Covid-19 Bereaved Families for Justice

Submission to the All-Party Parliamentary Group on Coronavirus – July 2020

Covid-19 Bereaved Families for Justice is a group of 1,450 family members who have lost loved ones as a result of the Covid-19 pandemic. We are calling for an urgent statutory public inquiry into the handling of the pandemic by the UK Government to ensure others do not experience the loss and pain that we have.

While we were pleased to hear the Government commit to an eventual inquiry, we believe this cannot come soon enough. It is essential that lessons are learnt and changes made now to help prevent further, unnecessary loss of life. As the expert report commissioned by Chief Scientific Adviser Sir Patrick Vallance shows, the UK could see about 120,000 new coronavirus deaths in a second wave of infections this Winter.¹ This in an unacceptably high cost to pay for the Government’s inability to learn from its mistakes.

At the time of writing, Covid-19 has cut short 46,000 lives in the UK. While it is impossible to put this into context, those 46,000 deaths represent around 552,000 years of potential life lost.² If we are to see another 120,000 new Covid-19 deaths this Winter, that will represent a total of 1,992,000 years of potential life lost.

The former Scientific Adviser to Number 10, Professor Neil Ferguson, said the number of Covid-19 deaths in the UK could have been halved if the government had introduced the lockdown a week earlier.³ Likewise, a member of the Scientific Advisory Group for Emergencies (Sage) Professor John Edmunds said the failure to enter lockdown sooner “has cost a lot of lives.”⁴ Since then, further evidence has mounted that if it weren’t for the significant failings in the Government’s approach, very many of our loved ones would still be here. The Commons Public Accounts Committee recently confirmed this belief, calling the decision by the Department of Health and Social Care to discharge 25,000 hospital patients into care homes without ensuring they’d been tested for the virus was “slow, inconsistent and at times negligent.”⁵

We are asking for the government to immediately convene an initial rapid phase of inquiry to identify shortcomings and mandate changes in the way the pandemic is managed as well as to gather and preserve evidence for future use. At the time of writing, a petition to hold an immediate public inquiry into the Government’s handling of the Covid-19 pandemic has reached over 160,000 signatures.⁶

From our experience as families who have lost our loved ones because of this pandemic, we believe there are areas where changes need to be made immediately to help save lives and prevent others suffering the way we have. These include:

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¹ The Academy of Medical Sciences, 14 Jul 2020, Preparing for a challenging winter 2020/21
² Estimate based on a study by the University of Glasgow, 23 Apr 2020, COVID-19 – exploring the implications of long-term condition type and extent of multimorbidity on years of life lost: a modelling study
³ The Guardian, Heather Stewart and Ian Sample, 11 Jun 2020, Coronavirus: enforcing UK lockdown one week earlier ‘could have saved 20,000 lives’
⁴ The Guardian, Rowena Mason, 7 Jul 2020, UK failure to lock down earlier cost many lives, top scientist says
⁵ Public Accounts Committee, 20 Jul 2020, Readying the NHS and social care for the COVID-19 peak, p3
• Ensuring key workers, hospital and care home staff and care workers in the community are all furnished with enough of the right PPE and that proper isolation of cases in health and care settings is ensured – all workers should have the PPE they need to keep themselves and those they work with safe and stockpiles must be fully replenished now in case of a second wave. Infection control measures in hospitals and care home settings must be robust enough to protect the most vulnerable.

• Ensuring a full, properly effective testing, track and trace system is in place - in particular ensuring everyone discharged from a hospital into a care home or their own home is tested and a result of the test received before discharge, to ensure Covid-19 is not transmitted from hospitals into other settings. Contact tracing needs to be effective to ensure isolation of cases in the community and regular testing needs to be provided for workers in care homes and hospitals to reduce the risk of transmission.

• No more late lockdowns and clear public messaging - clear and public tests set out for when a local or national lockdown will be called to ensure they happen quickly when needed with data provided to authorities as needed. Messaging in relation to lockdowns and social distancing requirements must be clear and consistent to maximise compliance.

• Feedback taken from bereaved families about the process of communicating and gaining consent for any Do Not Resuscitate (DNR) decisions and decisions on what kind of treatment to offer - ensuring patients and families fully understand this process, are supported to make their own decision and understand why clinicians are advising such orders.

• Urgent changes to access to treatment for people diagnosed with or with suspected Covid-19 – 111 processes should be reviewed to ensure that an appropriate range of symptoms are considered as indicative of severe Covid-19, that callers are listened to, believed and that patients receive appropriate care quickly. This includes not forcing people in distress to wait for treatment, ensuring tick-box questions do not miss those that need treatment and updating guidance to ensure call scripts are also inclusive of Black, Asian and ethnic minority callers. The service must have sufficient capacity to respond to elevated call volumes.

• Ensuring Black, Asian and ethnic minority groups that have been disproportionately affected are included in a review of approaches before a possible second wave – as well as reviewing existing evidence and ensuring that mitigation measures are put in place to reduce the risk going forward.

• Proper, uniform access to trauma-informed bereavement support should be provided across the country – waiting lists for free counselling ranged from 3 months to 2 years before the pandemic and many third sector organisations rely heavily on trainee and volunteer counsellors. Access to trauma and bereavement counselling varies widely across the country and this should be standardised in recognition of the traumatic nature of the loss we have experienced.

To date, the Covid-19 Bereaved Families for Justice have written to the Prime Minister and Health Secretary three times requesting to meet. Unfortunately, Mr Johnson and Mr Hancock refused, saying they were too busy to meet with the bereaved families of lost loved ones. Yet, at the same time, the Prime Minister was able to meet with cycling groups to launch a new cycling campaign.

As we move towards a potentially fatal winter for thousands of vulnerable and healthy people up and down the country, we are asking the Prime Minister to commit to an urgent inquiry now, before it is too late.

7 https://www.covidfamiliesforjustice.org/find-out-more/
8 Boris Johnson, Twitter, https://twitter.com/BorisJohnson/status/1288177270121693184
Format of the inquiry

Our views on what the format of an inquiry should be are:

- It must be a **statutory public inquiry** under the Inquiries Act 2005. The Act provides a toolbox of powers including the power to require production of documents (s.21), to compel the attendance of witnesses (s.21) who must testify on oath (s.17) and generally to ensure co-operation with the Inquiry (s.35). Furthermore, an Inquiry would afford the bereaved the ability to participate and therefore to exercise their rights under article 2 of the European Convention on Human Rights.

- The inquiry should be run in **two phases** to balance the need for comprehensiveness and timeliness. S.24 of the Inquiries Act contains specific provision for this. Examples include the Grenfell Inquiry and (prior to the Act) the Inquiry of Lord Justice Taylor following the Hillsborough disaster. LJ Taylor was appointed within days of the disaster and produced an interim report four months after the disaster. Thus, urgent issues can be dealt with quickly and other issues can be subjected to more extended scrutiny.

- The inquiry should be **both forward looking and look at accountability**. We would suggest the forward-looking part should form the first, urgent, stage in order to minimise further loss of life.

- In order to comply with Article 2 the inquiry should be **independent, official, judicial, must determine a factual narrative and allay false rumours**. It must determine accountability but not apportion blame. It must make recommendations to prevent recurrence and avoid future unnecessary deaths and suffering.

- **It must be wide-ranging.** It needs to consider all issues relating to preparedness for and response to the pandemic. Inevitably it will involve a great deal of work but the issues are so important that this should not be avoided. There is a political decision to be taken as to how steps taken by devolved administrations should be best scrutinised.

- The usual chair of an Inquiry of this nature would be a **High Court or Court of Appeal Judge**. It must be someone capable of forensic examination of varying, often diametrically opposed, professional views. The Chair should be able to reach robust conclusions independent of pressure. The Act allows for the Chair to sit with a panel, with assessors, and to obtain expert evidence. A panel would be essential. It will be important for the Chair and panel to have the confidence of the bereaved.

- The **experience needed on the panel** may develop as learning progresses but at this stage we would suggest epidemiology, virology, public health, working with bereaved, behavioural psychology and social economics. These should be matters for consultation.

- **Terms of reference** should be subject to consultation but terms for the urgent phase could be established very quickly. We have set out a list of issues in a letter before claim which has been sent to the government and which we attach for your convenience.

- The Act allows the Secretary of State to determine the scope of the inquiry but once established the Inquiry should be **independent of Parliament**. Parliament would have a role on the timing and implementation of recommendations. Parliament is responsible for ensuring the recommendations are implemented and there should be detailed scrutiny within Parliament to ensure this happens.