

CRITERIA: MANIFESTLY OBVIOUS and REQUIRING URGENT ACTION

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| 1: | OPENING REMARKS | KONP | 2 mins |
| 2: | PREAMBLE | Michael Mansfield | 3 mins |

Together with the panel, I wish to pay tribute first and foremost to the courage and commitment of the citizens of the UK many of whom have given evidence to our Inquiry and who have shown endless, selfless support to their fellow citizens in the most challenging and extreme circumstances.

3: MANIFESTLY OBVIOUS FINDINGS and RECOMMENDATIONS

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| 3.1: | Overview: Covid Inquiry initial thoughts | Lorna Hackett | 5 mins |
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GOVERNMENT RESPONSE

The government ignored the pandemic to begin with, ignored the recommendations from Exercise Cygnus, repeatedly ignored the science, had decimated public services, then ignored the cries of those working in the NHS, in social care, and in other crucial services, and as we have heard, ignored the offers of procurement from those working inside the NHS for PPE.

The Government was reluctant to put us into lockdown, because it was **feared that the British public would have lockdown fatigue**. By the time this eventually happened on 23rd March 2020, it was too late for many people.

THE IMPORTANCE of PUBLIC SERVICES

We are supposed to have a framework of public services which are in place for a purpose. In times of emergency, it makes sense to allow those existing public assets, in which the staff are the best placed to know what to do to help and support citizens, to be supported to carry out that unprecedented additional work.

Instead, the government has chosen at every stage to prefer private contracts.

POLITICAL CHOICE: TO LOOK TO THE PRIVATE SECTOR: NHS capacity, public health, procurement, education

Private test and trace, at a staggering cost of £37 billion, has never worked. GP surgeries all over the country would have been best placed to know their patients, their demographics, their health issues, manage language barriers, and rely on established relationships and trust with them. Doctors were not trusted to look after their own patients.

Private hospitals, the capacity for which was bought up for months at the beginning of the first lockdown, at most only treated between one and 67 Covid patients per day, at a staggering cost,

which hasn't been disclosed.

Private contracts for ventilators, when it is clearly better for those who already make ventilators to be asked to create more of them. Just because you manufacture cars doesn't mean you can be paid to build helicopters overnight.

Private tutors, to help children in education to catch up from the disruption caused by Covid; rather than the teachers who already know the children they teach, now more intimately than before Covid, having seen into their own homes in Zoom classes.

GOVERNANCE and PROBITY

We trusted the Government that, whilst we stayed at home, **taxpayers' money and whatever needed to be borrowed to solve the situation** – which we all know we will be paying for, for many years to come – would be used to help those in need, **not lining the pockets of friends** of the Government.

Our NHS staff, key workers, teachers, and others – they were all there needing to be helped. **The Government** pushed past them, **ignoring their skills and their competence**, and shoved fistfuls of cash into the hands of third parties. It's insulting, it's ignorant and it's completely inadequate.

TRUST

The **public trusted the Government to do the right thing**, in respect of our health, public services, and our public service infrastructure.

If **the Government** wants us to trust them, they **have to put trust in us** – and treat their citizens with respect and compassion whilst providing sufficient investment to reverse austerity and support us to health and abundance

3.2: The Panel

FINDING 1

Public health policy

Tolullah Oni 4 mins

1. **There has been an inconsistent, ill-prepared, and miscommunicated policy of measures to counter the pandemic.** Government claims to be 'following the science' have been without foundation: Exercise Cygnus was ignored in 2017, public health principles are ignored through 2020 and 2021.
2. **There has been a delay in recognising the gravity of the situation caused by a failure of leadership.**
3. **The deaths of 150,000 people, most of whom died needlessly, have been the result of incompetence; and disrespect and arrogance prevented the government from meeting bereaved families.** Timings of lockdowns and failure to put in place travel restrictions and quarantine contributed significantly to accelerating the spread of COVID
4. **Ongoing failure to heed fundamental public health principles** of responding to infectious disease outbreaks (find, test, track, isolate with support), largely developed in the UK. The Covid virus for the foreseeable future cannot be eradicated.
5. **This has been compounded by cuts to public services in the preceding decade that negatively impacted population health resilience before the pandemic.** Underlying poor health and pre-existing inequalities left the UK vulnerable with England having the highest excess all-cause

mortality rate among 23 European countries in the first five months of 2020. Also resulted in increased mortality and hospitalisations, with these conditions being more common in deprived populations.

6. **Failure to trust the public**, treated as the problem rather than part of the solution.
7. **Vaccines alone cannot be relied on globally**: the UK relying on a single strategy of vaccines and the vaccine nationalism that goes with this is undermining an effective pandemic policy – in the UK and internationally – variants are being allowed to spread;
8. **There is still time for a coherent policy of elimination (of community transmission of the virus)** and efforts to achieve local/regional elimination as a necessary accompaniment to successful universal vaccination.
9. **These measures would obviate the need to rely on nation-wide lockdown measures** (as has been achieved in other countries – Australia is currently locking down areas where the Delta virus is spreading), damaging as they are to mental health, wellbeing and the economy.
10. **The overwhelmingly unequal impact on the poor, the disabled, the Black, Asian and minority ethnic community and women is locked in to social and racial inequality, prejudice and economic disadvantage** – these are strongly linked to the conditions of urban living.

Recommendation 1

That established public health measures, supported by the WHO and known to be effective in lowering everyday risks, be urgently implemented in the UK, including:

- (a) effective find, test, tract, isolate services with economic support for isolation and quarantine;
- (b) based in local public health and local authorities in liaison with an effective national public health system
- (c) with effective protection against aerosol transmission by the wearing of masks and sensible social distancing in enclosed indoor spaces
- (d) employment of strict border measures for infection-control purposes

Recommendation 2

That medium to long-term health policy addresses social inequality, including overcrowding, poor quality housing, food insecurity, investing in recovery that tackles the root causes of health inequalities including:

- (a) integrating health considerations into future housing and urban development with healthy housing and equitable access to public spaces for safe physical activity for travel or leisure to build future resilience
- (b) providing and regulating guidelines to ensure adequate ventilation in enclosed spaces, notably workspaces and schools

Recommendation 3

That the UK fulfils its international obligations to prevent the spread of disease by ensuring global distribution of vaccines and support for technology transfer and IP waiver, and by the termination of vaccine nationalism.

FINDING 2 Health of the population and a healthy economy

Neena Modi 4 mins

11. **The NHS needed protecting because it has been appallingly run down**
12. **A healthy economy depends on a healthy population.** To present pandemic measures as a choice between the economy and the health of the population was at best misguided, and at worse, a deliberate attempt to sow division between the public and private sectors.

13. **The most disadvantaged fared worse – their fate sealed by those social determinants of health** in major part outside of healthcare and marked by social inequality.

The NHS should not have been left so weakened

14. The inquiry heard how **government policy that imposed savage reductions on the NHS, primary care, social care, and as you have heard, on public health, for over a decade in the name of austerity, led to a crippled health and social care system, in no state to cope with even the workload of normal times, let alone a pandemic. It is no wonder government adopted the slogan “protect the NHS”; the NHS is here to protect the people, yet the people protected the NHS, and many paid for this with their lives. The inquiry heard for example from Lobby Akinola, whose healthy father died at home from COVID without ever being seen by, or speaking to a doctor, because he and his family followed government advice which was to only call NHS111; NHS111 is a triage system, not a healthcare professional; had Lobby’s father been seen by a doctor, and admitted to hospital, he might well be alive today. Is it any wonder those who gave us their personal testimonies were angry?**

Invest now for the future

15. A pandemic was anticipated; it was what led to Exercise Cygnus. Yet government ignored the outcomes of its own exercise. Government let PPE stocks dwindle and degrade, and then denied there was a problem. At the very least this calls for an apology, and a transparent resolution to ensure the nation is better prepared in the future. This was what the UK did when it was crippled by WWII – it invested for a better future.

Public services for public benefit: an NHS for all

16. **There has been high praise for the NHS, yet this rings hollow, when the NHS is being systematically undermined by a growing private healthcare sector. A substantial parallel private healthcare sector leads to progressive erosion of public healthcare by cherry-picking the easy cases and the worried well, and poaching staff, and leaving the public sector to provide training, and the care of those with long-term and complex conditions.** Instead of investing in the NHS, the pandemic has been used to underwrite the private healthcare sector with public funds; Captain Tom, the centenarian who walked his garden again and again for the NHS would have been appalled to know that the X million he raised was but a small proportion of the public funds squandered on a private sector that took resources away from the NHS and failed to deliver. These actions have left the public service even weaker and even less prepared for the next challenge.

Recommendation 4:

The pandemic provides both rationale and opportunity to invest in the NHS and a public sector health and care service that could once again be the envy of the world; the UK did this in 1948 and can lead the world again now. This investment includes not only hospital beds, but the workforce, primary care, diagnostic labs, social care, and public health). We do not dismiss the private sector, but to promote it in favour of the public sector does the nation a huge disservice and weakens us for the future.

17. **There have been dire repercussions on a public health system and infrastructure severely under resourced prior to the pandemic.**
18. **The failure to maintain the NHS and social care meant they went into the pandemic on their knees** (political ideology went above public welfare, Exercise Cygnus was ignored, and this policy persists)
19. Staff have been faced with clinical situations where they were unable through no fault of their own to provide the standard of care they know is safe. **Staff witnessing greater deaths and injury and being unable to respond meant they sustained what the Inquiry heard described as 'moral injury'.**
20. The Inquiry heard that **staff morale is in dangerous decline: in many cases exhausted staff are leaving or merely waiting for the chance to do so.** This arises from long hours in dangerous conditions sustained over 16 months. Morale is further damaged by the derisory financial pay award below inflation.
21. **What has become manifestly obvious to the panel is that both those who work within the service as well as the facilities have become exhausted and decimated by austerity policy predating the pandemic, by the overload of the pandemic itself and by a deliberate diversion of funds into the private sector.**
22. As a result the **NHS has become a fractured and fragmented public service in dire need of urgent, effective reinvestment and commitment to it from government** to avoid the risk of impending collapse.

Recommendation 5

That it is possible, and urgent, to restore and grow NHS capacity and NHS staff morale with a statement of commitment to public services, backed up by urgent real terms restoration of level of funding to expand the NHS workforce and reinvigorate the publicly provided NHS and its workforce.

FINDING 5 Funding of private sector at the expense of the NHS and public health

23. **The UK public health infrastructure was side-lined because of an ideological fixation with the private sector despite obvious failures.**
24. **Procurement failed due to a culture of cronyism.** There has been grotesque financial wastage, profiteering and unmonitored, even unlawful procurement. (Confirmed by NAO reports.)
25. **The private route (eg on PPE) has failed badly and cost lives.** Restoration of NHS capacity must start immediately to achieve safe NHS care of all patients as soon as safely possible.

Recommendation 6

That the previously universally admired performance of the NHS can be restored if the Government ends its policy of bypassing and undermining public services in favour of contracts to the private sector on procurement and to provide clinical services for NHS patients in place of NHS provision.

26. The incompetence of government ministers (the catalogue of bad decisions, dishonesty and cronyism) – *Matt Hancock undeclared shares,¹ contracts for contacts,² circumstances of his resignation*
27. Centralisation of decision-making has been a failure – PPE procurement and distribution; public health policy of testing, contact tracing and isolation; block procurement of private hospital capacity; public health population measures including lockdown
28. The prevailing needs expressed by citizens in terms of principle are:
29. Basic unvarnished truth and transparency by those responsible for policy: **the public duty of candour**
30. **An unreserved acceptance of responsibility**
31. **Effective accountability entailing removal and potential prosecution**
especially where there have been clear violations of the fundamental human rights enshrined by articles 2/3/6/8 of the ECHR or grossly negligent acts or omissions by government or its agencies or where unlawful activity linked to the pandemic has been determined by the courts or by Select Committee of the House of Commons.
32. **Apology and compensation** where death, injury or loss of livelihood have ensued from unlawful activities.

FINDING 7 Public judicial inquiry

Our prime finding, from the evidence we have heard from the public behaviour of politicians handling the pandemic, is that from the start it has been and continues to be a government unfit for the purpose of safeguarding the health of the nation.

CONTEXT

For four months the People's Inquiry has steadfastly ensured that the voices of the bereaved, the experts and the citizens on the frontline have been heard, recorded and acknowledged. For four months we have done the job declined by the PM and which he has no real intention of carrying out when it matters most - which is right now - not when it is politically convenient for him some year in the future.

This stark dereliction of public duty is compounded by a serious democratic deficit in which there is no effective challenge within parliamentary system, nor respect shown by government to accountability at law. Even when caught on camera it's brushed off until the individual at the heart of handling the pandemic finally capitulates when faced with the extraordinary catalogue of malpractice and untrammelled abuse of power linked to the pandemic.

RECOMMENDATION 7

An independent public Judicial Inquiry is needed NOW

¹ <https://www.bbc.co.uk/news/uk-politics-56768601> Matt Hancock owns shares in NHS-approved firm

² <https://www.dailymail.co.uk/news/article-9728949/The-damning-emails-prove-Matt-Hancock-misled-public-friends-Covid-contract.html> damning emails that prove Matt Hancock misled the public about his friend's Covid contract

This has been accomplished in the past and can be repeated.

Its object would be twofold:

1. to reinstate and reinforce the fading principles upon which our society is based - duty of candour; transparency; acceptance of responsibility; accountability; and trust; by establishing the truth about the advent, preparation, advice, decision-making and spread of the virus
and
2. to examine and reevaluate the policies best suited to combating this pandemic in its current phase and in the future, the underlying causes, combined with its disproportionate impact upon the vulnerable, those in impoverished circumstances are often those most exposed to risk.

Michael Mansfield QC	Chair of panel
Professor Neena Modi	Professor of Neonatal Medicine, Imperial College London and president, UK Medical Women's Federation
Dr Tolullah Oni	Urban Epidemiologist & Public Health physician, Medical Research Council Epidemiology Unit, Univ. of Cambridge
Dr Jacky Davis	NHS consultant radiologist, author, BMA council member
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