminary hearings and other public hearings on our website, as well as a set of frequently asked questions on rule 9 requests we prepared with our legal panel partners (Browne Jacobson, Capsticks and Hempsons).

Tuesday 03 October

Witnesses

Opening submissions were heard from: Covid-19 Bereaved Families for Justice, Northern Ireland Covid-19 Bereaved Families for Justice, Covid-19 Bereaved Families for Justice Cymru, Scottish Covid Bereaved, Long Covid Kids, Long Covid SOS and Long Covid Support, Disability Rights UK, Disability Action Northern Ireland, Inclusion Scotland, Disability Wales and the UK Statistics Authority.

Chair's opening remarks

The Chair said she understood the concerns of the bereaved who were protesting outside the venue because they don't think the Inquiry is taking oral evidence from enough of the bereaved. She said there is not enough time to call more witnesses, as there is a pressing need for her to reach conclusions and make recommendations ahead of the next pandemic.

Summary of responses to the Inquiry's equality questionnaires

The Inquiry sent questionnaires to bereaved and voluntary organisations asking them for their views on the themes of ethnicity, later life, children and workforce.

Ethnicity

Respondents highlighted in particular:

- A lack of consultation and involvement in decision-making
- That the Covid-19 pandemic and some the measures implemented exacerbated pre-existing inequalities
- Government communications were unclear and failed to consider the impact on disadvantaged groups.

Many made plain that members of ethnic minorities are disproportionately affected by long term chronic diseases and that there were comorbidities in place, and therefore they were disproportionately impacted by the Covid-19 pandemic. Ethnic minorities were also at greater risk because of exposure to the virus in key worker roles, and children and older people from minority groups faced specific challenges. Respondents said the disproportionate rates of Covid-19 deaths from ethnic minority groups was both an inequality and a safety at work issue, with so many key workers from ethnic minority groups facing greater risks and levels of exposure.

Later life

Two broad themes were identified by respondents:

- Lack of understanding of the sector by those making decisions. The National Care Forum stated that: "This lack of understanding can be compared to the absolute primacy given to the NHS in all aspects of the government's response to the Covid-19 pandemic, which is a far better understood institution for policy and decision-makers."
- Longer term impacts. Older people are now requiring care and support much earlier than would otherwise have been the case.

Children

The majority of respondents said that regulations and decisions were made without due consideration or consultation of the impacts on children. Respondents also commented on the long-term impact of the Covid-19 pandemic on children's mental health and that little effort has been made to put in place proportionate service responses.

Workforce

Respondents noted that many workers had no access to full pay sick pay and suggested that the rate of statutory sick pay was inadequate to cover basic living costs.

Another area of concern raised was the outsourcing of service roles, such as cleaners, and how these workers were further impacted by sub-standard PPE. The precarious nature of their employment made it difficult for them to challenge their employer. Respondents also highlighted the disproportionate impact of Covid-19 on ethnic minority staff, particularly in the health and social care sector.

Issues to be examined

Counsel to the Inquiry (Counsel) set out that the public hearings for module 2 will examine the Westminster decision-making, that had the potential for the widest effect, the greatest impact, and which caused the most public concern. This includes the following issues:

- Access to and use of medical and scientific expertise
- Initial understanding of and response to Covid-19
- Core decision-making relating to the imposition of UK-wide and later England-wide non-pharmaceutical interventions (NPIs)
- Public health communications.

Counsel also drew attention to evidence disclosed by Professor Sir Patrick Vallance, then chief scientific advisor (CSA), which indicates that the then Prime Minister, Rt Hon Boris Johnson, Cabinet Office officials and advisers' lacked confidence in the then Secretary of State for Health and Social Care, Rt Hon Matt Hancock MP.

CP submissions

- The bereaved families called for the Inquiry to consider how many more lives would have been saved if there was a collaborative framework of working within government.
- CPs want to know if decision makers knew how to appropriately engage with scientific experts and used the advice given.

- The impact of structural discrimination was repeatedly raised.
- The foreseeable nature of long-Covid, the dismissiveness of decision-makers and the failure to protect the UK public from long-term harm to their health were highlighted.
- CPs said public health messaging was undermined by public figures, including the then prime minister and then health secretary.

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

Wednesday 04 October

Witnesses

Opening submissions were heard from: Government Office for Science (GO Science), the Welsh Government, Scottish Ministers, the Cabinet Office, Save the Children UK, Just for Kids Law, the Children's Rights Alliance for England, Solace Women's Aid, Southall Black Sisters, the Trades Union Congress (TUC), the Federation of Ethnic Minority Healthcare Organisations, the British Medical Association (BMA), the Local Government Association (LGA) and the National Police Chiefs' Council.

Evidence was heard from: Joanna Goodman, Dr Alan Wightman and Anna-Louise Marsh-Rees.

CP submissions

- The disproportionate impact of the Covid-19 pandemic on children was highlighted, leading to an increase in inequalities. Others raised the impact on those suffering domestic abuse.
- The TUC highlighted the government's disjointed approach to policy and guidance. They said the Covid-19 pandemic had a disproportionate impact on those in lower paid, more insecure work. There were specific concerns around those working in care homes which had been raised with the government but there was a reluctance to provide financial support.
- The BMA and LGA spoke about the lack of PPE, disproportionate ethnic minority deaths, the impact on adult social care workers, and a lack of engagement with local government.

Summary of expert witness evidence

Joanna Goodman

Joanna Goodman is co-founder of Covid-19 Bereaved Families for Justice UK (CBFJUK). The group campaigns for accountability and explanations, where appropriate, for events that have happened. They have identified themes of concern amongst bereaved families:

- The effectiveness of the 111 triage system in identifying symptoms of Covid-19

- Nosocomial infection
- Discharge of untested patients into care homes
- Access to medical care for care home residents
- Lack of PPE for key workers
- Government imposed NPIs.

Dr Alan Wightman

Dr Alan Wightman gave evidence on behalf of Scottish Covid Bereaved. The areas of concern mirrored those of the CBFJUK with additional concerns raised about the issuing of do not attempt cardiopulmonary resuscitation (DNACPR) notices, palliative and end of life care, and the disruption to funeral rituals.

Anna-Louise Marsh Rees

Anna-Louise Marsh Rees gave evidence on behalf of Covid-19 Bereaved Families for Justice Cymru. She echoed the concerns of the CBFJUK with additional concerns raised about monitoring of Covid-19 in the community, hospital visitation and staff communication, bereavement support, inequalities experienced due to age, and cross-border complexities.

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

Thursday 05 October

Witnesses

Evidence was heard from: Catriona Myles, Professor James Nazroo, Professor Philip Banfield and Caroline Abrahams

Summary of witness evidence

Catriona Myles

Catriona Myles spoke on behalf of the Northern Ireland Covid Bereaved Families for Justice. She echoed the concerns of the CBFJUK and drew particular attention to the transfer of patients to care homes and end of life care. She also highlighted the complications of having a different set of lockdown rules in the Republic of Ireland.

Professor James Nazroo

Professor James Nazroo is professor of sociology at the University of Manchester and a member of the governing board of the NHS Race and Health Observatory.

Professor Nazroo prepared two expert reports for the Inquiry: one on ethnic inequalities and the other on later life.

The report on ethnic inequalities covers the areas of health, society and the economy. It was co-authored by Professor Laia Bécares, a professor of social science and health at the department of global health and social medicine at King's College London. The Inquiry asked them to look specifically at what material was available to decision makers at the commencement of the Covid-19 pandemic.

Among the data available to decision makers was the 2011 census which demonstrates that over time ethnic inequalities in health have been persistent, and that some ethnic groups have higher rates of long-term illness. There was also the health survey for England and the Department for Communities and Local Government's citizenship survey. Neither of those surveys have been recently resourced to include ethnic minority oversamples. This meant that in decade or so leading up to January 2020, there was less total population examination of ethnic inequalities in health. Professor Nazroo agreed when asked that the underinvestment in data for the understanding and monitoring of ethnic inequalities over this period is an example of institutional racism.

Public Health England's (PHE) 2018 report, *Local action on health inequalities: understanding and reducing ethnic inequalities in health,* was also available to decision makers. This was a very important report because it brought together existing evidence on the patterning of ethnic inequalities in health, examined underlying causes and made recommendations for how we might approach addressing ethnic inequalities in health.

Professor Nazroo said preexisting social and economic inequalities are the drivers of higher levels of chronic disease and also a driver of the earlier onset of biological ageing. Professor Nazroo said there was evidence available before the Covid-19 pandemic that pulse oximeters do not work as well on darker skin and are less accurate. Additionally, in the health service pulse oximetry is a particularly valuable indicator for people who are older. If you have an age cut off for their use, you need to take into account the earlier biological ageing of ethnic minority people.

There was also evidence of vaccine hesitancy among ethnic minority groups before the Covid-19 pandemic. The government could have used existing data to tailor its responses at the outset of the Covid-19 pandemic, including non-pharmaceutical interventions. Professor Nazroo said lockdown should have considered that ethnic minorities suffer from overcrowded, poor-quality housing, lack of access to outside and green spaces and reduced access to the internet. Reduced trust because of poor experiences with primary and secondary healthcare historically also needed to be considered.

Language difficulties was another major issue for a small minority of ethnic minorities and that needed to be considered in the context of the 111 service.

Professor Nazroo was asked about the second report he prepared for the Inquiry, *Inequality, later life and ageism*. This report looks at the evidence available as the Covid-19 pandemic emerged, largely drawn from data from England as it is the most comprehensive. He said that it was well documented before the Covid-19 pandemic that older people have increased vulnerability to a pandemic caused by a respiratory virus.

The Inquiry focused its questions on subgroups within that group who are identified as being particularly vulnerable, including those who are economically disadvantaged, ethnic minorities, and those living in care homes. There was evidence available before the Covid-19 pandemic that these vulnerable sub-groups would be more susceptible to a pandemic. In addition, the scientific advisory group for emergencies (SAGE) saw evidence from China in mid-February 2020 that infection was not age related but the risk of mortality was very strongly age related.

Data available before the Covid-19 pandemic pointed to disparity in health outcomes or self-reported health outcomes for ethnic minorities and those who are less affluent towards the end of people's lives. Self-reported outcomes tend to mirror recorded outcomes. These disparities widen generally as the age of the individuals increases. This means that these groups were particularly vulnerable to Covid-19. There was also evidence that older people would be more adversely affected by NPIs, such as lockdowns which would leave them isolated. Being digitally excluded would compound that isolation, with older women being more digitally excluded than older men.

Asked about more recent experimental data published by the Office for National Statistics (ONS) which shows white British people at older ages having a shorter life expectancy than ethnic minorities, Professor Nazroo said the data was not credible. He explained that there are inconsistencies between the mortality rates in the report and what is known about morbidity and health levels.

Professor Nazroo said it was well understood before the Covid-19 pandemic that people in care homes or residential care were at an elevated risk of respiratory diseases. The two primary reasons were: residents were very likely to have some form of chronic illness and once infected there was an increased risk of serious illness and mortality; and the environmental considerations associated with care homes, the proximity of other people, the risks from the staff. Professor Nazroo drew the Inquiry's attention to an article co-authored by Sir Jonathan Van Tam and two other academics, in 2017 when he was professor of public health at Nottingham University making these points. The article also said that care staff with symptoms were very likely to continue to work and may act as a source of infection to those in their care. This is because the employment status of many care staff is

often precarious and taking unpaid sick leave may result in adverse economic consequences. It would appear that the recommendations made in the article were never taken forward. Sir Jonathan became deputy chief medical officer for England later that year.

Professor Nazroo reported that many hospitals used some form of triage to restrict intensive care for those aged 60 and over, modelled on a disseminated but not implemented NHS Covid-19 decision support tool. He believed that such tools should be used to identify people who need treatment. Using them to identify people not to treat is the wrong use of such tools.

Professor Philip Banfield

Professor Banfield has been chair of the BMA's UK council since July 2022 and has been a consultant obstetrician and gynaecologist in north Wales for the past 27 years. He worked on the frontline during the Covid-19 pandemic.

Professor Banfield said that the BMA was meeting and gathering evidence on a daily basis from late March 2020. This was particularly important as they were getting conflicting advice from government and from clinicians on the frontline who were getting information from international colleagues.

PPE and a lack of testing were the two immediate issues raised with NHSE. On PPE, they raised concerns about shortages, the impact of deficient PPE and the impact of working in PPE. The guidance was also inadequate.

They raised concerns about the disproportionate impact on ethnic minority groups because of early data from the intensive care community showing a disproportionate number of intensive care admissions from ethnic minority groups. Professor Banfield also pointed out that the first ten doctors who died were ethnic minorities. Both the BMA and British Association of Physicians of Indian Origin (BAPIO) raised this with the government.

Deficient PPE was also a problem and ethnic minority staff were less likely to speak up. They were also much less likely to have had an adequate risk assessment and were more likely to be posted to the frontline and be exposed to high-risk cases. By the end of the first wave of the Covid-19 pandemic two out of three doctors were saying they hadn't been adequately risk assessed. Professor Banfield said this has now been recognised by the NHS and there is a better understanding of the need for cultural competency.

Following representations made by the BMA and others, the government commissioned a report by Public Health England, *Covid-19: review of disparities in risks and outcomes*. The BMA felt that a large amount of stakeholder evidence was missing from the report and there were no recommendations. It

was later confirmed to them that sections had been removed. They raised their concerns with the government and a fuller version of the report was published with recommendations.

Asked about the key concerns of ethnic minority healthcare workers, Professor Banfield said that the NHS is acknowledged to be institutionally racist, and this predates the Covid-19 pandemic. The ability to protect staff during the Covid-19 pandemic was affected by those biases and discrimination. When asked about what considerations were made with regards to getting appropriate PPE and respiratory protective equipment for ethnic minorities, he said that the main problem was getting hold of supplies but that has now been largely rectified.

At the outset of the Covid-19 pandemic, the BMA couldn't understand why the government was abandoning basic public health protection measures. Professor Banfield told the Inquiry that views and expertise of the BMA's public health members was ignored. They also felt that the ability to criticise or challenge the government was missing. Asked if there was an over-reliance on behavioural expertise, he agreed and said that there was a lot of concern in government about how the public would respond. That seemed to drive the narrative which he described as a "political imperative". Professor Banfield said that there was a lack of a public health narrative throughout the Covid-19 pandemic.

Public health doctors were prepared for a pandemic and the BMA couldn't understand why contact tracing, which needs a local effort, was abandoned in March 2020. They raised this with the government and the need to involve local health protection teams as early as possible. Subsequently there was an admission that part of the reason for the decision was the lack of testing capacity.

Once contact tracing was abandoned on 12 March, the BMA began advocating for non-pharmaceutical interventions. They believed that the delay in introducing those measures had a huge consequence for the public and the health service. The number of admissions soared, which they fed back directly to the government and via the media. Professor Banfield said that the government had lost control at this juncture. Eventually the measures they were calling for were introduced.

Public health members of the BMA highlighted early on the risks of the disconnect between local health protection teams and the NHS. This meant that data, which was essential to the control of an outbreak, didn't reach the frontline. Public health teams often only heard about new government policies from the government's daily briefings.

The limited number of polymerase chain reaction (PCR) testing kits became a problem very early on. This contributed to huge numbers of staff being off work who may not have been infected. They were also admitting patients into unsuitable areas which increased the risk of spreading Covid-19 around a hospital.

In summer 2020 they felt the government was failing to prepare for the inevitable second wave and did not recognise the need to lower the rate of infection. The BMA raised this with the government and called for the mandatory use of facemasks for the public, and for a higher degree of protection for vulnerable people who were shielding.

On long Covid, the BMA made representations to government about the impact on healthcare workers and argued for a delay in the lifting of restrictions in an effort to reduce to number of cases. They have had feedback from 600 doctors with long Covid and they feel that there is still a lack of acknowledgment that they became infected at work, with many of them infected in the first wave.

Caroline Abrahams

Abrahams has been the director of the charity Age UK for 11 years. The national organisation, together with 125 local Age UKs, reaches about one million older people across the UK through its information, advice and support services.

There were clear indications very early on that the virus itself and public health measures taken in response would have a disproportionate impact on older people according to Abrahams. However, no one was reaching out to them from government and they had to rely on the media to relay their concerns.

Abrahams described the government's response to the first wave as deeply inadequate, especially with regards to care homes. She spoke about a sense of fatalism in the first months of the Covid-19 pandemic among senior figures who were trying to manage the disaster, that if the Covid-19 virus did ever get into a care home, there wouldn't be a lot that you could do. There was also hesitation on the part of government to intervene or give support to services which were predominantly provided by the private or voluntary sector. The government they didn't have the information, they didn't know who they were, they didn't have a list so they couldn't write to them, despite the fact they provide an absolutely crucial public service for very vulnerable people.

Matters improved with the appointment of Sir David Pearson, a respected leader in local government who they knew. He helped to stimulate the creation of more structured engagement with providers of care and organisations like Mind and Carers UK.

On end-of-life care, Abrahams said palliative care wasn’t provided because GPs weren't visiting care homes and the care staff weren't able to dispense what is controlled medication.

There were also significant problems with domiciliary care, including hundreds and thousands who fund their own care who aren't part of the state system and who couldn’t access PPE supplies.

Abrahams spoke about the physical and mental deconditioning experienced by many older people in response to lockdown and isolation. Some local Age UKs have created a new service to help older people get out of their own homes and begin to walk around again, including using transport, which is a particular fear for some older people.

There has also been an effect on mental health and much higher rates of depression and self-harming and suicide among older people. Age UK has had to provide new training for some of their helpline staff on how to cope with people who are contacting them in great distress, and that only happened during and after the Covid-19 pandemic.

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

Friday 06 October

Witnesses

Evidence was heard from: Professor David Taylor Robinson, Anne Longfield DBE, Kate Bell, Ade Adeyemi MBE, Dr Claire Wenham and Rebecca Goshawk.

Summary of the expert evidence

Professor David Taylor Robinson

Professor David Taylor Robinson gave evidence to the Inquiry in his capacity as a professor of public health and public health policy, with expertise in paediatrics and child public health.

Poverty increased children's vulnerability to the negative effects of Covid-19. In 2019/20 there was a 49% increase in the number of children accessing foodbanks in comparison to 2018/19. Data from 2019/20 shows that 31% of children in the UK were living in poverty. In early 2020, there were 1.1 -1.8 million children who had no access to a computer or tablet.

Large families, lone families and ethnic minority families are more likely to experience child poverty. Children from ethnic minority backgrounds are almost twice as likely to be in poverty than white children. Disability is also a factor which intersects with poverty.

Professor Robinson said the impact of social restrictions on children had a critical effect on child development, one that cannot be compared to the experience of adults.

Anne Longfield DBE

Anne Longfield was the Children's Commissioner for England from April 2015 to February 2021. The Commissioner has a statutory duty to represent the views and best interests of children, with

particular responsibility for representing children who are vulnerable, in care or living away from home.

The Commission provided advice and proposals to the government during the pandemic. Much of that advice was on the risks vulnerable children faced. The government sometimes showed that they understood the meaning of vulnerability, but that this didn't follow through into policy, practice or implementation.

The Covid-19 pandemic particularly heightened the potential for unsafe situations for the estimated 2.2 million children living in vulnerable family situations. Longfield said children were a low political priority in Westminster before the first lockdown and that children were often overlooked when universal decisions were made.

Kate Bell

Kate Bell has been the assistant general secretary of the TUC since 2022. The TUC represents just over five million workers across the UK in national matters.

Issues the TUC raised that were not taken up in government guidance include: risk assessments for ethnic minority workers, additional resources for inspection, better financial support for self-isolation and sector specific guidance. There was no regular or overarching forum for unions to engage with the government.

At the start of the pandemic nearly two million workers weren't eligible for statutory sick pay. The TUC campaigned on the issue of sick pay throughout the Covid-19 pandemic.

The TUC produced a series of reports during the Covid-19 pandemic on the impact on ethnic minority workers. Their July 2020 survey report, *Dying on the job – Racism and risk at work,* showed that one in five workers said they had been treated unfairly at work due to their ethnicity. Respondents also said that they were singled out to do high-risk work and denied access to adequate PPE.

Bell noted that the Royal College of Midwives (RCM) had repeatedly reported concerns about a lack of clear guidance during the Covid-19 pandemic on keeping pregnant people safe at work. The TUC believe that of the 3.2 million workers at highest risk of exposure to Covid-19, 77% were women. Bell said that mothers are more likely to be key workers than fathers or non-parents.

Ade Adeyemi MBE

Ade Adeyemi is general secretary of the Federation of Ethnic Minority Healthcare Organisations (FEMHO), a coalition of over 50,000 healthcare professionals calling for racial justice in UK health.

Adeyemi highlighted a letter from BAPIO in April 2020 to senior NHS leaders setting out the disproportionate impact on ethnic minority staff. FEMHO members were surprised and disappointed that this wasn't taken seriously by NHS leaders.

The invitation to recently retired healthcare workers to return to the frontline put older ethnic minority staff at risk. Instances of concern raised about the safety risk, but these concerns were not addressed or listened to at local, regional or national level.

Adeyemi said urgent steps were not taken to gather data on the disproportionate effects of Covid-19. He said that reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR) was not properly undertaken during this time.

Adeyemi said most FEMHO members did not have risk assessments carried out until later in the pandemic. Once risk assessments were being made, they often fell short of what was needed to support staff. He said FEMHO members experienced bullying and harassment when highlighting inequalities to senior staff.

Adeyemi said the prescription of vitamin D to ethnic minority staff is an example of where science is used to obscure racism rather than directly address the issue which was causing ethnic minority staff to suffer disproportionate effects of the Covid-19 pandemic.

Adeyemi said ethnic minority healthcare workers suffered disproportionately from an absence of access to PPE and this was not immediately believed or responded to. He said members reported occasions when fit tests were not done properly but they were still encouraged to work. In evidence submitted to the Women and Equalities Committee in July 2020, 64% of ethnic minority doctors reported feeling pressured to work in settings with inadequate PPE compared to 33% of white doctors.

Dr Claire Wenham

Dr Claire Wenham is an associate professor of global health policy at the London School of Economics. Her area of expertise is in the gendered impact of epidemics and broader health policy.

There is an increase in gender-based violence during international crises, epidemics and pandemics and Dr Wenham questioned why decision makers would think it would be any different in the UK.

Dr Wenham said that the UK government could have examined the potential to move maternity services away from hospital settings, to reduce fear amongst women. Efforts to mitigate the mental health impacts for women working in the health and social care workforce could also have been mitigated, for example, ensuring that PPE better fit women's bodies.

Rebecca Goshawk

Rebecca Goshawk is the head of public affairs at Solace Women's Aid (Solace). Solace provides services for survivors of domestic abuse in London.

In March 2020, there was an 117% increase in the number of calls Solace was receiving. In April 2020 all 23 of Solace's refuges were full. In May 2020, they opened a 70-bed emergency accommodation which took less than a month to be filled. By December 2020, Solace was turning away approximately 40% of refuge referrals. Goshawk said the reduction in face-to-face appointments, such as those at the GP and other healthcare settings and council housing meetings, affected women's ability to disclose.

Solace's view is that women and children facing domestic abuse were not adequately considered by the government and when they were considered it was "too little and a bit too late". Goshawk recommended early consultation and emergency preparedness work that focuses on violence against women and girls.

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

Updates on other modules

The Inquiry has recently published the written closing submissions for module 1. These include submissions from NHS England (NHSE) and the Department for Health and Social Care (DHSC) where they say that there was a weakness in resilience and capacity in the lead up to the Covid-19 pandemic. NHSE's submission also states that the NHS has too few staff to prepare for a future pandemic surge. All closing submissions from module 1 can be found here.