



COVID-19 Public Inquiry

The experience

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PURPOSE OF AN INQUIRY



- ▶ Establish the facts – a full and fair account of what happened, or the causation of events: or /and
- ▶ Learning from events – so helping to prevent their recurrence by synthesising or distilling lessons to change practice.
- ▶ Catharsis of therapeutic exposure – to provide reconciliation/resolution

COVID-19 Inquiry - Modular approach

- 1. ***Resilience and preparedness***
- 2. High level political and administrative decision making
- 3. ***The impact of the pandemic on the health systems of the UK's nations – core participant***
- 4. Vaccines and therapeutics
- 5. Government procurement
- 6. The Care Sector
- 7. Test, Trace and Isolate
- 8. Children and Young People
- 9. Economic Response
- 10. Impact on Society

Core Participant Status – Module 3

- ▶ A Core Participant is a participant who will play a key role during the Inquiry process
- ▶ Usually attends for all of the proceedings (or substantial parts) either personally or by their legal representatives
- ▶ Distinguishable from a witness who is not permitted to ask questions or play an active part

Main stages of the Inquiry

- ▶ Each inquiry differs slightly but the key stages are as follows:
 - ▶ Setting up and preparation for the Inquiry, including disclosure (likely to be a lengthy exercise)
 - ▶ Oral hearings, commencing with preliminary hearings and opening statements
 - ▶ Oral evidence
 - ▶ Closure and publication of the report

Module one - Resilience and preparedness

- UK prepared for the wrong pandemic resulting in an inadequate response
- There was too much focus on hospital care at the expense of those in community or social care
- Years of underfunding and health service restructures led to the NHS not being prepared
- Political priorities - Brexit
- Previous lessons from incidents hadn't been acted upon
- Nursing workforce crisis already entrenched
- Nursing experts weren't involved in shaping guidance and decisions affecting the nursing workforce
- Group think

Module 3 – broad themes for the RCN

- ▶ RCN response focused on UK wide issues:
 - ▶ Role of the Royal College – tension/opportunity with TU role
 - ▶ Prevention of infection and IPC guidance development
 - ▶ Independent review of the evidence
 - ▶ Mode of transmission of SARS-CoV2
 - ▶ Supply, use and standard of PPE including FRSM v FFP3
 - ▶ RCN PPE surveys 2020
 - ▶ Fit testing
 - ▶ RCN risk assessment toolkit
 - ▶ Data – HCW infection, deaths and RIDDOR reporting
 - ▶ Raising concerns/Refusal to treat

The experience



The IPC cell, the chief medical officers, the UKHSA, and the Secretaries of state for Health have the blood of many innocent COVID victims on their hands due to their negligent transmission permissive policies. It is not OK

We shall not forgive. We shall not forget

My hands are of your colour; but I shame to wear a heart so white' (Lady Macbeth 2.2) **'bloody business'**

"Out, damned spot; out, I say!" (Lady Macbeth 5.1)

...these still, And on thy blade and dudgeon gouts of blood". (Macbeth 2.1)

say, blood will have blood" (Macbeth 3.2)

"It's blood on thy face" (Macbeth 3.4)

T MURDERER
Jaquuo's then.

*all great Neptune's ocean
cannot wash this blood clean from my hands" (Macbeth 2.2)*

"It's the smell of blood: all the perfumes of Arabia will not sweeten this little hand" (Lady Macbeth 5.1)

"A little water clears us of this deed (Lady Macbeth 2.2)

he would have thought the old man to have had so much blood in him?" (Lady Macbeth 5.1)

Make this my blood (Lady Macbeth)

Blood, the symbol of death but becomes a symbol of the characters' guilt about their actions



Independent review of the evidence

- Commissioned by RCN in February 2020
- Impetus: membership concerns
- Authors: Dinah Gould & Edward Purssell
- Experience: research methodology, systematic reviewing, infection prevention/infectious diseases
- Brief: analyze guidelines from Antimicrobial Resistance & Healthcare Associated Infection (ARHAI) Scotland underpinning national guidance
- Assess quality

ARHAI guidance February 2020 (11th iteration)

- Based on a series of rapid reviews of the literature
- Precise methodology unclear
- Review methods questionable
- Authorship and credentials of authors unclear
- NO accepted definition of rapid reviews or rapid review methodology ever published

Method: applied WHO criteria for use in emergency situations

- 18 criteria for good practice when developing emergency guidelines
- 14 not met
- 2 partially met
- CONCLUSION: ARHAI guidelines underpinning UK Covid guidelines did NOT meet contemporary standards for clinical guideline development
- Problems with presentation : not 'stand alone', key information hard to identify

What happened next?

- Press release
- Television interview
- SILENCE
- Behind the scenes: furore: SAGE, NERVTAG, Government
- April 2024: contacted by Covid Inquiry
- Summoned to online meeting with Covid legal team
- Invitation to contribute to Module 3: infection prevention & control
- Hearing September 2024

The experience: preparation

- Hard work against tight deadline
- Lots of reading: previous witness statements, NIPCM, legislation, journal articles
- Output: 100-page document, fully referenced
- Three authors 'Trio': clearly agreed sections on document
- Definitions of IP (lay audience), guidelines, education for IP, recommendations
- Draft document → feedback from CPs → 400 more documents to look at



The experience: support

- Weekly meetings (Friday afternoons!)
- Located key information
- Help with preparation of final document: formatting, referencing etc.
- Meet barrister
- Supplied with list of probable questions
- Orientation to the day



The experience: the event

- Intense all-day event
- Asked about key recommendations first
- Organized into sessions around each section in document
- Asked for OPINIONS: no cross-examination
- CPs: allowed questions through chair only
- Outcome: very well received



What sort of experience was it?

- Not like anything I've ever done before/will probably ever do again
- Worthwhile? Yes, if recommendations go forward
- Much to learn from
- Lots of ideas to develop further: status of guidelines, guideline methodology, future workforce preparation for IP