UK Covid-19 Inquiry public hearings: module 1, week 3 (26-29 June 2023)

The UK Covid-19 Inquiry (the Inquiry) public hearings for module 1 commenced on 13 June 2023 and will conclude on 21 July.[1]

This week the Inquiry heard evidence from witnesses including Professor Dame Jenny Harries, Matt Hancock and Duncan Selbie.

Next week the Inquiry will continue to hear evidence from key political and public figures including First Minister of Wales Mark Drakeford, Professor Jim McManus and former Minister for Health of Health Northern Ireland Robin Swann.

This briefing summarises the proceedings most relevant to NHS trusts, and is the third in the series of weekly briefings on the Inquiry's public hearings. 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 26 June

Witnesses

Evidence was heard from Emma Reed, Rosemary Gallagher and Professor Dame Jenny Harries.

Summary of witnesses' evidence

Emma Reed

Emma Reed is director of emergency preparedness and health protection at the Department of Health and Social Care (DHSC). The function of this directorate is to discharge the duty on the

[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 on 21 July 2022 gathered through rule 9 requests under The Inquiry Rules 2006 and three preliminary hearings.

secretary of state as a category 1 responder to a civil emergency and the functions of being the lead government department in health emergencies.

When questioned on the 2011 influenza pandemic preparedness strategy, she told Counsel to the Inquiry (Counsel) that plans and mitigations were built in based on the risk they were told was the highest, which at the time was an influenza pandemic. In the case of an emerging infectious disease (such as Covid-19) and the response, the department believed this disease would be confined to health settings and would result in a small number of fatalities and casualties. Reed was not aware of any conversations around the possible need for planning around self-isolation, the closing of borders and mass quarantining.

Reed stated that important pieces of work related to the pandemic flu readiness programme, which was formed following the recommendations of Exercise Cygnus, were not priorities for them compared to preparations for a no-deal exit from the EU. She said that a possible no-deal exit posed a very real and credible threat at the time.

Reed recalled sending a briefing to Matt Hancock when he became secretary of state for health and social care in 2018. This briefing set out the UK's response to health emergencies and an assessment of its resilience. She was surprised looking back at this briefing to see no reference to the conclusion of Exercise Cygnus, which would have told Hancock that the UK was not prepared for a pandemic. She thought that this could be because it was an early briefing to set out a range of threats and hazards faced.

Consideration for vulnerable people or ethnic minorities came by ensuring health information was available in a wide range of languages. Equality impact assessments had been prepared for the UK influenza pandemic preparedness strategy 2011 and the Pandemic Influenza Draft Bill, but there had been no review of inequalities since those documents were first published.

Rosemary Gallagher

Rosemary Gallagher is professional lead for infection prevention and control at the Royal College of Nursing (RCN). Gallagher was a member of the government's emergency preparedness resilience and response (EPRR) clinical reference group.

She felt that overarching pandemic planning had not reached into the EPRR clinical reference group as it was an ad-hoc agenda item and she was unsure how they as a group fed into government planning. Gallagher said that the RCN had raised concerns about organisms, other than influenza, with pandemic potential. While you cannot have a specific plan for every organism, it is important to

have the preparedness structures in place. She said there was an overwhelming bias towards preparing for an influenza pandemic. She believes there should have been significant lessons learnt from the 2015 Middle East Respiratory Syndrome (MERS) outbreak.

Gallagher stated that historic underfunding of public health has reduced capacity. She said that local authorities cannot put the measures in place to promote health and wellbeing. She said the RCN were particularly concerned about the reduced funding for Public Health England (PHE) and the impact that had on local authorities and local health protection teams to support population health initiatives in that time. This was an issue as population health is vital for resilience.

Gallagher stated that the resilience of the health and care workforce is essential to delivering healthcare services that meet the public's needs. She said that going into the pandemic, the NHS was 50,000 nurses short and that nurses were immediately put at risk when they needed to quickly increase capacity to support patients who were infected, whether at home or in hospitals. The RCN had campaigned and raised these concerns around workforce capacity repeatedly prior to the pandemic.

Gallagher said that the RCN was very aware of the presence and impact of inequalities from a public health perspective. She said that whatever impacts public health, ultimately affects hospitals and demand for hospital services. She also said the RCN had documented the impact of inequalities on black and ethnic minority staff in the lead up to the pandemic. She said that ethnic minority staff were not considered in pandemic planning and that language in strategic documents tended to refer to at risk groups as those who had clinical vulnerabilities. The RCN had written to the HM Treasury's comprehensive spending review in September 2020 highlighting the overrepresentation of ethnic minority staff at bands 4 to 6, which represent those professionals providing care on the frontline, warning that they may be at increased risk of exposure to the viral load of Covid-19. She said the disproportionate impact of Covid-19 on ethnic minority staff was not mitigated by any form of planning guidance.

Professor Dame Jenny Harries

Professor Dame Jenny Harries is the chief executive of the UK Health Security Agency (UKHSA) and was the deputy chief medical officer (DCMO) from 2019 to 2021.

When asked about funding in public health services, Dame Jenny said that she was aware directors of public health (DPH) were under extreme pressure due to reduced funding for local authority public health services. The ring-fenced public health budget had been reduced over time, but local

authorities were extremely efficient in commissioning services and tried to generate the same public health outcomes.

On the restructuring of the public health system in 2013 with the formation of Public Health England (PHE), Dame Jenny recognised the difficulties that came with this. She said that community infection prevention and control was impacted by the fragmentation and declining resources. There was also an impact on staff moral as some regional EPRR staff went down pay bands and rank. The uncertainty with regard to job roles also created its own pressure. PHE faced a 40% funding reduction in real terms and as the grant aid was dropping, costs were increasing. The organisation became very reliant on its earnt income. At times PHE had to use its scientists and resources to try and generate more income, rather than use its resources to support the wider health protection system.

Dame Jenny stated that she believed the 2014 pandemic influenza response plan was good to have in place, but that it didn't have the sensitivity analysis where it examined other possible pandemic characteristics. Because there was only one plan, the practical stockpiling and antiviral procuring was only suitable for the disease laid out in the plan, which was influenza, and not for the pandemic that occurred. Dame Jenny made clear that while the responsibility for stockpiling and clinical countermeasures fell to PHE, the parameters for those stockpiles were decided by DHSC. She confirmed that the pandemic influenza response plan had not been updated between 2014 and 2020.

On health inequalities, Dame Jenny said that infectious disease will follow areas of socio-economic vulnerability. She did not agree with the timeframe set out by Professor Marmot in his evidence which linked austerity and the increased burden of disease on the population, but agreed that people in deprived areas were more likely to have adverse effects from diseases. She said that in relation to preparedness and resilience, adult social care appeared to have failed. She said that the social care sector is a high-risk area as it is largely a privately provided service and so there is difficulty in assuring appropriate plans are in place.

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

Tuesday 27 June

Witnesses

Evidence was heard from Rt Hon Matt Hancock MP and Duncan Selbie.

Rt Hon Matt Hancock MP

Matt Hancock was the secretary of state for health and social care from July 2018 to June 2021. He previously held roles as a junior minister within the Cabinet Office.

Hancock stated that on his first day as secretary of state at DHSC he was given a briefing document which made clear his responsibilities as a category 1 responder for a possible pandemic influenza and other infectious diseases. There was no assessment in the document for the level of risk a pandemic influenza posed. After reading this document, Hancock asked for further information on the state of preparedness for these risks and was provided with information on the EPRR function and the responsibilities from the Civil Contingencies Act 2004 (the Act). Hancock was asked by Counsel if he is surprised looking back on these documents and seeing no reference to Exercise Cygnus and its report which outlined the nation's lack of preparedness. Hancock stated that he did not know why Cygnus is not mentioned in his briefings, but that he was informed a few months after receiving the briefing document.

Hancock stated that one of the areas he focused on was the lack of capacity in the UK for vaccine manufacturing. He recognised it as an area lacking in emergency preparedness. Hancock said that preparedness was a programme of work he continuously raised with the team in DHSC, but he was repeatedly assured that the UK was one of the best placed countries to respond to a pandemic. He was told there were plans in place to respond to an emergency and that there was a significant personal protective equipment (PPE) stockpile and an antiviral stockpile, but that vaccines were manufactured overseas. This is why he pushed for domestic manufacturing. He did not see that there were any potential issues as he was assured they had the best system and planning in the world.

Hancock said he was also assured that there was a programme in place to follow up on the recommendations from Exercise Cygnus. When resources were being diverted to Operation Yellowhammer, he said he had signed off on those re-allocations and did not ask questions as to whether or not Cygnus recommendations were continuing to be implemented. He says that he takes full responsibility for that in the face of a no-deal EU exit, he moved resources away from pandemic preparedness planning. In May 2020, Hancock was asked by government officials whether he agreed they should publish the Exercise Cygnus report. He said that he supported the publication but was told to say that there had been no major gaps in the implementation of its recommendations.

When asked about the Cygnus recommendation on the need to increase adult social care capacity, Hancock said that work was being done on assessing how many people were in the adult social care system, but no work was done in preparing care homes for a pandemic surge. He said responsibility for pandemic preparedness fell to local authorities. When the pandemic struck, he asked all local authorities for their pandemic plans and only received back two, both of which were wholly inadequate. He said the issue with the secretary of state role is that although social care is in the title, he did not have the levers to act on social care. That primarily fell to local authorities. Hancock assessed that surge planning relating to the adult social care sector fell far behind that of the NHS. He

explained that obligations for policy fell on him as secretary of state, but obligations for delivery fell to local authorities. On NHS capacity, Hancock stated that resourcing within the NHS is highly political. He said that the main issue is spare capacity but an increase in spare capacity would require a huge material increase to the NHS budget. He highlighted the fact that many other western countries spend a higher proportion of their gross domestic product (GDP) on healthcare.

Hancock repeatedly referred in his evidence to the "doctrinal failure" of applying the worst-case scenario model to all aspects of emergency planning. This model caused the department to focus solely on an influenza pandemic. They did not explore containment and mitigation responses. The UK influenza pandemic preparedness strategy 2011 was, in his opinion, woefully inadequate and exercises thereafter only focused on the preparation for a response where a pandemic had already overwhelmed the population. There was no work or strategy on how to stop a disease from spreading in the first instance, which resulted in a lack of planning for isolation, border closures and lockdown processes. The focus on an influenza pandemic came from adopting the worst-case scenario model. That meant not enough questions were asked about alternative characteristics and risks. There was an assumption that the UK would be prepared for anything, as it was the world leader in influenza pandemic planning, but this was wrong. Hancock also questioned whether if all the recommendations from Exercise Cygnus had been implemented, it would have actually made a difference to the UK's response to Covid-19, because they were not about preventing mass casualties and deaths.

He said there is a need for formal training on civil contingencies for the civil service and a case for a cross-government minister in charge of EPRR. There also needs to be the appropriate allocation of budget towards health protection and he argued that more needed to be spent on health protection given the bigger magnitude of its impact in comparison to the military. Hancock also recognised there was a failure to address the vulnerability of ethnic minority groups in pandemic planning. He said that the focus of the CMO, Sir Chris Whitty, was going to be on the reduction of health inequalities but that got overshadowed by the pandemic.

Duncan Selbie

Duncan Selbie was the chief executive of PHE from 2013 to 2020.

Selbie commented on the formation of PHE and confirmed there was confusion at the time amongst public health colleagues on what this restructuring meant. He said it was brave of DPHs to make the changes and new relationships were formed with local councils and colleagues in the health sector. As mentioned in the evidence of Professor Dame Jenny Harries, the PHE budget was reduced in real terms by 40% from 2013 to 2020. This reduction was incredibly disappointing and Selbie recalled at

one time being asked for 50% of his PHE budget to be reallocated to the NHS. He opposed it, but ultimately HM Treasury (HMT) imposed further reductions. Selbie said this built inequality into public health from the outset. The public health grant was a fraction of the spend in the NHS but the money could have made huge impacts locally. There was also the issue of "top-slicing", whereby local authorities would reallocate their public health budget to other services. PHE issued guidance with the National Audit Office (NAO) which confirmed DPHs would have to sign off local authority public health spending.

The capacity of the DPH workforce fluctuated between 2013 and 2020. The number of DPHs was reasonably healthy towards 2018/19, with 130 DPHs over 152 local authorities. Selbie agreed that links between NHS staff and public health specialists became fractured in the process of strengthening local government ties. In 2018/19, DPHs were re-introduced as one of the seven leadership teams within the NHS, which Selbie welcomed.

Selbie explained that PHE was not mandated or funded for at scale pandemic readiness and response measures. Its responsibility was to know what was coming through its surveillance systems and then to develop the test necessary, adapt it if necessary, and then roll that out to laboratories. PHE's role was knowing what was coming and then being able to get a test out to the NHS to do the diagnostics. That is the difference between public health microbiology, PHE's responsibility, and diagnostic microbiology, which was the responsibility of the NHS.

Selbie agreed that an overall respiratory pandemic strategy plan would have been more applicable and easier to adapt. He accepted accountability in his role for the UK influenza pandemic preparedness strategy 2011 not being updated.

Selbie said that the pandemic was in fact a syndemic[2], as poor public health and health inequalities caused Covid-19 to have a more detrimental effect on the population. He said that ultimately the issue with inequalities lies within resourcing as PHE was not able to make the investments that would have made the biggest difference. Selbie reflected that PHE did not achieve its goal in reducing health inequalities, but that it did bring issues into the light and made progress in certain areas. He commented that there has not been sufficient government interest and focus on health inequalities and that budget allocation and spending reflects that.

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

[2] A set of linked health problems involving two or more afflictions, interacting synergistically, and contributing to excess burden of disease in a population. Syndemics occur when health-related problems cluster by person, place, or time.

Wednesday 28 June

Witnesses

Evidence was heard from Gillian Russell, Caroline Lamb and Jeane Freeman.

Gillian Russell

The Inquiry heard evidence from Gillian Russell, director of health workforce at the Scottish government. Counsel asked her a range of questions relating to recommendations made following Silver Swan and Cygnus and concluded that there had been a disappointing response to implementing recommendations.

Caroline Lamb

Caroline Lamb, director general for health and social care and chief executive of NHS Scotland, gave evidence. She acknowledged that not all recommendations from exercises such as Silver Swan, Exercise Cygnus and Exercise Iris were put in place. Guidance for the health and care sector hadn't been fully signed off and she said that there were issues in particular around criteria for staff getting access to different types of PPE.

Jeane Freeman

Jeane Freeman, former cabinet secretary for health and sport for the Scottish government, gave evidence. She was asked if she agreed recommendations from exercises had been slow to be implemented. She responded by saying in some areas it was not slow and there had been important work in terms of resilience. However, it was fair to say that not all recommendations had been implemented and that there was no plan to respond to any other pathogen other than flu in Scotland.

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

Thursday 29 June

Witnesses

Evidence was heard from Sir Jeremy Farrar, Nicola Sturgeon, John Swinney and Catherine Frances.

Sir Jeremy Farrar

Sir Jeremy Farrar (former director of the Wellcome Trust and current chief scientist for the World Health Organisation (WHO) gave evidence to the Inquiry in a personal capacity. Counsel noted that

pandemic flu had been at the top of government risk registers but suggested that after the H1N1 influenza outbreak in 2009 (also known as swine flu), there was a sense that it wasn't as bad as people had expected. Sir Jeremy agreed this might have led to a degree of complacency in the UK and around the world. In 2009 there was criticism about issues like stockpiling too much of the drug oseltamivir because people weren't taking it seriously. He said that the ability to respond to pandemics is determined by what you have done before it arrives – if you have inequalities and issues with the health system that has an impact.

Sir Jeremy said the construct of having a chief scientific adviser close to senior civil servants and ministers and building a structure that is permanent and functioning all the time is critical to maintaining a strong scientific system in the UK. He said the best people in science should be encouraged to work in the scientific advice system.

Counsel noted that the scientific advisory group for emergencies (SAGE) drew to a large extent on biomedical expertise and asked if there was an absence of expertise from areas other than science and health (for example, economists and behavioural scientists). Sir Jeremy said that hundreds of people are involved in SAGE behind the scenes and praised the quality of its work. However, he suggested that their work should be mirrored through the Cabinet Office, with an expert group that could consider other aspects critical to an all-of-society response.

Sir Jeremy praised the scientific response to the pandemic and successive governments' investment in science, saying, "You know, we didn't make a vaccine in 12 months. We made a vaccine because for years before all governments in the UK…have invested in basic science, in people, in teams and institutions…"

He said that testing capacity in the first three months of 2020 was woefully inadequate and that testing got behind the curve. He talked about the importance of not losing capacity that has been built into the system and highlighted the importance of having robust systems in place to deal with epidemics and pandemics.

A representative for Welsh Covid Bereaved asked to what extent, in the context of preparedness, was the wearing of masks an issue that was thought through sufficiently. Sir Jeremy said that in the UK a consensus did not exist. In other countries, it was different. He said that face masks were part of a series of interventions (hand washing, distancing, face masks) – none contribute enough alone but together they have an impact.

Nicola Sturgeon

Nicola Sturgeon was formerly the first minister for Scotland. She started her evidence by offering sympathy to those people who had lost loved ones. Earlier in her career she had been deputy first minister and cabinet secretary for health which coincided with the swine flu pandemic of 2009.

She was asked about the 2011 influenza pandemic preparedness strategy for dealing with pandemics, which was drawn up under the four nations approach. This plan dealt only with influenza pandemics. Sturgeon said that it was not updated. She doesn't think that, had it been updated, it would have changed significantly as it would still have been a plan dealing with flu. If it had examined other types of pandemics, it might have been changed more extensively. She accepted that there was no plan for non-influenza diseases but denied that there was no thinking within governments on non-influenza diseases. She cited the Scottish government's Exercise Iris, which looked at MERS.

Counsel returned to the 2011 strategy, stating that there was a requirement for it to be refreshed and updated. Sturgeon said this never came to pass and that there was diversion of resources to deal with a no-deal Brexit, therefore this workstream was paused. She said that it was regrettable that resources had to be diverted.

Sturgeon thought that the working relationships in relation to pandemic preparedness across the devolved administrations at a UK level worked well but they could be too ad hoc. She believes that working relationships should have been more systemised and embedded. When asked if party politics got in the way of relationships, Sturgeon said it can happen but that can be overstated. She said that during the swine flu pandemic she had a good relationship with the UK government. She said that the correct attitude and mindset helps but that it does also depend on personal relationships and the political context.

She provided some detail on various exercises that had taken place, including Silver Swan, which was a tabletop exercise carried out by the Scottish government. Counsel said that there were 17 recommendations which came from Silver Swan. Thirteen were considered by the Scottish government to be complete but one important area was pandemic guidance for the health and social care sector. She said that this piece of guidance had been out for consultation in 2019 and hadn't been finalised and signed off prior to the outbreak of Covid-19.

John Swinney

John Swinney is former deputy first minister of the Scottish government. As part of this role, he had responsibility for resilience. Counsel asked if he had enough time to dedicate to this. He responded by saying that he was busy but did feel he had time for it. He noted that he wasn't the only person

working on this. He agreed with Sir Oliver Letwin's suggestion in a previous evidence session that resilience should be a full-time portfolio.

He agreed with other witnesses who said that preparations for a no-deal Brexit had taken up a lot of resource and that some work had not been completed as a result. He discussed the way in which pandemic preparations in the run up to 2020 had been taken forward in the four nations approach and said that collaboration around expert advice was available which helped form thinking in Scotland.

When Counsel suggested that the Scottish government had been "sluggish" to implement recommendations from various exercises, Swinney said that aspects of work had suffered as a consequence of preparation for a no-deal Brexit, which was a real threat that had to be addressed.

Swinney said that he didn't believe intergovernmental relations during emergencies were poor, despite the UK government having commissioned a review. However, he did say that relations were poor in the aftermath of Brexit.

Catherine Frances

Catherine Frances is director general for local government, resilience and communities in the Department for Levelling Up, Housing and Communities (DLUHC). She is responsible for the resilience and emergencies division (RED) at DLUHC (now renamed the resilience and recovery directorate).

She explained the work of the department and the functions RED performs, as well as the relationship between RED and local resilience forums (LRFs). She was asked about the impact of real terms reductions to local government funding and whether this had an impact on preparations for civil emergencies. She agreed that there was a reduction but that it is hard to draw conclusions. She said that councils make their own decisions about what they are going to prioritise and that the subsidiarity model (performing tasks at a local level) can still work effectively despite funding cuts.

Guidance on pandemic planning didn't cover non-pharmaceutical interventions and she was asked if they should be added. She said that she would defer to DHSC on this as they are the lead government department.

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