

Nurses United: Roundtable on the Covid-19 Public Inquiry Terms of Reference

Nurses United held a discussion group with frontline nursing staff to ask them about their thoughts on the Covid-19 Public Inquiry [Terms of Reference](#).

The [Public Consultation](#) on the Terms of Reference is open until the 7th of April. Nurses United will submit our responses as a group.

Here are the responses from the discussion:

- 1) *Do the Inquiry's draft Terms of Reference cover all the areas that you think should be covered by the Inquiry?*

In the discussion group, the majority of people said 'no' (one person wasn't sure)

If no, please explain why you think the draft Terms of Reference do not cover all the areas that the Inquiry should address.

As Nurses United - a grassroots network for nursing staff - we do not believe that the draft Terms of Reference covers all the areas that the inquiry should address:

- We need to determine why the UK is still a world leader in the deaths per capita of Healthcare professionals - this needs to be a separate category that is unpicked and examined. Including the disproportionate impact on people of colour.
- We need to look into the experiences of frontline workers who saw what was happening on the ground and who can communicate how things could have been different.
- The Terms of Reference does not cover Public Health Messaging and Framing which is important in understanding how Coronavirus and the rules were communicated to the public.
- To look in-depth at the contracts around PPE procurement - who got money how and where?
- The experiences of frontline healthcare workers in terms of staff deployment. The pressure placed on NHS staff to get patients out without testing them causing deaths in care homes.

- 2) *Which issues or topics do you think the Inquiry should look at first?*

At the start, the Inquiry should look into how the government responded to the pandemic according to what they knew. This includes the timelines and decision making around lockdown. This will help us understand where our response went wrong and hopefully save lives in future pandemics.

After this, the inquiry should look into:

- The impact of the lockdown on mental health and how the UK funds and staffs services so that they can manage fallout safely. How the vaccine was delivered to different cohorts of people and whether there were gaps in vaccine delivery across communities.
- Procurement of PPE, and the guidelines surrounding them - including why the UK's Public Health guidance on PPE is still different to the World Health Organisation.
- How Test and Trace was conducted and implemented. This all leads to questions about how prepared we were for the pandemic, and how the Government responded.
- The Inquiry should also look into as a priority at the local preparedness of NHS local. The local prevention of cases and protection of NHS staff.
- Were other frontline workers like supermarket workers also protected sufficiently.

3) *Do you think the Inquiry should set a planned end-date for its public hearings, so as to help ensure timely findings and recommendations?*

On one hand, urgent recommendations need to be put in place and so a set date for the public hearings is needed. However, we do not want to miss things. So staggered urgent recommendations might be a compromise.

Yes:

- Urgent recommendations need to be put in place. Yes, set date for the consultation.

Not sure:

- may need to do urgent recommendations sooner - but may not want to miss things
- Difficult, if we set a time deadline, we may not get all the info but I appreciate the need for an end date/ closure for it otherwise it will go on for years!

No:

- wouldn't want them to miss anything important

4) *How should the Inquiry be designed and run to ensure that bereaved people or those who have suffered serious harm or hardship as a result of the pandemic have their voices heard?*

The Inquiry should be open to anybody that wants to have their say, so multiple channels of contributing - email, zoom etc - should be allowed. We should ask the people involved to give feedback on the structure of the inquiry rather than just trying to extract information from them in the inquiry. Experts in handling trauma should have a hand in designing sessions.

- Access to the inquiry - open to anybody that wants to submit - via zoom or email. everybody's voice should be heard.

- Every bereaved family to have an advocate or legal rep to support them so families are kept up to date with processes
- We should ask the people involved to give feedback on the structure of the inquiry rather than just trying to extract information from them in the inquiry
- Ask people who have expertise in handling trauma to design the sessions