

# HSI22/038

## GOVERNING BODY

<b>Title of paper</b>	CoVID 19 Public Inquiry		
<b>Agenda item</b>	12	<b>Date of meeting</b>	4 May 2022
<b>Exec lead</b>	Fiona Howarth	<b>Clinical sponsor</b>	
<b>Author</b>	Tracy Davies, Associate Director of EPRR		

<b>Purpose</b>	For decision	<input type="checkbox"/>
	To ratify	<input type="checkbox"/>
	To discuss	<input type="checkbox"/>
	To note	<input checked="" type="checkbox"/>

<b>Link to strategic objective</b>	1 – Operational Delivery; 2 – People and Teams; 4- Strategy and Planning.
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### Executive Summary

On 12 May 2021 the Prime Minister announced a UK-wide statutory public inquiry into COVID-19 that will have full powers under the Inquiries Act 2005 and will commence in Spring 2022. On 15 December 2021, the Prime Minister further announced that he had appointed the Rt Hon Baroness Heather Hallett DBE as chair of the COVID-19 Pandemic Public Inquiry. The draft terms of reference were subsequently published on 19 March 2022 with a period of public engagement and consultation. This process closed on 7 April 2022 and will inform further changes to the terms of reference before they are finalised in late April early May.

The Hampshire, Southampton and Isle of Wight CCG has set up a Public Inquiry Working Group which continues to meet monthly. It has internal stakeholders from across relevant areas including representatives from Portsmouth CCG. Additionally, the Public Inquiry lead also chairs an informal Hampshire and Isle of Wight Integrated Care System Public Inquiry group where best practice and key documents are being shared including relevant timelines, and risk logs.

This paper sets out the status of the Public Inquiry work arising from the COVID-19 pandemic. The update provides a high-level overview of work underway setting out key actions and risks.

<b>Recommendations</b>	<b>The Governing Body are asked to Note the contents of the report.</b>
<b>Publication</b>	<b>Include on public website</b> <input type="checkbox"/>

### Please provide details on the impact of following aspects

Equality and quality impact assessment	Not applicable
Patient and stakeholder engagement	Not applicable

Financial impact, legal implications and risk	There is a legal implication to the CCG if it is not able to provide evidence of the governance and structures throughout the COVID-19 response including any local decisions made outside of national guidance.
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<b>Governance and Reporting- which other meeting has this paper been discussed</b>		
Committee Name	Date discussed	Outcome

# CONTENT

## 1. Summary

- 1.1 This paper sets out the status of the Public Inquiry work arising from the COVID-19 pandemic. The update provides a high-level overview of work underway setting out key actions and risks. Each risk is clearly described in the risk log and proposed steps of mitigation are outlined in the Public Inquiry Risk Register (see **Appendix A**).

## 2. Context

- 2.1 On 12 May 2021, the Prime Minister announced a UK-wide statutory public inquiry into COVID-19 that will have full powers under the Inquiries Act 2005 and will commence in Spring 2022. On 15 December 2021, the Prime Minister further announced that he had appointed the Rt Hon Baroness Heather Hallett DBE as chair of the COVID-19 Pandemic Public Inquiry. The draft terms of reference were subsequently published on 19 March 2022 with a period of public engagement and consultation (see **Appendix A**). This process closed on 7 April 2022 and will inform further changes to the terms of reference before they are finalised in early May.
- 2.2 Hampshire, Southampton and Isle of Wight CCG has set up a Public Inquiry Working Group which continues to meet monthly. It has internal stakeholders from across relevant areas including representatives from Portsmouth CCG.
- 2.3 Fiona Howarth is the Senior Responsible Officer. Tracy Davies, Associate Director of Emergency Planning Resilience and Response is leading the work.

## 3. Areas of focus

- 3.1 The government draft terms of reference provide a guide to the areas that the CCG will focus on including the access to primary care, waiting times for care and the discharge arrangements to care homes. It also covers the welfare of staff including the use and distribution of PPE throughout the response.
- 3.2 In early April 2022, the Public Inquiry team recruited two full time (fixed term) staff who will focus attention on the numerous documents that have been collated, archive and cross reference to the media stories and complaints identified.
- 3.3 The team are following a four-phase approach to the inquiry project:
- Phase 1 – Obtain logs/evidence from cells/people
  - Phase 2 – Catalogue
  - Phase 3 – Cross check
  - Phase 4 – Identify key gaps and risks
- 3.4 Initially the working group identified several specific areas of focus for the Public Inquiry work:

- Effective and robust records management processes;
- Contact arrangements of senior decision makers who have left or leave the organisation – identified as Band 9 and above;
- Access to leavers' IT accounts including emails and folders;
- Permanent deletion of emails and files by existing staff including the loss of the intranet pages (StayConnected);
- Wellbeing arrangements for all staff including leavers involved in the COVID 19 response;
- Identification of the local decisions made by the CCG throughout COVID 19 response;
- Communication with GP Practices.

3.5 Furthermore, in relation to the specific areas that the CCG co-ordinated during the last 26 months the communications team reviewed all national, regional, and local media stories relating to the NHS in Hampshire and Isle of Wight regarding COVID 19.

3.6 Additionally, the Freedom of Information and Complaints teams have collated a list of the key enquiries both from the public and from MP's that they received over the last 26 months.

#### 4. **Mitigation**

4.1 The work to date has enabled the Public Inquiry team to establish the initial key areas of focus for decision/action logs and supporting evidence.

4.2 Human Resources (HR) have put in place several processes to support the public inquiry risks including revised guidance that staff exit interviews include an opportunity to discuss the response to COVID-19. Line managers have been asked to forward any relevant information to the Public Inquiry team. This will inform further areas that may require focus.

4.3 Additionally, the Public Inquiry lead meets monthly with leads from NHS trust and local authorities where best practice is shared and issues discussed.

#### 5. **Next steps**

5.1 The public inquiry group will review the final government terms of reference when published in May 2022 and adjust their work accordingly.

5.2 The team will continue to report to the Risk and Audit Committee escalating any issues or risks as appropriate.

## **Appendix A – Government Draft Terms of Reference**

### **UK COVID-19 INQUIRY**

#### **DRAFT TERMS OF REFERENCE – MARCH 2022**

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.

Taken from government website: [UK Covid-19 Public Inquiry \(public-inquiry.uk\)](https://public-inquiry.uk)