Board of Director's Meeting
11 August 2022

Agenda item	165/22			
Report Title	COVID-19 Public Enquiry			
Executive Lead	Director of Governance and Communications			
Report Author	Director of Governance and Communications			
	Link to strategic goal:		**Link to CQC domain:**	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our governance	√	Responsive	√
	Our partners	√	Well Led	√
	Report recommendations:		**Link to BAF / risk:**	
	For assurance	√	All	
	For decision / approval		**Link to risk register:**	
	For review / discussion		All	
	For noting			
	For information			
	For consent			
Presented to:	n/a			
Executive summary:	The COVID-19 public inquiry was announced at the end of 2021 in order to examine the UK's response to the pandemic and to learn lessons from actions taken in order to be prepared for another pandemic of this nature. The terms of reference for the inquiry were published at the end of July 2022 and provides further explanation of the extent of this far-reaching Inquiry. Recently, tentative timings as to processes have been provided, details of which are included within this report.			
Appendices	Appendix – Terms of Reference of the COVID-19 Public Inquiry			
Executive Lead				

1.0 Current Position

1.1 The COVID-19 Inquiry is the independent public inquiry set up to examine the UK's response to, and the impact of, the Covid-19 pandemic, and to learn lessons for the future. The Inquiry has now been formally established under the Inquiries Act 2005 which means that the Inquiry Chair has the power to compel the production of documents and to call witnesses to give evidence under oath.

1.2 The purpose of the Inquiry is to provide a factual narrative account of what happened across the whole of the UK during the pandemic, and to learn lessons to inform future pandemics in the UK

1.3 A copy of the final Inquiry Terms of Reference appears at Appendix 1.

1.4 The Inquiry is Chaired by Baroness Heather Hallett, a former Court of Appeal judge, who was appointed in December 2021 and launched the Inquiry on 21 July 2022 when she opened the first investigation.

2.0 Process

2.1 To address the wide-ranging aspects of the Inquiry, they will be grouped into modules and teams across the UK will investigate within the overall Terms of Reference. The public hearings for each module will then be conducted by Baroness Heather Hallett, one after each other

2.2 Module 1 opened at the end of July 2022 and is considering the extent to which the risk of a Coronavirus pandemic was properly identified and planned for, and whether the UK was ready for that eventuality. The first preliminary hearing will be on 20 September 2022 with substantive public hearings commencing in Spring 2023.

2.3 Module 2 will be split into two parts. The first part will look at core political and administrative governance and decision-making for the UK. It will cover the initial UK response to the Covid-19 pandemic and address central Government decision-making. This Module will commence in August 2022, with preliminary hearings in autumn and substantive hearings in summer 2023.

It will look at the decision-making for non-pharmaceutical interventions (in other words the lockdowns and all the other restrictions and requirements), as well as the use of scientific expertise, data collection and modelling, government and public health communications, including behavioural science, messaging and the maintenance of confidence and Parliamentary oversight and regulatory control.

Modules 2A, 2B, and 2C will address the same overarching and strategic issues from the perspective of Scotland, Wales and Northern Ireland.

2.4 Module 3 will examine the impact of Covid, and of the governmental and societal responses to it, on healthcare systems generally and on patients, hospital and other healthcare workers and staff. Among other issues, it will investigate healthcare systems and governance, hospitals, primary care (including GPs and dentists), the impact on NHS backlogs and non Covid treatment, the effects on healthcare provision of vaccination programmes and Long Covid diagnosis and support.

2.5 There will be further Modules of work, details of which will be published at a later date.

3.0 Work undertaken so far

3.1 The Trust has already communicated to all staff their legal duty in relation to record-keeping to support the Trust's preparation for the public inquiry into COVID-19. In this regard, record keeping can refer to:

- Reports, PowerPoint presentations, records, briefings, minutes, notes and correspondence by email or otherwise, Teams 'chats', action logs
- Models and Sitreps and related data histories
- Material relevant to key policy decisions or submissions
- Materials relevant to policy or legislative development
- Training materials
- Materials relating to contracts, procurements, other commercial arrangements, data management, recruitments, secondments and appointments (paid or not) or requests and arrangements for support from other public sector agencies
- Any other documents relating to the organisations' response or communications with patients, the system, industry or other stakeholders
- Messages on personal or work phones including social media applications such as WhatsApp, Facebook and Twitter
- Personal Diaries/calendars.

3.2 The reason for collating this documentation is because we, as an organisation need to describe how and why key decisions were taken. Access to relevant documents will be essential to enable those who are required to give evidence to articulate what happened during a period when many issues were being addressed at a great pace. In due course, it will be necessary to search for and identify all relevant records, so it is essential that all records are appropriately saved and will be available for access.

3.3 A number of executives have already undertaken training in order to attend and give evidence at the public enquiry. This training will be re-run so that all those who may be asked to attend, have some experience.

3.4 For those colleagues who joined the Trust during the pandemic from another NHS organisation, it is possible that they may be called by either organisation as a witness for the Inquiry.

4.0 Conclusion

4.1 Massive amounts of data need to be indexed, both in electronic and paper copy, and storage space secured for such an exercise.

4.2 It has been suggested that experienced records management staff will need to be recruited to work with our teams in order to collate this mountain of evidence.

4.3 In addition, the services of a junior legal clerk would be required in order to provide the documentation in legally accepted formats for the Inquiry.

4.4 In short, there will be financial implications for the organisation in addressing the requirements of this project.

Anna Milanec
Director of Governance and Communications

Covid-19 Inquiry Terms of Reference

The Inquiry will examine, consider and report on preparations and the response to the pandemic in England, Wales, Scotland and Northern Ireland, up to and including the Inquiry's formal setting-up date, 28 June 2022.

In carrying out its work, the Inquiry will consider reserved and devolved matters across the United Kingdom, as necessary, but will seek to minimise duplication of investigation, evidence gathering and reporting with any other public inquiry established by the devolved governments. To achieve this, the Inquiry will set out publicly how it intends to minimise duplication, and will liaise with any such inquiry before it investigates any matter which is also within that inquiry's scope.

In meeting its aims, the Inquiry will:

a) consider any disparities evident in the impact of the pandemic on different categories of people, including, but not limited to, those relating to protected characteristics under the Equality Act 2010 and equality categories under the Northern Ireland Act 1998;

b) listen to and consider carefully the experiences of bereaved families and others who have suffered hardship or loss as a result of the pandemic. Although the Inquiry will not consider in detail individual cases of harm or death, listening to these accounts will inform its understanding of the impact of the pandemic and the response, and of the lessons to be learned;

c) highlight where lessons identified from preparedness and the response to the pandemic may be applicable to other civil emergencies;

d) have reasonable regard to relevant international comparisons; and

e) produce its reports (including interim reports) and any recommendations in a timely manner.

The aims of the Inquiry are to:

1. Examine the COVID-19 response and the impact of the pandemic in England, Wales, Scotland and Northern Ireland, and produce a factual narrative account, including:

a) The public health response across the whole of the UK, including

   i) preparedness and resilience;

   ii) how decisions were made, communicated, recorded, and implemented;

   iii) decision-making between the governments of the UK;

   iv) the roles of, and collaboration between, central government, devolved administrations, regional and local authorities, and the voluntary and community sector;

v) the availability and use of data, research and expert evidence;

vi) legislative and regulatory control and enforcement;

vii) shielding and the protection of the clinically vulnerable;

viii) the use of lockdowns and other 'non-pharmaceutical' interventions such as social distancing and the use of face coverings;

ix) testing and contact tracing, and isolation;

x) the impact on the mental health and wellbeing of the population, including but not limited to those who were harmed significantly by the pandemic;

xi) the impact on the mental health and wellbeing of the bereaved, including post-bereavement support;

xii) the impact on health and care sector workers and other key workers;

xiii) the impact on children and young people, including health, wellbeing and social care;

xiv) education and early years provision;

xv) the closure and reopening of the hospitality, retail, sport and leisure, and travel and tourism sectors, places of worship, and cultural institutions;

xvi) housing and homelessness;

xvii) safeguarding and support for victims of domestic abuse;

xviii) prisons and other places of detention;

xix) the justice system;

xx) immigration and asylum;

xxi) travel and borders; and

xxii) the safeguarding of public funds and management of financial risk.

b) The response of the health and care sector across the UK, including:

i) preparedness, initial capacity and the ability to increase capacity, and resilience;

ii) initial contact with official healthcare advice services such as 111 and 999;

iii) the role of primary care settings such as General Practice;

iv) the management of the pandemic in hospitals, including infection prevention and control, triage, critical care capacity, the discharge of patients, the use of 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions, the approach to palliative care, workforce testing, changes to inspections, and the impact on staff and staffing levels;

v) the management of the pandemic in care homes and other care settings, including infection prevention and control, the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, workforce testing and changes to inspections;

vi) care in the home, including by unpaid carers;

vii) antenatal and postnatal care;

viii) the procurement and distribution of key equipment and supplies, including PPE and ventilators;

ix) the development, delivery and impact of therapeutics and vaccines;

x) the consequences of the pandemic on provision for non-COVID related conditions and needs; and

xi) provision for those experiencing long-COVID.

c) The economic response to the pandemic and its impact, including governmental interventions by way of:

i) support for businesses, jobs and the self-employed, including the Coronavirus Job Retention Scheme, the Self-Employment Income Support Scheme, loans schemes, business rates relief and grants;

ii) additional funding for relevant public services;

iii) additional funding for the voluntary and community sector; and

iv) benefits and sick pay, and support for vulnerable people.

2. Identify the lessons to be learned from the above, to inform preparations for future pandemics across the UK.