

Briefing on the results of UK Covid-19 Inquiry members' survey

Introduction

The pandemic and its aftermath continue to affect the health service. Now trusts, and other stakeholders, are starting to prepare for the **UK Covid-19 Inquiry** (the inquiry) which will play an important role in providing public scrutiny of the government's response to the pandemic over the next few years. Although the official remit of the inquiry is pandemic preparedness and response, the findings will have broader relevance and are likely to explore: the resourcing of the NHS and social care; NHS management structures; public contact with the NHS; public health prioritisation, policy development and how the government communicates.

In this context, we surveyed our members in June/July to find out how you are preparing for the inquiry and to understand how we can most effectively support learning and information sharing across the provider sector. With thanks to all who responded, this briefing summarises our findings, and sets out our next steps.

The inquiry

In July, Baroness Hallett, the inquiry chair, set out the **modular approach** that the inquiry will take and opened the inquiry's first investigation into how well prepared the UK was for a pandemic, **module 1**. She also set out the broad timetable, with the first public hearing in spring 2023.

In August, the second investigation, **module 2**, was opened. This will examine political and administrative decision-making of the UK and devolved governments. There will be particular focus on early 2020. The timings of module 3 are yet to be confirmed but it will focus on the impact on the health sector.

The survey

We received 200 responses from 140 trusts across all sectors and regions, from respondents in a wide-range of board level roles. Almost all the respondents said Covid-19 continues to affect day-to-

day operations and most are starting to prepare for the inquiry. The survey gives us valuable insight into the continuing impact of the pandemic, concerns about the inquiry, and what we can do to support the provider sector appropriately as the inquiry progresses.

Key findings

1. Almost all (95%) respondents think that Covid-19 currently affects their trusts' day-to-day operations somewhat (47%) or a great deal (48%).
2. Comments from many respondents expressed a hope that the inquiry will validate the remarkable role that NHS staff played.
3. 93% of respondents expect their trust to follow inquiry proceedings and report on these internally.
4. Two thirds (67%) of respondents said their trust is currently preparing/collating documentation. Most of the remainder (28%) are expecting to make preparations.
5. Supporting staff during the inquiry is a key concern, with 85% planning to provide support.
6. Most respondents would like the UK Covid-19 inquiry to identify lessons learned to prepare for future pandemics.
7. Nearly all (99%) of respondents would find NHS Providers briefings and national engagement in the run up to the inquiry helpful.
8. The vaccination programme and partnership working were identified by most respondents as aspects of responding to the pandemic which went well. Many respondents said they would like to see flexible, hybrid working continue, as well as virtual care and the use of digital.
9. Preparedness including supply, distribution and management of personal protective equipment (PPE) and the timing of national guidance were identified as things which could have been done better.

Learning lessons

The inquiry will put all aspects of the health and care sector under scrutiny, including the government and NHS arm's length bodies, and it will also provide opportunities to learn lessons, share best practice and plan for the future. Trusts have identified practices that emerged during the pandemic that they want to see continue or to cease. They also highlighted where there were issues and what went well, with most respondents expressing the hope that the inquiry will validate the remarkable role that NHS and care staff played.

What went well

- Trust leaders, without exception, applauded the extraordinary work of staff, noting their resilience and flexibility, embracing new digital ways of working, and their commitment to patient care and safety.
- Many respondents highlighted the rollout of the vaccination programme; the benefits of greater partnership working at place and system the speed and agility of the NHS response; collaborative teamwork; the effectiveness of the command-and-control structure in the context of an immediate national emergency; and the implementation of business continuity plans. Trusts also welcomed the temporary suspension of inspections.

What could have been done better

- Trusts highlighted the management, procurement and distribution of personal protective equipment (PPE) in particular in response to our questions about what could have been done better. The second most frequently mentioned issue was communication from the central NHS bodies, including the clarity and timing of national guidance. The resumption of regulatory inspections as demand surged was also seen as problematic. Many respondents also alluded to the national guidance and approach from the Department of Health and Social Care (DHSC) and NHS England supporting the discharge of patients from hospitals into care homes early in the pandemic as an important learning point which should have been better and more sensitively led.

What should be continued

- A common response was the provision of virtual care for patients including virtual appointments, consultations, wards and clinics, and the innovative use of digital.
- Respondents also highlighted the speed at which they can make decisions and implement change, and there is overwhelming support for the continuation of flexible and hybrid working.
- Collaborative working in systems, and the focus on staff wellbeing, and mutual aid were also commonly cited.
- Many welcomed fewer bureaucratic processes and the agile governance practised during the pandemic as approaches they want to see continued.

What should be discontinued

- The most common response was the need to now move away from the 'command and control' structure in the NHS (which had its strengths during a national crisis but is no longer appropriate post pandemic), followed by a desire to see a reduction in the volume of requests for information from national bodies.

Enhancing our support programme for members

To date, NHS Providers has worked to prepare for the inquiry and support trusts by:

- offering free legal webinars to support trusts' understanding of, and preparation for, the inquiry
- facilitating intelligence sharing and dialogue between trusts
- making formal submissions to the inquiry
- briefing members on latest developments in the inquiry
- engaging with senior national leaders across government and the arm's length bodies to understand their perspectives, to share learning from the provider sector and to understand how they are preparing for the inquiry.

You can find out more via our [UK Covid-19 inquiry webpage](#). Building on what we have learned from this survey, we are developing our support for trusts, including:

- **Offering a further free legal webinar on 3 October 2022:** the panel will address the specific concerns and queries raised by members in the survey.
- **Establishing a member reference group to underpin our work on the inquiry, in 2023:** a majority of respondents said that they would be happy to join a reference group, with the remainder saying joining would be dependent on expectations. We plan to launch the group in spring 2023 to ensure we are engaging with you at the best time to get maximum value from your input. We will seek the group's input into our inquiry work and it will provide an important route for sharing intelligence and good practice.
- **Engaging with the inquiry team appropriately, and with national stakeholders:** we will highlight the feedback we have received from trusts, and the learning from the pandemic, through a range of channels as appropriate, including with the relevant arm's length bodies and DHSC, as well as the inquiry team itself. This includes being clear on the level of inquiry preparation already being carried out and the resource implications for those called to submit evidence at trust or system level, as well as trust leaders' reflections on the lessons to be learnt now.
- **Signposting to other specialist support:** respondents were supportive of the potential for NHS Providers to facilitate introductions with providers who can offer different forms of specialist support around the inquiry. We are exploring this further and will update you in due course.