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| <b>Meeting title:</b>       | Trust Board (Public)                                 |
| <b>Date of the meeting:</b> | 07 April 2022  |
| <b>Title:</b>               | COVID-19 Public Inquiry Update                       |
| <b>Report presented by:</b> | Becky Cassidy, Director of Corporate & Legal Affairs |
| <b>Report written by:</b>   | Ben Collins, EPRR Manager                            |

|  |   |  |           |   |        |  |
|--|---|--|-----------|---|--------|--|
| <b>Action – this paper is for:</b>                     | Decision/Approval   |  | Assurance | x | Update |  |
| <b>Where this report has been discussed previously</b> | The contents of this report have been discussed by the UHL COVID-19 Public Inquiry Group. |  |           |   |        |  |

**To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which**

This report provides assurance against the Trust's preparations for the upcoming UK public inquiry into the COVID-19 pandemic.

**Impact assessment**

Preparing for the COVID-19 public inquiry will have resource implications (time) for those staff who were involved in the coordination of planning for, responding to, and recovering from the COVID-19 pandemic.

**Acronyms used:**

DNACPR – Do Not Attempt Cardiopulmonary Resuscitation  
 DPN – Document Preservation Notice  
 FFP3 – Full Face Protection  
 ICC – Incident Coordination Centre  
 LLR – Leicester, Leicestershire & Rutland  
 NHSEI – NHS England and NHS Improvement  
 PPE – Personal Protective Equipment  
 UHL – University Hospitals of Leicester NHS Trust

## **Purpose of the Report**

To provide the Trust Board an update on developments with the public inquiry and to set out changes to the UHL COVID-19 Public Inquiry Group's project plan to ensure the Trust maximises its outputs from the time and resources it is investing in preparing for the public inquiry.

## **Recommendation**

The Trust Board is asked to be assured of the preparations being undertaken ahead of the UK COVID-19 public inquiry.

## **Summary**

On 10 March 2022, the UK Government published draft terms of reference for the forthcoming public inquiry which are open to consultation until 23:59 on 07 April 2022.

To ensure the Trust makes the best use of the time and resources in preparing for the inquiry, the COVID-19 Public Inquiry Group will develop a series of investigation reports into what are expected to be the main themes and key lines of enquiry of the inquiry. In developing these investigation reports, the Trust will be provided a more comprehensive review of the COVID-19 pandemic and support learning meaningful lessons which can be used to prepare for future potential pandemics.

## **Main report detail**

### **Public Inquiry Terms of Reference**

On 10 March 2022, the UK Government published draft terms of reference for the forthcoming public inquiry (see Appendix 1). This follows consultation with the Inquiry Chair, Baroness Hallett, and close work with ministers in the devolved administrations. The terms of reference intend to cover:

- Preparedness
- The public health response
- The response in the health and care sector
- The economic response

A consultation period on the draft terms of reference runs up until 23:59 on 07 April 2022 and people are freely able to feedback their views online via <https://ukcovid19inquiry.citizenspace.com/contribute/terms-of-reference-consultation/>.

It is anticipated a final version of the terms of reference will be published in late spring or early summer, after which further guidance will likely be published on how the public inquiry will approach gathering evidence to support it achieve the objectives set out in the terms of reference.

### **COVID-19 PROJECT PLAN**

The EPRR Team developed an initial COVID-19 project plan in October 2021 to prepare for the inquiry reflecting the best practice shared by NHSEI. As of 01 March 2022, the following actions have been completed:

- A UHL Inquiry Lead has been appointed;

- A UHL COVID-19 Inquiry Team, supported by a defined terms of reference, has been established to support the delivery of the project plan and any future needs of the inquiry;
- A communication has been issued to all staff to make them aware of the inquiry and an instruction to preserve all documents and records associated with the pandemic;
- A “Master Events List” has been established; and
- A provisional process for responding to requests for information and evidence for the inquiry has been agreed.

The remaining items on the project plan have not yet progressed as these require the time of the same staff that during winter have been focusing on managing the response to the third wave of COVID-19 and wider winter pressures. As these pressures now begin to subside, the COVID-19 Public Inquiry Team has reviewed the project plan to ensure it remains fit for purpose. The following actions on the existing Project Plan remain fit for purpose and are anticipated to be completed before 30 June 2022:

- Develop a COVID-19 Staff List to collate details of key decision makers involved in the pandemic;
- Ensure staff who leave the Trust have their contact details updated on the COVID-19 Staff List;
- Issue a formal Document Preservation Notice (DPN) to staff on the COVID-19 Staff List;
- Retain emails of staff that leave the Trust for future potential evidence beyond the normal 1 year retention period; and to
- Ensure the COVID-19 Incident Coordination Centre has copies of all relevant meeting notes and action logs, and ensure these are signed off by the corresponding cell chair.

An additional item currently on the project plan is to document and evidence the Trust’s response to each of the 1,400+ communications, letters and directives it has received from the UK Government, Department of Health & Social Care, NHS England and NHS Improvement, and LLR Clinical Commissioning Groups. Having completed this for the first 20 items received, the Team calculated this task will take a minimum 37 weeks for one member of staff working full time to complete. The output of this work has been deemed an ineffective use of resources and instead the COVID-19 Public Inquiry Team will:

- Develop the existing COVID-19 ICC Log (see Section 4);
- Create a series of in-depth investigation reports and debriefs, focusing on the key lines of enquiry likely to be addressed as part of the inquiry (see Section 5).

## **COVID-19 ICC LOG**

The COVID-19 ICC Log serves as the single document collating together in one place:

- A master events list, capturing key events and decisions:

- A list of all the letters, directives and communications received relating to COVID-19, along with a short summary of their contents;
- A list of all one-time assurance returns, alongside details of all recurring reports & data submissions;
- A list of all UHL Board reports;
- A list of all mutual aid requests (requested & provided).

## COVID-19 INVESTIGATION REPORTS

To maximise the benefits from the time taken to prepare for the inquiry, the COVID-19 Public Inquiry Group will develop a series of in-depth investigation reports and debriefs, focusing on the themes and key lines of enquiry as set out in the terms of reference. This work will produce five individual reports, as set out in the table below:

| Report Title                                  | Scope   |
|---|---|
| COVID-19: Organising & Informing our Response | Command and control<br>Data and information (including internal & external reporting)<br>Decision making<br>Communications<br>Finance   |
| COVID-19: Keeping our People Safe             | Infection Prevention (including social distancing & visiting restrictions)<br>Occupational Health<br>Staff absence<br>COVID-19 Testing (including workforce testing & impact on pathology)<br>Personal Protective Equipment   |
| COVID-19: Supporting our Teams                | Procurement & supplies (including PPE & ventilators)<br>IM&T<br>People Services (including supporting staff isolating, shielding or looking after loved ones)<br>Estates<br>Facilities  |
| COVID-19: Vaccines & Treatments               | Vaccines<br>Treatments  |
| COVID-19: The Clinical Outcomes               | Capacity (including critical care capacity)<br>Managing demand and flow (including patient discharge to care homes)<br>Delivery of patient care (including the approach to palliative care and the use of do not attempt cardiopulmonary resuscitation decisions)<br>Long COVID<br>Clinical outcomes (including mortality)<br>Impact on performance and waiting lists |

All proposed investigation reports will follow the same format and seek to answer, at a minimum, the following key questions:

| Key Question                               | Means of Answering                                 |
|--|--|
| How prepared was the Trust for a pandemic? | Reference to existing plans in place on 01/01/2020 |
| What happened when?                        | Relevant timeline                                  |
| What were the requirements?                | Details of relevant letters and directives         |

| Key Question                             | Means of Answering  |
|--|---|
| What was the UHL response?               | Assessment of the information<br>Decisions taken<br>Actions delivered                     |
| What was the impact of the UHL response? | Impact on relevant stakeholders   |
| What was the lived experience?           | Impact on staff   |
| Were there any equality impacts?         | Impact on patients<br>Impact of visitors<br>Impact on other stakeholders                  |
| How did we do?                           | What went well?<br>What could have been improved?<br>Lessons learned for future pandemics |

Full terms of reference for the above named reports will be developed during April 2022 in consultation with both the UHL COVID-19 Tactical Group and UHL COVID-19 Strategic Group to include:

- Defining the exact scope of each report;
- Appointing a lead investigator;
- Appointing an executive lead;
- Defining key stakeholders; and
- Setting out any related governance processes.

### **Supporting documentation**

#### **APPENDIX A: UK COVID-19 INQUIRY DRAFT 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. In doing so, it 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 administrations.

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:
  - In relation to central, devolved and local public health decision-making and its consequences:
    - Preparedness and resilience;
    - How decisions were made, communicated and implemented;
    - Intergovernmental decision-making;
    - The availability and use of data and evidence;

- Legislative and regulatory control;
  - Shielding and the protection of the clinically vulnerable;
  - The use of lockdowns and other 'non-pharmaceutical' interventions such as social distancing and the use of face coverings;
  - Testing and contact tracing, and isolation;
  - Restrictions on attendance at places of education;
  - The closure and reopening of the hospitality, retail, sport and leisure sectors, and cultural institutions;
  - Housing and homelessness;
  - Prisons and other places of detention;
  - The justice system;
  - Immigration and asylum;
  - Travel and borders; and
  - The safeguarding of public funds and management of financial risk.
- The response of the health and care sector across the UK, including:
    - Preparedness, initial capacity and the ability to increase capacity, and resilience;
    - 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;
    - 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, and changes to inspections;
    - The procurement and distribution of key equipment and supplies, including PPE and ventilators;
    - The development and delivery of therapeutics and vaccines;
    - The consequences of the pandemic on provision for non-COVID related conditions and needs; and
    - Provision for those experiencing long-COVID.
  - The economic response to the pandemic and its impact, including government interventions by way of:

- Support for businesses and jobs, including the Coronavirus Job Retention Scheme, the Self-Employment Income Support Scheme, loans schemes, business rates relief and grants;
  - Additional funding for relevant public services; and
  - Benefits and sick pay, and support for vulnerable people.
2. Identify the lessons to be learned from the above, thereby to inform the UK's preparations for future pandemics. In meeting these aims, the inquiry will:
- Listen to the experiences of bereaved families and others who have suffered hardship or loss as a result of the pandemic. Although the inquiry will not investigate individual cases of harm or death in detail, listening to these accounts will inform its understanding of the impact of the pandemic and the response, and of the lessons to be learned;
  - Highlight where lessons identified from preparedness and the response to the pandemic may be applicable to other civil emergencies;
  - Consider the experiences of and impact on health and care sector workers, and other key workers, during the pandemic;
  - Consider any disparities evident in the impact of the pandemic and the state's response, including those relating to protected characteristics under the Equality Act 2010 and equality categories under the Northern Ireland Act 1998, as applicable;
  - Have reasonable regard to relevant international comparisons; and
  - Produce its reports (including interim reports) and any recommendations in a timely manner.