Witness Name: Jonathan Marron and Michelle Dyson
Statement No.: 4
Dated: 2 June 2025

UK COVID-19 INQUIRY

FOURTH WITNESS STATEMENT OF JONATHAN MARRON AND MICHELLE DYSON

MODULE 6 CORPORATE STATEMENT B - CHRONOLOGICAL NARRATIVE

INTRODUCTION

1. I, Jonathan Marron, Director General for Primary Care and Prevention, at the Department of Health & Social Care, 39 Victoria St, Westminster, London SW1H 0EU, will say as follows, and I, Michelle Dyson, Director General for Adult Social Care at the Department of Health and Social Care, 39 Victoria Street, London SW1H 0EU, will say as follows:

2. We make this statement in response to a request from the UK COVID-19 Public Inquiry (the Inquiry) dated 5 June 2024 made under Rule 9 of the Inquiry Rules 2006 (the Request) asking for a corporate statement on behalf of the Department of Health and Social Care (the Department) for Module 6 of the Inquiry detailing the impact of the COVID-19 pandemic on recipients of care in the United Kingdom.

3. This statement addresses questions 20 to 22 of the Request, by which the Inquiry seeks a chronological narrative of the Department's understanding, activities and response with regard to the Provisional Outline of Scope for Module 6.

4. As this is a corporate statement on behalf of the Department, it necessarily covers matters that are not within our personal knowledge or recollection. As a corporate statement involving many different areas of policy within the Department, information has been gathered from a number of sources. It has been reviewed by a corporate team who

have examined a very large number of documents. It has been shared with Rosamond Roughton who was Director General for Adult Social Care from April 2020 until July 2020. This statement is to the best of our knowledge and belief, accurate and complete at the time of signing in line with responding as far as possible within the Inquiry's deadlines. Notwithstanding this, it is the case that the Department continues to prepare for its involvement in the Inquiry. As part of these preparations, it is possible that additional material will be discovered. In this eventuality the additional material will of course be provided to the Inquiry and a supplementary statement will be made if need be.

5. As set out above, I, Jonathan Marron, am the Director General for Primary Care and Prevention at the Department. I am responsible for the sections of this statement relating to Spring/Summer 2020.

6. As set out above, I, Michelle Dyson, am the Director General for Adult Social Care at the Department. I am responsible for the sections of this statement relating to the period from Summer 2020 onwards.

JANUARY – FEBRUARY 2020: INITIAL RESPONSE AND EARLY STAGES OF THE PANDEMIC

7. **Summary:** During this period, the Department's actions focused on sharing the best understanding of COVID-19 and on preparations to respond to any outbreak. Given the limited available clinical data on COVID-19, the Department's planning was informed by previous coronaviruses that had caused severe illness Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) and on planning for pandemic influenza. Initial guidance on infection prevention and control, and guidance for adult social care was published. Established arrangements for incident response collaboration between the Department and the sector were put in place and potential ingress routes for COVID-19 into care homes explored. Pandemic Personal Protective Equipment (PPE) stockpiles were made available to wholesalers to supplement the adult social care supply chain.

8. In the very early stages of the pandemic, in line with established practice, the coordination of the emergency response rested with Local Resilience Forums (LRFs) in each local authority area. In parallel, the Department led joint work at national level, bringing sector leaders and experts together to assess expected challenges and advise on possible actions and early guidance. As it quickly became clear that COVID-19 was

a national emergency and required a far more centralised approach, the Department took urgent, further steps to expand its capacity and to reinforce its oversight. The Department progressively strengthened its engagement with (as was) the Department for Levelling Up, Housing and communities (DLUHC) (now the Ministry of Housing, Communities and Local Government (MHCLG)), local authorities and the sector to inform decision-making and better support the sector, for example with extensive operational guidance. It provided additional funding and support in kind to the sector (e.g. making Personal Protective Equipment (PPE) available to care providers), and improved and centralised its data to reinforce its intelligence-gathering and oversight.

9. In the early months of 2020, the Department's actions focused on sharing the best understanding of COVID-19 and on preparations to respond to any outbreak. Given the limited available clinical data on COVID-19, the Department's planning was informed by knowledge of previous coronavirus that had caused severe illness (SARS and MERS) and on planning for pandemic influenza **(MD/JM4/1 - INQ000106267; MD/JM4/2 - INQ000022710; MD/JM4/3 - INQ000022734; MD/JM4/4 - INQ000279877; MD/JM4/5 - INQ000216678)**.

10. On 10 January 2020, Public Health England (PHE) published 'Wuhan novel coronavirus (WN-CoV) infection prevention and control guidance' guidance for healthcare providers. **(MD/JM4/6 - INQ000325222)**. This guidance was not specifically aimed at the adult social care sector. The first guidance related to the pandemic for adult social care was issued in February 2020.

11. On 31 January 2020, the pandemic influenza preparedness stockpile of PPE (PIPP) was made available for release to wholesalers to supplement the usual supply chains to adult social care. Included in the PIPP stockpile as of 18 February in England were: type IIR face masks, FFP3 respirator masks, aprons, clinical waste bags, eye protection, gloves, surgical gowns and hand hygiene. Prior to the pandemic, adult social care providers were responsible for the procurement of their own PPE.

12. On 4 February 2020, a paper by PHE virology cell on asymptomatic transmission was presented to the Scientific Advisory Group for Emergencies (SAGE) **(MD/JM4/7 - INQ000279879)**. This outlined that it would be reasonable to assume that the early stages of illness may have lower viral load. It also noted that the current available data was not adequate to provide evidence for major asymptomatic or sub-clinical transmission.

13. Between 3 and 14 February 2020, local authorities and Local Resilience Forums (LRFs) were stepping up their response in preparation for COVID-19. More detail regarding LRFs and their role in emergencies is set out in the third joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

14. On 5 February 2020, a first Adult Social Care National Steering Group (NSG) meeting took place, bringing together national partners and representatives from the sector, to discuss the adult social care response to COVID-19. This included: consideration of the bespoke and general guidance for staff working in residential and care homes and communications across the sector as well as actions to ensure a joined- up local response led by local partners, including LRFs, Directors of Public Health (DPH) and Directors of Adult Social Services (DASS). This group met 6 times during February and early March 2020 **(MD/JM4/8 - INQ000325223; MD/JM4/9 - INQ000595344; MD/JM4/10 - INQ000595342; MD/JM4/11 - INQ000114885; MD/JM4/12 - INQ000595343; MD/JM4/13 - INQ000595346; MD/JM4/14 - INQ000595348; MD/JM4/15 - INQ000524940; MD/JM4/16 - INQ000595347)**. At the final NSG meeting on 11 March 2020, it was agreed that NSG would be stood down with partners invited to connect within their own organisations with members of the National Adult Social Care & COVID-19 (NACG). The NACG met for the first time on 6 March 2020.

15. On 11 February 2020, a departmental stocktake of pandemic preparations in adult social care took place, chaired by the Permanent Secretary **(MD/JM4/17 - INQ000049363)**. Discussion included raising awareness of the COVID-19 risks in the sector to promote prevention, preparing for Reasonable Worst Case Scenario (RWCS) planning assumptions, the responsibilities of the Department in supporting local authorities and LRFs, and possible impacts on care homes including different ingress routes. Meeting attendees agreed the response of the adult social care sector would be managed via LRFs and local authorities while the Department prioritised planning support nationally. This reflected the approach taken by MHCLG who adopted a locally led, nationally supported model. In addition, local authorities owned local influenza response plans pre-pandemic. Following this meeting, the business continuity plan was published on 28 February 2020, which confirmed that the response would be managed locally, rather than nationally. Before the pandemic, local authorities already handled flu outbreaks, and at the time it was felt that central government's role was not to directly manage adult social care, but to assist local authorities, and provide national support for the locally led

response. The National Steering Group (NSG) was partly set up to ensure that the local response could be supported.

16. Care homes were also discussed in this meeting in relation to issues around the workforce, the need for clinical advice, e.g., on isolation of symptomatic individuals, delayed transfers of care out of hospital, and moving individuals. The three possible ingress routes for how the virus could enter a care home (infected people moving into homes, staff, and visitors) were discussed and it was noted that these should be considered during the response. Further details regarding ingress routes are set out in the fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron. Operational challenges were discussed, particularly noting a "*lack of information flow*" between private sector care providers and LRFs as were the need to pursue legislative modifications to local authorities' Care Act duties and the Permanent Secretary proposed the development of an Ethical Framework for adult social care to support planning and decision-making by the sector. This was developed by the Office of the Chief Social Worker and published on 19 March 2020 **(MD/JM4/18 - INQ000106252)**. Further information about the Ethical Framework is provided in the sixth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

17. On 25 February 2020, 'Guidance for social or community care and residential settings' was published on PHE's website, having been shared with sector representatives and signed off by the Department **(MD/JM4/19 - INQ000325225)**.

18. On 3 March 2020, the Department agreed with the Care Quality Commission (CQC) that in terms of accessing the data, CQC would provide monthly care home deaths data for all causes by local authority. Data was first received by the Department on 10 March 2020. The Department then requested weekly reporting from 12 March 2020, including historical data to compare trends against. Shortly afterwards, from 18 March 2020, the Department requested daily local authority level data and this was first received from local authorities on 23 March 2020 **(MD/JM4/20 - INQ000502392; MD/JM4/21 - INQ000252648; MD/JM4/22 - INQ000325347)**.

19. More details regarding the use of data to inform decision-making is covered in the sixth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

MARCH 2020: COMMUNITY TRANSMISSION AND REVISED GUIDANCE

20. **Summary:** During this period, as the pandemic advanced and community transmission became established, the country entered its first national lockdown. The first outbreaks in care homes were reported. The Department's response to the pandemic ramped up and the team working on adult social care was scaled up. Areas of focus were agreed with Ministers including workforce, guidance and potential Care Act modifications. Guidance on care homes and infection prevention and control were revised, and the Department and PHE began working together on guidance regarding isolation, testing, PPE and funding for care homes. PPE continued to be distributed from the pandemic influenza preparedness stockpile and the National Supply Distribution Response (NSDR) hotline was established. The 'National Adult Social Care COVID-19 Group' replaced the Adult Social Care National Steering Group as the main advisory and forum for the discussion of the pandemic between the Department and key sector stakeholders.

21. In early March 2020, SAGE, which the Chief Medical Officer (CMO) attended, began advising that the pandemic was advancing more quickly than expected **(MD/JM4/23 - INQ000233762; MD/JM4/24 - INQ000109142)**. On 3 March 2020, SAGE considered a Scientific Pandemic Influenza Group on Modelling, Operational sub-group (SPI-M-O) modelling paper (dated 2 March 2020) which concluded that it was highly likely that community transmission was established **(MD/JM4/25 - INQ000325327)**.

22. On 1 March 2020, the Government published 'COVID-19: Guidance for infection prevention and control in healthcare settings' **(MD/JM4/26 - INQ000595302)** in line with expert advice. Although written primarily for the NHS, the principles were expressly said to apply to other settings where healthcare was delivered, with a specific paragraph for care homes in relation to isolation. It noted that *"infection control advice is based on the reasonable assumption that the transmission characteristics of COVID-19 are similar to those of the 2003 SARS-CoV outbreak"*. Although this guidance was not specifically issued for the adult social care sector when published, it included advice on infection prevention and control that applied to adult social care settings. Additional guidance specific to adult social care was issued later, such as '*COVID-19: how to work safely in care homes*' published on 17 April 2020.

23. Helen Whately asked to see local authority pandemic response plans and receiving two plans on or around 3 March 2020 **(MD/JM4/27 - INQ000327771; MD/JM4/28 - INQ000233758; MD/JM4/29 - INQ000233756)**. She did not consider them adequate and

raised her concerns with the Secretary of State **(MD/JM4/30 - INQ000327768)**. Following this exchange, a process for reviewing local authority plans was agreed with MHCLG and ex-Directors of Adult Social Care were asked to provide support on an ad hoc basis. The intention was to identify a small number of good plans to share as a template for other local authorities **(MD/JM4/31 - INQ000595303)**.

24. Further details regarding the Department's role in the early adult social care response to COVID-19 is detailed in the third joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron. An assessment of the adequacy of the Department's approach to adult social care in the early months of 2020 will form part of the first joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

25. On 4 March 2020, a meeting of the Adult Social Care National Steering Group was held **(MD/JM4/32 - INQ000114887)**. At the same time, the Department was receiving real-time intelligence from providers about key issues and risks that they were facing regarding contingency planning. Concerns raised by providers were about a wide range of issues, such as people with learning disabilities, infection prevention, including when people shared rooms and bathroom facilities, waste and laundry, PPE shortages, the impact of isolation on staff and residents' wellbeing, and the impact on the ASC workforce.

26. A call by PHE with 35 provider representatives resulted in similar issues being raised, but also concerns about statutory sick pay and how this would operate during COVID, and reassurance that local authorities would support providers with cash flow issues. To mitigate against the risk of staff continuing to work despite testing positive for COVID-19, on 4 March 2020 it was announced that statutory sick pay would be paid from day one of isolation for staff **(MD/JM4/33 - INQ000502351)**.

27. On 4 March 2020 Helen Whateley and Ros Roughton met to discuss ramping up the Department's social care/COVID response **(MD/JM4/30 - INQ000327768; MD/JM4/34 - INQ000327774)**. The proposal put forward by senior officials was that the Department's response should include five areas of work: (1) social care guidance; (2) communications with stakeholders (i.e. care homes, home care providers, local authorities) and central government; (3) working with local authorities and the MHCLG on contingency plans; (4) making the most of the social care workforce; and (5) exploring the need for Care Act modifications. To tackle this workload, the Department's Adult Social Care Directorate

was restructured into a new COVID-19 response organisational structure, for which new staff were recruited.

28. On 6 March 2020, the Department formed a senior leaders' group called the 'National Adult Social Care COVID-19 Group', to oversee the development and implementation of the Department's response to COVID-19 in adult social care. This replaced the National Steering Group and included representatives from the NHS, CQC, Local Government Association, PHE, as well as Carers UK, the Care Provider Alliance, the Association of Directors of Public Health (ADsPH) and the Association of Directors Adult Social Services (ADASS).

29. On 6 March 2020, the Secretary of State held an adult social care meeting with the Minister of State for Care, the DCMOs (Jenny Harries and Jonathan Van-Tam) and several officials from the Department and NHS England and Improvement (NHSE/I). The Secretary of State referred to the higher risk for older people in the adult social care sector and, therefore, the need for these problems *"to be gripped as soon as possible"*. The Minister of State for Care *"noted we need to ramp up preparedness around social care"*. It was agreed that the following areas would be worked on: workforce; financial support; data; support for non-COVID illnesses; PPE; LRFs; working with providers; communications; and the drafting of a Bill **(MD/JM4/35 - INQ000049530)**. The Department then set up a regular rhythm of daily meetings to coordinate and discuss the COVID-19 response across health and care with Ministers and senior officials in the Department.

30. From 6 March 2020, the regular rhythm of meetings included daily stand-ups chaired by Jonathan Marron with senior officials working in community and social care, daily meetings with directors general chaired by the permanent secretary and daily catch ups with Cabinet Office. There were also weekly meetings such as:

    31. COVID-19 RWCS Oversight Board chaired by the director general for global health and attended by the Permanent Secretary, Jonathon Marron, the CMO and DCMO;

    32. Oversight and Delivery meetings chaired by the Minister of State for Care and attended by Cabinet Office officials, NHS England and senior officials from the Department;

33. UK Senior Clinicians Group chaired by the CMO and attended by the Chief Social Worker and CMOs from all 4 nations;

34. Local Action Committee at Gold level response chaired by the Secretary of State and attended by Minister of State for Care, CMO, and senior officials from the Department, PHE, NHSEI, the Department for Business, Energy & Industrial Strategy and Cabinet Office; and

35. Local Action Committee at Silver response level which included the DCMO and senior officials from PHE and the Department.

36. Over the following days there were discussions between PHE and the Department regarding guidance for care homes on isolation, testing, supply of PPE, and financial support. PHE and the Department agreed to work collaboratively to develop guidance **(MD/JM4/36 - INQ000325229; MD/JM4/37 - INQ000325228)**.

37. On 10 March 2020, PHE was notified of the first suspected outbreak in a care home in Basingstoke. The first resident from this care home was admitted to hospital on 7 March after becoming ill on 6 March 2020 and subsequently tested positive for the virus in hospital. Contact tracing proceeded in line with guidance. Three further residents tested positive in the following days **(MD/JM4/38 - INQ000325230; MD/JM4/39 - INQ000325231)**.

38. On 12 March 2020, 100 cases of COVID-19 were identified across the UK. The Government announced that it was moving its COVID-19 response from the 'contain' to the 'delay' phase, after the UK CMOs raised the risk to the UK from moderate to high.

39. On 13 March 2020, guidance commissioned by the Department on care homes, 'COVID-19: Residential care, supported living and home care guidance' **(MD/JM4/40 - INQ000325233; MD/JM4/41 - INQ000325234; MD/JM4/42 - INQ000325235)** was published by PHE on Gov.uk. Three separate documents were published allowing the guidance to be tailored to specific settings. The guidance aimed to set out key messages to support planning and preparation in the event of an outbreak or widespread transmission of COVID-19.

40. On 13 March 2020, the Infection Prevention and Control (IPC) guidance titled 'Pandemic Influenza: Guidance for Infection Prevention and Control in Healthcare Settings 2020' was updated and a section titled 'Infection prevention and control guidance for pandemic

coronavirus' included revised text on the understanding of COVID-19 transmission characteristics **(MD/JM4/43 - INQ000325350)**.

41. On 14 March 2020, the Secretary of State for MHCLG wrote to the Department's Secretary of State **(MD/JM4/44 - INQ000327776)** proposing Local Authority Chief Executives, DASS and local NHS representatives should map the adult social care provision in their localities (including workforce numbers, supplies, care providers, contact details and bank details in the event money had to be provided to them). Planners from the Ministry of Defence would be assigned to each group to assist in shaping, refining and stress testing these documents. This mapping exercise was undertaken to gather more knowledge about the adult social care sector. The Department was not operationally responsible for adult social care and had only annual data on local authority commissioned care. As regards individuals who funded their own adult social care provision without any recourse to their local authority, it only had incomplete unpublished data.

42. It was understood at the time within the Department that the sector faced numerous challenges, including considerable financial strain, a low paid workforce with high turnover rates, and a long lasting and unresolved debate over adult social care reform. The CQC's 2018/2019 report noted that providers continued to exit the market, and in 2018 the CQC twice exercised its legal duty to notify local authorities that there was a credible risk of service disruption due to provider failure. Further details about the Department's understanding of the adult social care sector and the data available are set out in sixth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

43. On 16 March 2020, the Department stood up and operationalised the NSDR hotline **(MD/JM4/45 - INQ000049616)**. Providers, including care homes and other providers in the care sector, with an immediate and urgent need for PPE within 72 hours, were able to call the hotline to secure an emergency supply. On 21 March 2020, the hotline was expanded to a 24-hour service, providing around-the-clock emergency support. More details regarding PPE are set out in fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

44. Also on 16 March 2020, general guidance was issued for several sectors identifying the need for social distancing and guidance on large gatherings, called 'Guidance on Social Distancing for everyone in the UK'. This guidance was aimed at those living in their own

homes but included those who received care within their own home. The guidance said that the provision of care within the home should continue as normal essential care, such as personal care or meal preparation **(MD/JM4/46 - INQ000502354).**

45. On 18 March 2020, the Secretary of State attended a prime ministerial roundtable in No.10 bringing together several local authority chief executives, DASSs and Directors of Public Health to discuss the COVID-19 response for adult social care. The group discussed what support local authorities would need to provide continuity of service provision for vulnerable adults, funding, workforce, and guidance **(MD/JM4/47 - INQ000502356; MD/JM4/48 - INQ000595305)**. At this meeting, it was agreed the Strategic Co-ordinating Group (also known as Gold Command Group) was the appropriate dispute resolution mechanism for local issues that needed escalating, alongside regional groups like the Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA). The Department's Secretary of State cautioned against approaching the adult social care market in an uncoordinated manner, and in response the group agreed that every area should have a lead commissioner, who would be able to make decisions in real time and would in most cases be the lead commissioner of adult social care within the local authority. The Secretaries of State for DHSC and MHCLG agreed to provide a list of lead commissioners for every area, and share the data they had available in relation to the 1.4 million people who needed to shield. The purpose of this was to identify these individuals, contact them advising them to shield and provide any help, support or supplies which they may need. On the subject of communications, the Minister of State for Care said she had received reports from care providers that local authorities were either not communicating or not supportive in their communications. She requested communications be sent out to local authorities reminding them of the need to support the adult social care sector and assuring funding and support to shield the workforce would be there.

46. Early in March 2020, the Department had ensured that stock from the Pandemic Influenza Preparedness Programme (PIPP) stockpile was distributed to providers of adult social care to address immediate shortages. Between 19 and 24 March 2020, over 25,000 residential care homes received 300 fluid-resistant Type IIR masks each to support providers given the initial demand for facemasks.

47. On 20 March 2020, the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) noted that whilst there was data for people testing positive for SARS-CoV-

2 without symptoms, there was very little information regarding transmission and the data from sporadic reports of asymptomatic transmission was not convincing **(MD/JM4/49 - INQ000119619)**.

48. The Coronavirus Act was passed on 25 March 2020 with the Coronavirus restrictions coming into force (SI 2020/350) on 26 March 2020. Regulation 4 of those regulations prevented individuals from leaving their home unless various exemptions applied. The exemptions did not include visiting relatives, although they did include providing care and assistance, including personal care to someone else in another home. This allowed unpaid carers to continue to provide care.

49. During March and April 2020, the Department also produced guidance for local authorities, care homes and hospitals, on how to maintain key duties under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) **(MD/JM4/50 - INQ000502363)**.

50. In addition, in April 2020, as part of the NACG, five task and finish groups were set up initially to assist the department with the pandemic response: workforce, provider issues, data and insight, PPE and testing. The task and finish groups were established to work through issues raised by providers, users and staff, to ensure there was a plan to deal with issues raised and to ensure that we were acting rapidly upon feedback. Attendees of the Task and Finish groups included reps from PHE, LGA, and provider organisations such as Care England.

MARCH – APRIL 2020: HOSPITAL DISCHARGE AND CARE HOME ADMISSION

51. **Summary:** During this period, the picture from certain other countries was one of hospitals being overwhelmed, spikes in deaths as the need for hospital beds exceeded supply, and people dying in hospital corridors or dying without or before coming to hospital. There was an evident need to free up beds, increase hospital capacity and make staff time available for the potentially significant wave of hospitalisations which would occur due to COVID-19. Requirements under the Care Act were relaxed in order to facilitate smoother discharge.

52. Hospital discharge and care home admission will be covered in greater detail in Statement C of this Module. At paragraphs 7.128, 7.129 and 7.131 of his Witness Statement to the Inquiry dated 22 August 2023, the Government's Chief Medical Officer,

Professor Sir Christopher Whitty explains why he thought hospital discharges into care homes was less risky than doing nothing:

> *"7.128. I was not closely involved in the decisions in relation to the need to free up hospital beds by way of discharging patients to care homes. I was aware of them however, and thought that the benefits of doing so outweighed the disadvantages. To that extent, I agreed with the decision even though the impetus for it came from the NHS. It might be worth me therefore laying out why I thought at the time, and continue to think, that this was a prudent decision in which there were both risks in doing nothing and risks in acting, but where doing nothing in my view carried the greater risks.*
>
> *7.129. The first group of people who would benefit from a swift move from hospital to care homes during a rapidly expanding wave of a new infection was the older and vulnerable people who were in medical beds in hospital but were fit for discharge (i.e. they no longer had any medical reason to be in hospital and could have received equally good care in a care or nursing home). The reason for this was that we were having an exponential rise in cases of COVID-19, and it was predictable that this would first manifest itself in hospitals where sick people come. I have already laid out how COVID-19 disproportionately affected the elderly above at paragraphs 5.59 to 5.60. Keeping such individuals in hospital unnecessarily therefore exposed them to a foreseeable risk of harm (from catching COVID-19) whilst conferring no benefit on them."*
>
> *"7.131. Whilst the risk of importation of COVID-19 from hospitals to care homes was non-trivial from the time domestic transmission became established, this risk to other care home residents would only increase for every additional day that an elderly person from that care home remained in hospital during the exponential rise of cases in hospital before returning to their care or nursing home."*

53. As concerns existed around discharge, the Public Accounts Committee (PAC) recommended in Summer 2020 that a review be undertaken of which care homes took discharged patients and how many went onto have outbreaks. The resulting Consensus Statement (commissioned by the Department in November 2020 and published by SAGE on 26 May 2022) demonstrated that *"based on the very much larger associations between care home size (a proxy for footfall) and outbreaks, hospital discharge does not*

appear to have been the dominant way in which COVID-19 entered care homes". **(MD/JM4/51 - INQ000215624)**. Similarly, an unpublished PHE study found that *"hospital associated seeding accounted for a small proportion of all care home outbreaks"* **(MD/JM4/52 - INQ000234332)**.

54. On 12 March 2020, there was a meeting between the Prime Minister, the Secretary of State and senior NHS and Government officials to discuss the resilience of the NHS **(MD/JM4/53 - INQ000325240; MD/JM4/54 - INQ000279904)**. Senior NHS officials set out the NHS's plan to stop non-urgent operations and to be *"more assertive"* on long stays to ensure more bed capacity was available to treat the expected rise in COVID-19 patients.

55. On 18 March 2020, ministers agreed that the 'COVID-19 Hospital Discharge Service Requirements' should be published the following day and that funding would be provided for discharge via Clinical Commissioning Groups (CCGs), and for local authorities to meet adult social care pressures and relevant costs **(MD/JM4/55 - INQ000049702)**.

56. The Department discussed the hospital discharge service requirements guidance and its impact with ADASS and the Local Government Association (LGA). The concerns raised by these stakeholders regarding funding pressures on local authorities, were reflected in the announcement of £1.3 billion of funding on 19 March 2020, to support enhanced discharge **(MD/JM4/56 - INQ000325247)**. The hospital discharge guidance was set out ahead of this in a letter to the NHS on 17 March 2020, which outlined next steps on the NHS response to COVID-19 and actions for the NHS to take to redirect staff and resources. It was also set out in the 'COVID-19: Hospital Discharge Service Requirements' guidance published by the Department and NHSE/I on 19 March 2020 **(MD/JM4/5555 - INQ000049702)**.

57. Further details on the issue of hospital discharge are set out in the fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

58. On 19 March 2020, the Government announced £1.6 billion in additional funding to help local authorities respond to the immediate impacts and pressures of COVID-19 and this was further boosted by funding of £1.594 billion on 18 April 2020. The latter included £850 million in social care grants which were paid to local authorities **(MD/JM4/57 - INQ000106361)**.

59. As a part of the Coronavirus Act 2020, the Government introduced relaxations to the Care Act 2014 (which took effect on 31 March 2020). Further details on duties under the Care Act 2014 are set out in the third joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron. Further detail on Care Act modifications is included in the fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

MARCH – APRIL 2020: ADMISSION AND CARE OF RESIDENTS IN CARE HOMES

60. **Summary:** During this period, there was continued concern over the ability of care homes to effectively isolate COVID-19 patients, and around the risks to already vulnerable residents of discharging COVID-19 patients into care homes. The Department, along with PHE and NHSE/I, published guidance on admission and caring for residents during an outbreak and on homecare. The Enhanced Health package was established to ensure other healthcare needs were met for care home residents. As the pandemic progressed, the Department continued to respond to stakeholder feedback and queries about measures to protect care homes during the pandemic. This included questions around infection prevention control, discharge, isolation and admission of residents to care homes. It was decided that additional, bespoke guidance for care homes would provide more comprehensive advice to providers and adult social care staff. There was significant input into and discussion of the content of this guidance between PHE, NHSE, ministers and stakeholders. This is set out in more detail in the fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron..

61. On 2 April 2020 'Admission and care of residents during COVID-19 incident in care homes' was published by the Department, PHE, and NHSE/I **(MD/JM4/58 - INQ000325255)**. This provided guidance on admission and isolation of residents, testing, vaccinations, general clinical support, caring for residents with COVID-19 and outbreak management, care for people at the end of life and after death, advice for keeping staff safe and advice for care home managers.

62. The Enhanced Health package, announced on 29 April 2020, included a commitment from NHSE/I to provide the following for care homes:

    63. A named clinical lead (usually a GP) for every care home to provide better access to clinical advice through weekly check ins to review patients;

    64. Clinical teams to provide remote monitoring (and face-to-face assessments where appropriate) for care home residents with suspected or confirmed

COVID-19 cases. This included those who needed monitoring following discharge from either an acute or step-down bed; and

65. Key medical equipment such as pulse oximeters to enable remote monitoring within care homes; and returning nurses to be deployed to care homes through the Bringing Back Staff programme, as well as NHS nurses to deliver IPC training to care home staff in every area in England **(MD/JM4/59 - INQ000050497)**.

66. Further details regarding the impact of the COVID-19 pandemic on health care professionals' access to residential and nursing homes are set out in the fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

67. During the early stages of the pandemic, there were various communications from different sources counselling against the inappropriate use of do not attempt cardiopulmonary resuscitation (DNACPRs) procedures. This included, for example, a jointly written statement from the CQC, British Medical Association, Care Provider Alliance and Royal College of General Practitioners on the importance of advance care planning being based on the needs of the individual, which was sent to adult social care providers and GP practices **(MD/JM4/60 - INQ000235489)**. Further details on the topic of DNACPRs, and action taken against their inappropriate use, are set out in the fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

APRIL 2020: INFECTION PREVENTION AND CONTROL GUIDANCE

68. **Summary:** During this period and onwards, credible evidence of asymptomatic transmission started to emerge, leading to changes in advice on PPE staff movement and, as capacity allowed, a wider roll out of testing. As a result, IPC and PPE guidance was updated and published to reflect the increased risk to health and care workers associated with the high levels of community transmission in some communities. 'COVID-19: Our Action Plan for Adult Social Care' was also published.

69. On 2 April 2020, IPC guidance was updated to advise a risk assessment on the use of PPE for all episodes of care. This included adult social care settings **(MD/JM4/61 - INQ000325351)**.

70. In early April 2020, the Department worked with MHCLG to engage the network of 38 LRFs to create an emergency channel for PPE supply which adult social care providers

could go to if they were unable to obtain adequate supplies from wholesalers. The first delivery to LRFs was authorised on 4 April 2020 **(MD/JM4/62 - INQ000325261; MD/JM4/63 - INQ000327811)** and included over 35 million items of PPE. This included aprons, gloves, Type IIR masks, FFP3 masks, cleaning equipment and clinical waste bags.

71. On 4 April 2020, guidance on 'COVID-19: management of staff and exposed patients and residents in health and social care settings' was published by PHE **(MD/JM4/64 - INQ000325260)**. This guidance was for staff and managers in health and adult social care settings and included:

    72. Guidance for health and adult social care staff if they develop COVID-19 symptoms or are identified as a contact of a COVID-19 case;

    73. Guidance on isolation requirements for patients and residents in health and adult social care settings after contact with COVID-19 cases; and

    74. Guidance on when tests for COVID-19 should be performed for staff, patients and residents in health and adult social care settings, in anticipation of testing being rolled out.

75. The Department issued general guidance for unpaid carers on 8 April 2020 **(MD/JM4/65 - INQ000327821)**.

76. On 9 April 2020, UKHSA published guidance for 'Stepdown of infection control precautions within hospitals and discharging COVID-19 patients from hospital to home settings' **(MD/JM4/66 - INQ000106344)**. This included guidance on discharge to a single occupancy room in care settings.

77. On 10 April 2020, the Department produced a PPE plan setting out procurement and supply activities – focusing on guidance, distribution and future supply **(MD/JM4/67 - INQ000050008)**. The document set out the IPC guidance as updated on 2 April 2020 and the activities of the PPE parallel supply chain. This was supported by the establishment of a PPE portal to support care providers on 5 June 2020 **(MD/JM4/68 - INQ000106462)**.

78. On 15 April 2020, the Department published 'COVID-19: Our Action Plan for Adult Social Care'. This brought together a comprehensive summary of the action the Government

was taking to support adult social care. It also included significant expansion of testing, taking advantage of the additional testing capacity becoming available, and new measures to support the workforce and ensure emergency supplies of PPE.

79. To support safe discharge, there was a move to institute a policy of testing all residents prior to admission to care homes. This was to begin with all those being discharged from hospital. Guidance on isolation and care for both symptomatic and asymptomatic residents was provided. This included:

    80. A move to testing all symptomatic and asymptomatic residents prior to their admission into a care home;

    81. Testing for symptomatic care workers and their households; and

    82. Measures to support the workforce and to increase the adult social care workforce by 20,000 people over the next three months **(MD/JM4/69 - INQ000233794)**.

83. One measure introduced to support the workforce as per the action plan was the launch of a new online platform to fast-track recruitment into adult social care, supported by £3m of funding from the Workforce Development Fund **(MD/JM4/70 - INQ000327858)**. This recruitment platform allowed job seekers to record an interview and access free training supported by Skills for Care (SfC) before starting employment. It also helped adult social care employers to recruit more quickly as they could search for candidates in their local area, view their video interviews before starting Disclosure and Barring Service (DBS) checks and make job offers. The online platform was included in April 2020's Adult Social Care Action Plan and launched the following month alongside a new national adult social care recruitment campaign. Further detail on Workforce is set out in the fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

84. On 17 April 2020 'How to work safely in care homes' was published by PHE to provide guidance for care workers on the use of PPE given that COVID-19 was circulating in the community at high rates and that symptoms can differ from person to person **(MD/JM4/71 - INQ000303275)**.

85. On 18 April 2020, a letter was sent to the adult social care sector clarifying routes for access to PPE **(MD/JM4/72 - INQ000325265)**. 161 providers were invited to join the pilot

for the parallel supply chain for PPE, with an initial focus on smaller adult social care providers in particular. On 20 April 2020, the pilot phase of the PPE Portal commenced establishing further access to PPE for the sector. By 5 June 2020, all GPs and smaller adult social care providers (both domiciliary and residential) were invited to register on the Portal, and guidance was published on how they could use it to order PPE **(MD/JM4/68 - INQ000106462)**. Further detail on PPE is set out in the fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

86. On 27 April 2020, PHE published a series of resources entitled: 'COVID-19: how to work safely in domiciliary care in England' **(MD/JM4/73 - INQ000325274; MD/JM4/74 - INQ000303276)**. These resources included a document entitled: 'Personal protective equipment (PPE) – resource for care workers delivering homecare (domiciliary care) during sustained COVID-19 transmission in the UK', which set out the PPE requirements. On 30 April 2020, the resources were updated to also include two case studies on the use of PPE, specifically when putting it on and taking it off.

87. On 24 April 2020, the Department issued guidance for unpaid carers looking after adults with learning disabilities and autism on 24 April 2020, which was then updated several times through to August 2021 **(MD/JM4/75 - INQ000595311; MD/JM4/76 - INQ000328149)**.

88. Further details on IPC and PPE are set out in the fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

APRIL – MAY 2020: TRANSMISSION WITHIN CARE HOMES AND THE MAY SUPPORT PLAN

89. **Summary:** During this period, there was increased evidence around asymptomatic transmission. More data also became available on deaths of care home residents and homecare users. Testing began to become more widely available, with testing of symptomatic and asymptomatic residents and staff of care homes announced. Universal PCR symptomatic testing (therefore including unpaid and homecare carers) commenced. These actions meant that testing became more widely available to the sector. Following feedback from the sector that there was variation in the support that care providers were receiving, as part of the announcement of the Adult Social Care Plan and accompanying Infection Control Fund, the Department began additional work with local authorities to address this.

90. The Operational Response Centre (ORC) produced SitReps to provide a common situational picture from 23 January 2020 until 29 June 2020, when they became weekly. Over the course of the pandemic, the SitRep evolved and data on adult social care in England was included from April 2020, to accompany information on outbreaks, deaths, capacity, workforce, PPE and testing **(MD/JM4/77 - INQ000595306; MD/JM4/78 - INQ000595307; MD/JM4/79 - INQ000595312; MD/JM4/80 - INQ000595314; MD/JM4/81 - INQ000595316; MD/JM4/82 - INQ000595319; MD/JM4/83 - INQ000595322; MD/JM4/84 - INQ000546132; MD/JM4/85 - INQ000595323)**.

91. On the Department's developing understanding of deaths related to COVID-19, the main and most timely source of data was CQC data on notified deaths. From 10 April 2020, care providers were required to notify the CQC about deaths of their residents from COVID-19 whether confirmed or suspected. The Department used the CQC data rather than the deaths registration data which was used as the basis for the Office for National Statistics (ONS) deaths statistics.

92. Before 10 April 2020, the Department had been monitoring CQC notifications relating to care home resident and homecare user deaths from all causes. The use of data is discussed in more detail in the sixth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

93. On 5 May 2020, the Office for National Statistics (ONS) published some CQC data and this was followed by a detailed ONS report on care home deaths **(MD/JM4/21 - INQ000252648)**. The key points from this report included the following:

    94. Since the beginning of the coronavirus (COVID-19) pandemic (between the period 2 March and 1 May 2020, registered up to the 9 May 2020) there were 45,899 deaths of care home residents (wherever the death occurred); of these 12,526 involved COVID-19, which was 27.3% of all deaths of care home residents;

    95. Of deaths involving COVID-19 among care home residents, 72.2% (9,039 deaths) occurred within a care home, and 27.5% (3,444 deaths) occurred within a hospital;

    96. Of all deaths in hospital from 2 March 2020 involving COVID-19, 14.6% were accounted for by care home residents;

97. Between the period 2 March and 1 May 2020, registered up to the 9 May 2020, COVID-19 was the leading cause of death in male care home residents, accounting for 30.3% deaths, and the second leading cause of death in female care home residents, after Dementia and Alzheimer disease, accounting for 23.5% of deaths;

98. Dementia and Alzheimer disease were the most common main pre-existing conditions found among deaths involving COVID-19 and were involved in 42.5% of all deaths of care home residents involving COVID-19;

99. The Care Quality Commission collected information on recipients of domiciliary care in England. Between 10 April 2020 and 8 May 2020 there were 3,161 deaths of recipients of domiciliary care This was 1,990 deaths higher than the three-year average (1,171 deaths); and

100. The provisional number of deaths of care home residents occurring in England and Wales from 28 December 2019 to 1 May 2020, registered up to 9 May 2020, was 73,180; of these 12,526 involved COVID-19.

101. A substantial evidence base around asymptomatic transmission began to build from the beginning of April 2020. Further details on the studies on asymptomatic transmission are set out in the sixth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

102. This led to PHE and Department discussions around the need to further understand the risk of asymptomatic transmission.

103. As a result of this, and due to testing capacity now being available for this purpose, between 3 - 13 April 2020 PHE carried out two studies in care homes. The first was an enhanced surveillance study and swabbing in 95 care homes. The second was a whole genome sequencing study in six care homes (the "Easter 6 Study"). Available data was analysed and indicated asymptomatic transmission. Preliminary findings were shared with the UK Senior Clinicians Group and the Department as soon as these were available, in the week commencing 13 April 2020. The data was presented to NERVTAG on 24 April 2020 **(MD/JM4/86 - INQ000325270; MD/JM4/87 - INQ000120155)** and to SAGE on 12 May 2020 **(MD/JM4/88 - INQ000253601)**. Further details on these studies will be set out in the fifth and sixth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron, and the first Witness Statement of Michelle Dyson.

104. On 18 April 2020, a PHE deep-dive meeting into care homes took place. It was noted that there was increasing evidence of widespread transmission in care homes and that it was largely being driven by staff and staff movement between care homes. On 20 April 2020, the paper 'Preventing infection with SARS-CoV-2 in care home/residential settings: Reactive to Proactive engagement with care homes' **(MD/JM4/89 - INQ000325267)** was sent to the office of the CMO, circulated to the UK Senior Clinicians Group and discussed at their meeting on 23 April 2020 **(MD/JM4/90 - INQ000325266)**. The paper came to "*Possible Conclusions*" that there were a high number of asymptomatic or pre-symptomatic cases in staff and residents and that infection may be being imported into homes by staff.

105. The Department published guidance for those in receipt of Direct Payments (i.e. those who organised and paid for their own care in the home) on 21 April 2020 **(MD/JM4/91 - INQ000595309; MD/JM4/92 - INQ000303271)**. 'Using direct payments: guidance for people receiving direct payments and personal assistants following the announcement of the living with COVID plan' set out key messages to support people in planning and receiving their care and support safely during the pandemic, including slowing the transmission of COVID-19 and reducing the possibility of hospital admission or care breaking down. This guidance was thereafter updated to reference the latest information on local and national restrictions and required isolation periods on 24 February 2022.

106. At a meeting on 22 April 2020, discussing managing and preventing outbreaks in care homes, the Minister of State for Care agreed to move forward with policies such as restricting movement of staff between care homes **(MD/JM4/93 - INQ000325269; MD/JM4/94 - INQ000595310; MD/JM4/95 - INQ000595337)**. Further detail is set out in the fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

107. On 27 April 2020, there was a meeting with Ministers. Following the meeting, the Department was asked to come up with proposals relating to restricting care home workers to working in one home and ensuring that those workers were free from the virus whilst working On 28 April 2020, Ministers agreed to all the recommended actions set out in Annex 3 of the Department's slide pack 'Social Care: Update and Next Steps', including asking care homes to restrict permanent and agency staff to working in only one care home and mandatory isolation of new residents to care homes **(MD/JM4/96 - INQ000595313; MD/JM4/97 - INQ000325275; MD/JM4/98 - INQ000088490)**. It was also

agreed that there should be routine testing of care home staff whether symptomatic or asymptomatic. Later that day, the Government announced that testing would be expanded to include both symptomatic and asymptomatic care home staff and residents. Additional recommendations that were agreed at this meeting were included in the 15 May 2020 guidance (below).

108. The SAGE Care homes Working Group was formally established in May 2020. The group was set up to advise on the optimum testing strategy for assessing the incidence of COVID-19 in care homes and on data sources to maximise the effectiveness of infection prevention and management in care home settings. This group was replaced by the SAGE Social Care Working Group (SCWG) in October 2020, widening its focus from care homes to encompass all care sectors, including residential care settings, homecare provision and specialist e.g. learning disability settings, although noting at the outset that accessible robust data sources were very limited.

109. Testing capacity for care homes was increasing at this time. On 1 May 2020, the Department began piloting testing of whole care homes. Subsequently, 30,000 tests per day were made available to the sector and the care home portal was launched on 11 May 2020.

110. Universal symptomatic PCR testing for the public, which therefore included homecare staff and unpaid carers, was introduced on 18 May 2020. In addition, the 'Coronavirus (COVID-19) provision of home care' guidance was updated on 22 May 2020, with additional guidance around testing arrangements for homecare carers **(MD/JM4/99 - INQ000502362)**.

111. By 4 May 2020, under Pillar 2 testing, 2,984 care homes in England had received testing kits and 59,330 individual swab kits had been delivered to enable testing of residents and staff. Furthermore, 445 employers had access to the employer referral route and 44,801 individual care workers (including Scotland and Northern Ireland) were referred using the digital portal. Approximately 41,000 care home residents had been tested by this date.

112. As of 11 May 2020, care homes could request testing, in addition to the tests available to symptomatic care workers through the Gov.uk portal.

113. On 13 May 2020, the Prime Minister announced the creation of the Infection Control Fund, which was to be launched alongside the May Support Policy on 15 May 2020

(MD/JM4/100 - INQ000050496). This was a new £600 million ring-fenced fund provided to councils specifically to tackle the spread of COVID-19 in care homes, in addition to the £3.2 billion of financial support that had already been made available to local authorities to support key public services since the start of the crisis. The Infection Control Fund was extended several times and combined with funding to support testing.

114. On 15 May 2020, the Government published the 'COVID-19: Care home support package' **(MD/JM4/101 - INQ000325278)**. This was backed by the £600 million Infection Control Fund. The document set out that scientific evidence showed significant asymptomatic transmission of COVID-19 in care homes via both residents and staff, similar to transmission in the wider community. By the time a single symptomatic case is identified in a care home, the virus is likely to be already circulating amongst residents and staff. In light of this new understanding guidance was given on:

115. The importance of infection prevention and control;

116. Restricting workforce movement **(MD/JM4/102 - INQ000325286)**;

117. Comprehensive testing **(MD/JM4/103 - INQ000595308)**;

118. A PPE portal for ordering PPE had been tested and was being rolled out; and

119. Clinical support **(MD/JM4/104 - INQ000325276)**.

120. On 15 May 2020 an Adult Social Care Plan and Infection Control Fund support package was announced. As part of this, £600 million of funding was announced to help providers to deal with the pressures resulting from the pandemic. The package also provided new funding to restrict workforce movement, tests for residents and workers, clinical leads for every home, reviews of LA data to ensure that LAs had plans in place to support care homes, and a national social care recruitment campaign which aimed to recruit 20,000 people into social care **(MD/JM4/100 - INQ000050496)**. The support package was accompanied by a letter (dated 14 May 2020) from the Minister of State for Care to council leaders, local authority chief executives, directors of adult social services, directors of public health, care home providers and CCG accountable officers **(MD/JM4/105 - INQ000050497)**. This letter briefly set out what was contained in this support and how government would work with local authorities to support care homes.

121. As part of the package, the Department asked all local authority Chief Executives with adult social care responsibilities to provide a return which outlined the allocation of funds from local authorities to care homes as well as what it was spent on, and confirmation that local authorities were carrying out a daily review of local care providers.

122. The results from the returns showed that local authorities had taken different approaches, including significant non-financial support such as supplying PPE. Additionally, local authorities largely focused on suppliers who they already had contracts with. Recommendations developed from the analysis included: making the returns data provided by local authorities easier to access for providers and identifying a suitable range of 6-8 local authorities to engage in structured conversations to get an understanding of how they chose to spend their money.

123. On 22 May 2020, the Department produced guidance entitled 'Coronavirus (COVID-19): Provision of home care' **(MD/JM4/99 - INQ000502362)**. This was a resource for registered providers, adult social care staff, local authorities and commissioners who support and deliver care to people in their own homes (including supported living settings) in England.

124. On 26 May 2020, the Department asked PHE for updated advice regarding increasing PPE use for unpaid carers. PHE advised that carers living in the same household as those they cared for should wear PPE if the cared-for person had COVID-19 symptoms; however, if neither the carer nor the cared-for person had symptoms, then PPE was not required. PHE also advised that unpaid carers who were not living with the cared-for person should wear PPE when delivering care. However, it was agreed by the Minister of State for Care on 7 August 2020 that the current guidance for unpaid carers should remain due to a change in the nature of transmission of the COVID-19 virus within the community in the weeks since PHE advice was received. Whilst the virus was recognised to still be in general circulation amongst the population, the likelihood of an individual coming into contact with an infectious case, was now considerably less, so it was considered that there was no need to change the guidance to increase PPE usage by unpaid carers at this time. This guidance stated that PPE did not need to be worn by unpaid carers unless advised by a healthcare professional **(MD/JM4/106 - INQ000502366)**.

SUMMER AND AUTUMN 2020: ADULT SOCIAL CARE SECTOR COVID-19 SUPPORT AND TASKFORCE AND WINTER PLANNING 2020/21

125. **Summary:** During Summer 2020 the national COVID-19 picture was improving and the second lockdown eased – most lockdown restrictions were lifted on 4 July 2020. Against this backdrop, the Department introduced various easements, such as providing updated guidance on visiting to explain how this could now be safely facilitated and rolling out testing. The Department also looked ahead and established the Social Care Sector COVID-19 Support Taskforce, which replaced the National Adult Social Care and COVID-19 Group. The Department's response to the Taskforce report was contained in the Winter Plan published on 18 September 2020. The Winter Plan went further in some respects than the Taskforce Reform, reflecting increasing COVID-19 outbreaks in care homes in September 2020.

126. To mitigate against the risk of staff continuing to work despite testing positive for COVID-19, on 4 March 2020 it was announced that statutory sick pay would be paid from day one of isolation for staff **(MD/JM4/33 - INQ000502351)**. Clear guidance on when to isolate accompanied this and was published on 9 June 2020 **(MD/JM4/107 - INQ000106466)**.

127. On 5 June 2020, the Secretary of State announced that all staff in hospitals should wear facemasks continually to prevent further spread of the virus, and that this policy would be considered for adult social care **(MD/JM4/108 - INQ000595320)**. Following discussions with stakeholders in the adult social care sector, the Secretary of State agreed to a recommendation from officials which proposed introducing guidance to wear facemasks at all times in adult social care settings and advice from SAGE deemed that there was a "strong rationale" for extending the use of facemasks to care homes.

128. PHE guidance on PPE was updated on 15 June 2020, to recommend the use of Type IIR face masks in care homes by care home workers. On 19 June 2020, the admission and care of residents in care homes during COVID-19 guidance was also updated, to add that there were additional requirements for PPE in care homes during COVID-19 and directing people to the PHE guidance.

129. In recognition of the differing impacts of the pandemic on groups with protected characteristics, the Department produced and supported the production of guidance in

accessible formats for people with disabilities **(MD/JM4/109 - INQ000502394)**. Further details regarding inequalities and differing impacts of the pandemic are covered in the sixth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

130. The Minister of State for Care engaged with representatives of care users, including those who might be disproportionately impacted by the pandemic. She held monthly meetings with a group of care user representatives, including Think Local Act Personal, Living your dream consultancy, Inclusion London, Coalition for Collaborative Care, Disability Rights UK, SCIE, Spectrum Centre for Independent Living, Race Equality Foundation, Independent Living Strategy Group, Social Care Future, Alzheimer's Society, and InControl.

131. On 13 June 2020, the Health Protection (Coronavirus Restrictions) (England) (Amendment No 4) Regulations 2020 came into force reducing earlier restrictions on visiting in care homes. Further information regarding visiting policy is included in the fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

132. On 19 June 2020, the Department published updated guidance on the admission and care of residents during COVID-19 in a care home. This guidance clarified that residents being admitted to a care home from hospital, interim care facilities or from the community should be isolated for 14 days within their own room on admission, whether or not they had tested positive for COVID-19. Additional guidance was provided to support the isolation and care of individuals with cognitive and intellectual impairments such as dementia or learning disabilities, as well as serious mental ill health **(MD/JM4/110 - INQ000327911; MD/JM4/111 - INQ000106486; MD/JM4/112 - INQ000327857)**.

133. SAGE was asked in June 2020 for guidance on re-testing, outbreak testing and expansion of testing to other adult social care settings. Based on SAGE and PHE advice and on the Vivaldi research study into COVID-19 in care homes, the Department developed the next stages in the testing strategy for adult social care **(MD/JM4/113 - INQ000106159; MD/JM4/114 - INQ000595321)**. On 26 June 2020, a paper was sent to COVID-O, outlining the next steps in the testing strategy. Key points included: implementing whole home testing in care homes with outbreaks as quickly as possible, implementing the SAGE recommendation of weekly testing of all residents and staff in care homes without outbreaks, more testing in extra care and supported living, and to test domiciliary staff taking into account local risk assessments and any local outbreaks. These next steps followed SAGE and PHE advice and in the circumstances that there

was divergence, this was only for a limited period. Where testing capacity did not allow for full application of SAGE advice immediately, the paper explained that: "*Meeting the SAGE recommendations for adult social care therefore will require either significant escalation and acceleration of lab capacity expansion plans or large scale roll out of these new innovations.*" **(MD/JM4/115 - INQ000051079)**.

134. On 6 July 2020, regular weekly PCR testing for staff was introduced, and monthly testing for residents in older age care homes was set up.

135. Following advice from SAGE, PHE developed updated guidance advising care homes and homecare providers on what PPE would be needed in different scenarios. The guidance advised Type I or II surgical face masks should be worn by all staff when working at least 2 metres away from residents or undertaking activities (or occupying areas of the home) which did not bring staff into contact with residents. It advised to maintain 2 metres social distancing from others if needing to remove a face mask in the care home (e.g. to eat or drink), and to put on a new surgical face mask as soon as was practical. If staff had been providing care duties to residents and wearing PPE such as gloves and aprons, the updated guidance advised them to remove it and clean their hands before putting on a new Type I or Type II face mask. The Minister of State for Care cleared the guidance on 14 July 2020 **(MD/JM4/116 - INQ000327947)**.

136. In July 2020, as part of the announcement of a new £3 billion funding package for the NHS, HM Treasury (HMT) committed to an additional £588 million to cover the immediate costs of care at home for those being discharged from hospital. Following that announcement, DHSC updated the 'Hospital Discharge Service Requirements' **(MD/JM4/117 - INQ000327958; MD/JM4/118 - INQ000327959; MD/JM4/119 - INQ000327975; MD/JM4/120 - INQ000327976)**.

137. Dedicated guidance on visiting into care settings was first published by the Department on 22 July 2020 **(MD/JM4/121 - INQ000325285)** and revised throughout the pandemic in response to COVID-19 developments.

138. The Department was trying to balance the benefits of visiting in terms of a resident's health and wellbeing against the risk of disease coming into care settings, in a fast-moving situation where national guidance was frequently changing in response to COVID-19 developments. The guidance explained how visiting could be safely facilitated and managed. It stated that providers, based on the advice of their Director of Public

Health, should take a risk-based approach to allow visiting where safe. It also asked providers to develop a policy for limited visits from a single constant visitor per resident where community transmission rates were low. Further information on visiting is included in the fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron.

139. The Department published guidance for supported living settings on 6 August 2020 **(MD/JM4/122 - INQ000303268)**. 'COVID-19: Guidance for Supported Living' set out key messages so that local procedures could be put in place to minimise risk and provide the best possible support to people in supported living settings, safe systems of working and how infection prevention and control and PPE applied to supported living settings. This guidance was thereafter updated to reference the latest information on local and national restrictions and required isolation periods on 25 February 2022. Testing across the country was further scaled up throughout the rest of 2020. Pilots were undertaken to support the introduction of testing across the wider adult social care landscape, specifically:

140. Regular asymptomatic testing of staff in high-risk extra care and supported living settings was piloted from August 2020;

141. Visitor testing in care homes using lateral flow device (LFD) tests were piloted in November 2020; and

142. Regular asymptomatic testing of staff using PCR in homecare was introduced from 23 November 2020 and was extended to extra care and supported living settings from 9 December 2020. Testing was again scaled up for staff and introduced for all visitors to residential care settings from 23 December 2020.

The Taskforce and winter planning 2020/21

143. The Social Care Sector COVID-19 Support Taskforce (the Taskforce) was established on 8 June 2020. The role of the Taskforce was to ensure the delivery of the Adult Social Care Action Plan and the Care Home Support Package, as well as consider the impact of COVID-19 on the care sector over the next year, and advise on a plan to support it through this period. The final report and recommendations of the taskforce was published on 18 September 2020 **(MD/JM4/123 - INQ000502368)**. Further details on the taskforce, including a summary of the final report is set out in the third joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron

144. On 17 July 2020 by the Secretary of State to work on a Winter Plan 2020/21 for adult social care, to bring together elements of the adult social care COVID-19 response, that had been published separately up to that point, into one coherent document and translate recommendations from the Taskforce into an operational plan.

145. COVID-O considered the Winter Plan on 15 September 2020 **(MD/JM4/124 - INQ000058272)**. It approved the publication of the plan **(MD/JM4/125 - INQ000090012)**. In light of a concerning increase in positive cases in care homes and in response to a Prime Ministerial request on 14 September 2020, it also looked at more radical options going beyond the Winter Plan. Of these, it agreed that the following should be implemented: further enforcement powers relating to care homes including staff movement; strengthening of the CQC inspection regime; publishing data at an individual care home level on how much testing had been undertaken and number of positive tests; and exploring a measure to ensure that no patient was discharged to a care home unless they tested negative (the existing policy was that those testing positive could be discharged to a care home if they were isolated).

146. On 18 September 2020 the Department published the Winter Plan 2020/21 **(MD/JM4/126 - INQ000058216)**. The plan set out the Government's priorities for adult social care and key elements of national support available for the adult social care sector for winter 2020/21, as well as the main actions for local authorities and adult social care providers. The key national policies and support actions were:

147. Provide over £500 million of additional funding to extend the Infection Control Fund to March 2021, to help the care sector restrict the movement of staff between care homes to stop the spread of the virus;

148. Lead and coordinate the national response to COVID-19 and provide support to local areas, where needed, as set out in the Contain Framework;

149. Appoint a Chief Nurse for Adult Social Care to the Department (Professor Deborah Sturdy was later appointed to this position on 7 December 2020 **(MD/JM4/127 - INQ000328023)**);

150. Create, with the CQC, a designation scheme for premises that were safe for people leaving hospital who had tested positive for COVID-19 or were awaiting a test result;

151. Continue to develop and publish relevant guidance;

152. Continue to deliver and review the adult social care testing strategy in line with the latest evidence, scientific advice on relative priorities and available testing capacity. Work to improve the flow of testing data to everyone needing it;

153. Provide free PPE for COVID-19 needs in line with existing guidance to care homes and homecare providers via the PPE portal until the end of March 2021; and provide free PPE to LRFs and local authorities to distribute to adult social care providers ineligible for the PPE portal;

154. Promote the flu vaccine to all health and adult social care staff, personal assistants and unpaid carers, and make available for free;

155. Play a key role in driving and supporting improved performance of the system, working with local authorities and the CQC to strengthen the CQC's monitoring and regulation role to ensure infection prevention and control procedures were taking place;

156. Publish the new online Adult Social Care Dashboard, bringing together data from the Capacity Tracker and other sources, allowing critical data to be viewed in real time at national, regional and local level by national and local government; and

157. Publish information about effective local and regional protocols and operational procedures based on what had been learnt so far to support areas with local outbreaks and/or increased community transmission.

158. The key national actions for the NHS were that Primary Care Networks (PCNs), working with community healthcare providers, became responsible for delivering the Enhanced Health in Care homes Framework. This built on the COVID-19 care home support service announced in May 2020, and included:

159. Timely access to clinical advice for care home staff and residents, including a named clinical lead from the PCN for every care home, and weekly multidisciplinary team support;

160. Support for care home residents with suspected or confirmed COVID-19 through remote monitoring, and face-to-face assessment where clinically appropriate; and

161. Training and development for care home staff.

162. Following a discussion with the Prime Minister on 18 September 2020, work to establish designated settings commenced, into which COVID-19 positive patients could safely be discharged (residential care locations which had the facilities needed to fully quarantine residents, and where staff could be given enhanced IPC training) **(MD/JM4/128 - INQ000325287)**. The Department required every local authority to identify sufficient designated accommodation to meet demand over winter, and to have access to at least one designated location by the end of October 2020.

AUTUMN AND WINTER 2020/21: WINTER PLAN IMPLEMENTATION

163. **Summary:** During this period the risks posed by COVID-19 were high due to a second wave of the virus, and on 31 October 2020, the Prime Minister announced a new lockdown, to commence on 5 November 2020. The country moved back to a three-tier system (referring to three varying levels of restrictions) on 2 December 2020, but on 19 December 2020 tier 4 was introduced (local lockdowns), and on 6 January 2021 a national lockdown. The Department focused on implementing the Winter Plan, both creating new processes (e.g. designated settings) and tracking implementation of previously announced policies (e.g. take up of sick pay). The Department focused in particular on the roll out and take up of testing and on amendments to visiting policy as it sought to balance the risk of COVID-19 and the risk to residents' wellbeing. From December 2020, the Department prioritised residents of care homes and staff in adult social care the new COVID-19 vaccine. Options to tackle vaccine hesitancy amongst care staff were explored, including vaccination as a condition of deployment (VCOD).

164. The COVID-O Committee continued to meet regularly in this period to consider adult social care. These meetings considered the latest COVID-19 data in care homes, tracked progress with implementation of the Winter Plan 2020/21 and, as new issues arose, provided the mechanism for Cabinet decision-making on adult social care policy. A summary of these COVID-O meetings is included below, since this is the best way of tracking the adult social care COVID-19 response during this period. In addition, policy developments are listed where they fit in chronologically.

165. COVID-O meeting of 6 October 2020 **(MD/JM4/129 - INQ000325288; MD/JM4/130 - INQ000090171)**: This was the first meeting after the publication of the Winter Plan. It looked at data on COVID-19 in care homes and reviewed the Winter Plan implementation.

166. On 7 October 2020, the Department commissioned the CQC to conduct a special review, under s48 of the Health and Social Care Act 2008, of DNACPR decisions during the COVID-19 pandemic. An interim report was published on 3 December 2020 **(MD/JM4/131 - INQ000235491)** in which the CQC identified that:

    167. There was confusion and miscommunication about the application of DNACPRs at the start of the pandemic, and a sense of care providers being overwhelmed;

    168. There was evidence of unacceptable and inappropriate DNACPRs being made at the start of the pandemic;

    169. There was a quick response from multiple agencies to highlight the issue. There were differing views on the extent to which people were then (i.e., in November 2020) experiencing positive person-centred care and support in relation to the issue; and

    170. It was possible that in some cases inappropriate DNACPRs remained in place.

171. Visiting guidance was updated on 15 October 2020 **(MD/JM4/132 - INQ000325289)**. This set out tightened IPC measures, including enhanced PPE, testing and social distancing. It also introduced limits on visiting to two constant visitors per resident and stated that, for areas with a high local COVID-19 alert level, visiting should be restricted to exceptional circumstances only, such as end of life.

172. COVID-O meeting of 23 October 2020 **(MD/JM4/133 - INQ000090293)**: This meeting focused on: enforcement and action to drive local performance, in particular data on staff self-isolation and CQC IPC inspections; testing; progress in setting up discharge and isolation units (designated settings) for the discharge of COVID-19 positive individuals from hospital; and visiting.

173. Designated settings began operating in November 2020, after each location was assessed and approved by the CQC and drawing from the funding of £588 million available until the end of March 2021.

174. On 5 November 2020, visiting guidance was updated given the start of the national lockdown and risk posed by COVID-19. It was decided that, during the period of national restrictions, the sector would be supported to increase opportunities for virtual visiting and visiting where people could see each other through a window, using a pod or with a screen between them **(MD/JM4/134 - INQ000234603)**.

175. COVID-O meeting of 17 November 2020 **(MD/JM4/135 - INQ000090928)**: The paper for this meeting, produced by the Department **(MD/JM4/136 - INQ000595327)**, provided the latest data on COVID-19 in care homes. It also provided an update on the implementation of the Winter Plan. This paper focused on visiting guidance and vaccine prioritisation. Although this paper was prepared for COVID-O, the adult social care meeting was cancelled.

176. Visiting guidance was updated on 1 December 2020 **(MD/JM4/137 - INQ000325293)** and the first dedicated guidance on residents making visits out of care homes (visiting out) was published, given the end of national lockdown **(MD/JM4/138 - INQ000325292)**. This introduced testing for visitors, and given this additional IPC measure, sought to be more permissive and set out the role of local Directors of Public Health and Directors of Adult Social Services in supporting visiting unless there was good evidence to take a more restrictive approach. Visiting out guidance advised that working age residents could join their families in their homes subject to an individual risk assessment, negative test before leading, and self-isolation upon return.

177. Following JCVI prioritisation, from December 2020, the Department prioritised residents of care homes and staff in adult social care receiving the COVID-19 vaccine, and this priority remained for the second dose and the booster vaccine. The Department also continued to provide free flu vaccines to adult social care staff and residents throughout the pandemic.

178. COVID-O meeting of 8 December 2020 **(MD/JM4/139 - INQ000059200; MD/JM4/140 - INQ000091044)**: The focus of this meeting was adult social care COVID-19 testing. There were updates on action to drive compliance with the testing regime and a progress report on testing turnaround times. However, the focus was on the ramping up of testing

for adult social care from 120,000 tests to 776,500 tests per day to support all parts of the adult social care sector. A report on progress in implementing the Winter Plan was also provided **(MD/JM4/141 - INQ000091005)**.

179. In the second week of December 2020, a pilot offering free PPE for unpaid carers providing care to someone they did not live with ('extra-resident carers') was rolled out in five local authorities. This pilot was then rolled out nationally in January 2021.

180. The 'Designated Settings Guidance' was published on 16 December 2020 **(MD/JM4/142 - INQ000234652)** and updated on 25 January 2021 **(MD/JM4/143 - INQ000595329)** following a request from the Minister of State for Care (to make it clear that COVID-19 positive individuals should be discharged into designated settings unless there was a very specific health need that could not be met by a designated setting) **(MD/JM4/144 - INQ000328039)**. Further updates were made to the 'Designated Settings Guidance' on 18 February 2021 to reflect updated information in the *'Discharge into care homes for people who have tested positive for COVID-19: clarification note*' published on 13 January 2021 on 14 to 90 day testing, and to clarify the need for clinical assessments on discharge from the designated setting to a care home **(MD/JM4/145 - INQ000595328)**.

181. Visiting guidance was updated on 19 December 2020 with the creation of Tier 4. It stated that all care homes, regardless of tier, and except in the event of an active outbreak, should seek to enable outdoor visiting and screened visits. It also stated that care homes in Tier 1, 2 or 3, except in the event of an active outbreak, should enable indoor visits where the visitor had a negative test result **(MD/JM4/146 - INQ000234635)**.

182. The proposal to introduce regulations on restricting staff movement was dropped on 7 January 2021 with the agreement of the Minister of State for Care. Following this decision, guidance on this issue was further strengthened to make clear the importance of restricting staff movement as part of infection prevention and control.

183. COVID-O meeting of 11 January 2021 **(MD/JM4/147 - INQ000325299; MD/JM4/148 - INQ000325297)**: The paper for this meeting, produced by the Department, noted a survey from December 2020 which suggested that staff willingness to be vaccinated was mixed and that the Department was doing extensive work to encourage take up, but was also considering harder levers that could be deployed if take up was lower than expected. The paper noted action that had been taken to mitigate the impact of the new variant on care homes including the introduction of LFD testing for care home staff (supported by

£149 million of extra funding announced on 23 December 2020) and the stopping of visits in Tier 4 areas ('stay at home' alert level) **(MD/JM4/149 - INQ000091613)**.

184. This paper also noted that key adult social care sector partners were now unlikely to support regulations to restrict staff movement given acute workforce capacity issues and that this would instead be promoted through communications. There was also a reference to developing a new proposal for funding to support workforce capacity. This became the £120 million Workforce Capacity Fund, announced on 16 January 2021 **(MD/JM4/150 - INQ000059731)**.

185. Visiting guidance was updated on 12 January 2021 reflecting the start of national lockdown. This guidance reflected the national stay at home guidance, with indoor visits into and out of a care home only supported in exceptional circumstances. But that all care homes, except in the event of an active outbreak, should enable outdoor visiting and screened visits **(MD/JM4/151 - INQ000325221)**.

186. On 19 January 2021, the Designated Settings Indemnity Support (DSIS) scheme was launched, providing temporary, state-backed indemnity cover for designated settings which were unable to obtain sufficient insurance to operate this service. The DSIS was later extended and came to an end at the end of March 2022.

187. A follow up action from the COVID-O meeting of 11 January 2021 was to provide a report for the Prime Minister on all the key issues covered at the meeting **(MD/JM4/152 - INQ000325301)**. This was sent on 20 January 2021 and covered the current situation in care homes with regards to COVID-19 cases and deaths, as well as updates on infection prevention and control, discharge, workforce, testing and vaccinations in relation to adult social care. It was followed by a deep dive into adult social care at the regular Prime Minister dashboard meeting on 25 January 2021 **(MD/JM4/153 - INQ000325302; MD/JM4/154 - INQ000325304)**.

188. On 29 January 2021, guidance to local authorities on use of the workforce grants paid out of the workforce capacity fund was published **(MD/JM4/155 - INQ000110486)**. As part of the funding conditions, local authorities were asked to complete returns setting out how this money was being used. The returns showed that 39,000 new staff had been recruited into the sector. It was estimated that an additional 7.3 million hours of care were provided through the fund **(MD/JM4/156 - INQ000328150)**.

189. COVID-O meeting of 10 February 2021. The paper for this meeting, produced by the Department, set out the data on COVID-19 prevalence in care homes and data on vaccine roll out in care homes. This paper noted that the Department was urgently gathering more data/evidence on the reasons for vaccine hesitancy and significant activity was underway to persuade staff to be vaccinated.

190. On the question of regulatory options, a further paper for this meeting, also produced by the Department, said that the case for requiring the care home workforce to be vaccinated, would be to protect care home residents as amongst the most vulnerable to the virus, as a result of emerging evidence of staff reluctance to be vaccinated. This paper set out four options for mechanisms to make COVID-19 vaccines a condition of work in care homes.

191. In addition, the main paper for this COVID-O meeting, produced by the Department, provided an update on: the workforce capacity fund; staff pay; staff movement; designated settings; infection control; and testing. It noted that the Department was taking swift action to open up some indoor visiting ahead of the lifting of national restrictions through enabling a single named visitor to visit each resident, supported by testing and PPE. The main paper also noted that legislation to restrict staff movement may be ineffective, and that further steps were therefore being taken to restrict staff movement through non-legislative means, including the £120m workforce capacity fund and the monitoring of staff movement levels in Capacity Tracker by the Department's regional assurance teams, and intervention where ongoing staff movement was seen. It noted that updated guidance on staff movement had been produced by this point - which made it clear that routine staff movement should not be taking place, the limited exceptional circumstances where staff movement was justified and how to mitigate the risks of this with frequent testing - but that it was currently in the clearance process. These papers were prepared for COVID-O but the meeting was cancelled **(MD/JM4/157 - INQ000562876; MD/JM4/158 - INQ000595338; MD/JM4/159 - INQ000562875; MD/JM4/160 - INQ000325306)**.

192. COVID-O meeting of 18 February 2021 **(MD/JM4/161 - INQ000091741; MD/JM4/162 - INQ000325308)**. This meeting considered the care home visiting policy and other measures for inclusion in what would become the "COVID-19 Response - Spring 2021" strategy **(MD/JM4/163 - INQ000234766)**. The Committee agreed to the single named visitor proposal and also agreed to taking a decision no later than mid-April 2021 as part

of the next Roadmap stage, on whether to encourage providers to allow more visiting based on an assessment of the latest data at this point. The Committee asked the Department to work with HMT on a potential extension to the Infection Control Fund, Workforce Capacity Fund and discharge funding.

193. On 25 February 2021, the Minister of State for Care wrote to the Prime Minister **(MD/JM4/164 - INQ000325309)** setting out the latest data on measures that the Department was taking to make it as easy as possible for care workers to access the vaccine and approaches to address fear and hesitancy. The letter also sets out the option to use secondary legislation to make vaccination a condition of deployment (VCOD) in care homes, but also explored lighter touch options for example using statutory guidance.

194. On 1 March 2021, guidance entitled '*Restricting workforce movement between care homes and other care settings*' was published, following approval by the CO, PHE and No.10 **(MD/JM4/165 - INQ000502379)**. This guidance set out that care home providers should continue to limit all staff movement between settings to help reduce the spread of infection, unless absolutely necessary to meet the needs of people using the service. It outlined how to manage the risks of deploying individuals who worked in multiple settings in those exceptional circumstances where it was the only remaining mechanism to ensure enough staff were available to care for service users safely.

SPRING TO AUTUMN 2021: VACCINATION AS A CONDITION OF DEPLOYMENT, UPDATED GUIDANCE AND WINTER PLAN 2021/22 DEVELOPMENT

195. **Summary:** During this period the risk posed by COVID-19 was decreasing and the country came out of national lockdown, guided by a four-step roadmap between March and July 2021. Guidance was updated in line with this changing context. The safe level of vaccination in for staff in care homes advised by SAGE had not yet been reached, and the proposal to create a legal requirement was consulted on. A decision was taken to proceed with this on 15 June 2021, and the regulations to make vaccination a condition of deployment for those working in care homes came into force on 11 November 2021. Extending the requirement to all CQC regulated settings was also consulted on in autumn, and regulations laid in November 2021. The Winter Plan 2021-22 was developed and published. The elements of national support in the Winter Plan built on those from the previous year, with particular focus on flu infection prevention and control, on how visits to care facilities would be maintained over the winter months, and vaccination.

Vaccination as a condition of deployment

196. COVID-O meeting of 17 March 2021 **(MD/JM4/166 - INQ000325316; MD/JM4/167 - INQ000092064)**. This meeting was focused on VCOD in adult social care and health settings and considered how to implement the policy of requiring vaccination among the care workforce, together with the risks. The Committee agreed proposals to create a legal requirement (introduce secondary legislation) for those working in older age residential care homes, whilst continuing to pursue the programme of work to improve access and address hesitancy.

197. Following the COVID-O meeting, the Chancellor of the Duchy of Lancaster wrote to the Prime Minister setting out COVID-O's proposals **(MD/JM4/168 - INQ000226665; MD/JM4/169 - INQ000234310)**. It was therefore agreed to run a public consultation on the proposals.

198. The consultation on VCOD in ASC settings was launched on 14 April 2021, and concluded on 26 May 2021. The results showed that most respondents were not in favour of the proposals to introduce VCOD within care settings, with 57% not supporting the proposal and 41% supportive of the proposal. Health care providers, care service users and front-line care staff were mostly unsupportive, while care home providers and managers/directors were overall supportive. Concerns included the potential impact on staffing levels, as well as the impact on people with protected characteristics. The VCOD consultation and its results are discussed in more detail in Statement C.

199. In response to the consultation, the proposed scope of the policy was changed to cover all care homes and to include a wider range of people coming into care homes, although not visitors. This was presented in a paper at a COVID-meeting on 15 June 2021 and the Committee agreed the Department should proceed with the proposed regulations. The regulations were made on 22 July 2021 (which would come into force on 11 November 2021).

200. Extensive work was carried out by the Department over summer and into autumn to gather data on progress with vaccination uptake and actions put in place to mitigate the potential impact of VCOD. The Department made available a range of bespoke resources to support care homes and local authorities. The Department also provided £25 million specifically to support care workers to access COVID-19 and flu vaccines as part of the third round of the Infection Control and Testing Fund (ICTF) announced on 30 September

2021. On 21 October 2021, the Department announced a £162.5 million Workforce Retention and Recruitment Fund. This was intended to help the adult social care sector with workforce pressures, including those which resulted from the VCOD policy.

201. COVID-O in June 2021 also agreed that the Department would launch a second public consultation regarding whether to make COVID-19 and flu vaccination a condition of deployment within health and wider social care settings. This ran from 9 September 2021 to 22 October 2021 **(MD/JM4/170 - INQ000091970)**. Analysis of the consultation responses found that the majority of respondents were not supportive of VCOD for COVID-19 and flu in healthcare or social care. Feedback from some care provider respondents stated that they felt conflict between their core purpose of improving patient care and support and the risk that the policy would be divisive amongst the workforce and lead to recruitment and retention problems, due to vaccine hesitancy **(MD/JM4/171 - INQ000595333; MD/JM4/172 - INQ000595332)**.

202. Having considered the response to the consultation, the Secretary of State wrote to the Prime Minister on 28 October 2021 giving his view that VCOD was essential as part of confidence in health and care services. **(MD/JM4/173 - INQ000325343)**. On 9 November 2021 the Department recommended to COVID-O to proceed with VCOD in relation to COVID-19 but not flu. COVID-O agreed that the Department should proceed with the regulations as proposed. Later that day the Department published its consultation response and laid regulations to introduce VCOD across all CQC regulated settings (which would come into force on 1 April 2022) **(MD/JM4/174 - INQ000257101)**.

203. Further details on VCOD in adult social care settings will be included in fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron

Updated guidance

204. Visiting guidance was updated multiple times in Spring/Summer 2021, in line with the national roadmap out of lockdown. Guidance on visiting became progressively more permissive, as the risk posted by COVID-19 decreased and it was agreed to be clinically appropriate to enable more visiting. This included introducing the 'single named visitor' to have regular visits from 8 March 2021 (step 1), which increased to two named visitors from 12 April 2021 (step 2) and 5 from 17 May 2021 (step 3). Restrictions on visitor numbers were removed on 19 July 2021 (step 4). Further information on visiting guidance

is included in the fifth joint Witness Statement to the Inquiry by Michelle Dyson and Jonathan Marron

205. Updates were also made to the guidance around admission to care homes, to reflect the changing context during this period. On 17 May 2021, an interim update to the guidance around admission in care homes was published, which updated the previous guidance in line with the £600 million support package for care homes, and with the latest updated advice on testing and infection prevention and control.**(MD/JM4/175 - INQ000502381)** On 4 June 2021, this was updated further to reflect the change in procedure of reporting COVID-19 cases and outbreak management in care homes **(MD/JM4/176 - INQ000502382)**.

Winter plan 2021/22 development

206. Between March and June 2021, the Social Care COVID-19 Stakeholder Group, chaired by Sir David Pearson, completed a review of the effectiveness of the Department's interventions to support the adult social care sector in winter 2020/21, including those in the Winter Plan 2020/21 **(MD/JM4/177 - INQ000279947)**. The review found that broadly speaking, the Department's policies and interventions were effective at achieving their goals to support infection prevention and control measures, the workforce, as well as testing, vaccination, funding and oversight in the sector. The review made 33 recommendations to prepare for the coming winter (published 18 September 2020), which shaped the Winter Plan 2021/22 (and was published alongside the Winter Plan) **(MD/JM4/178 - INQ000087232)**. These recommendations were widely adopted by the Government, with only a few that were not adopted following consultation with key stakeholders such as making PPE for the ASC sector exempt from VAT. The recommendations covered:

207. Strengthening recruitment, financial and leadership support for the workforce by providing clear long-term strategies and contingency plans for staff shortages as well as enhancing wellbeing support for staff;

208. Maintaining where appropriate and improving where relevant IPC funding, training and guidance;

209. Continuing expanding testing capacity and improving testing take-up;

210. Improving vaccine take-up and reducing vaccine hesitancy while planning for future stages; and

211. Reviewing, refining and aligning policies and guidance and ensure they were communicated effectively to all relevant stakeholders.

212. On 13 August 2021, the Secretary of State asked adult social care officials to consider and draw up plans for a joint Health and Adult Social Care Winter Plan, which would be published instead of the standalone adult social care Winter Plan that was already in development **(MD/JM4/179 - INQ000257001)**. Departmental officials recommended that an overarching Winter Plan with separate health and care chapters be agreed on. However, discussions with NHS counterparts highlighted the difficulties involved in integrating the two plans operationally, within available timeframes. The NHS at the time was dealing with significant uncertainties around the levels of COVID demand it would be facing and future funding, as well as demand pressures, which complicated forward planning. Taking this into account, on 9 September 2021 it was agreed in a Quad meeting (between the CDL, the PM, Secretary of State, and the Chancellor of the Exchequer) that a joint Health and Adult Social Care Winter Plan should not be published; instead, a joint Health and Adult Social Care Winter Narrative **(MD/JM4/180 - INQ000257148)** would be published, following the separate publications of the NHS planning guidance and the adult social care Winter Plan **(MD/JM4/181 - INQ000595331)**.

213. On 20 October 2021, the COVID-O Committee agreed to publish the Winter Plan **(MD/JM4/182 - INQ000092237)**. On 3 November 2021, the Department published the 2021/22 adult social care COVID-19 Winter Plan **(MD/JM4/178 - INQ000087232)** alongside the completed review of the adult social care COVID- 19 Winter Plan 2020/21. The 2021/22 adult social care COVID-19 Winter Plan contained an annex, which included a response to each of the review's recommendations. Ahead of this, on 21 October 2021, the Department announced £162.5 million to support local authorities and providers to recruit and retain sufficient staff over winter, and support growth and sustain existing workforce capacity (the Workforce Recruitment and Retention Fund) **(MD/JM4/183 - INQ000257083)**.

NOVEMBER 2021 – FEBRUARY 2022 – OMICRON

214. **Summary**: At the end of November / beginning of December 2021, the Department became very concerned about the spread of the Omicron variant. In addition to concern

around the direct risk to care users, there was increasing concern about the indirect risk to care users flowing from the impact on the workforce and likely staff absences. The Omicron impact on the workforce was against the backdrop of already acute workforce pressures – since the opening up of the economy in Spring 2021 workforce numbers had fallen consistently and modelling projected further falls. The Department put in place a number of measures to deal with the threat including on IPC, vaccines and funding, as well as close monitoring of the situation on the ground. In light of the scientific advice and consultation response, a decision was taken to revoke VOCD with effect from 15 March 2022.

215. The Department closely monitored the relevant data, including on the adult social care workforce, through COVID-19 SitReps which included data on vaccination rates, sickness absence and overall workforce numbers. Engagement with the sector was also rapidly stepped up. In addition to the existing Stakeholder Group, on 24 November 2021 the Department set up the Winter Steering Group **(MD/JM4/184 - INQ000067455)**, which met monthly. The group reviewed the Omicron response planning and implementation, and shared data and intelligence. In December 2021, the Winter Operational Group was also set up and chaired by the Department. This group considered operational pressures in the system, with a focus on workforce, and ran twice weekly through to the end of January 2022, when it moved to weekly meetings **(MD/JM4/185 - INQ000257216)**.

216. The Department used all possible levers to drive uptake of vaccine boosters. On 6 January 2022, the Department set up the adult social care Vaccine Boosters Taskforce, chaired by Sir David Pearson, to drive uptake of boosters across the sector **(MD/JM4/186 - INQ000257243; MD/JM4/187 - INQ000257241)**. This group shared best practice and drove uptake of influenza and booster vaccines by adult social care staff and recipients of care. The Taskforce was stood down on 24 February 2022, having met initially twice a week and then weekly **(MD/JM4/188 - INQ000287747)**.

217. IPC measures were stepped up. Testing was increased for staff in high-risk settings (care homes, high risk extra care and supported living, and day care centres) on 15 December 2021 from two to three LFDs a week (in addition to one PCR test) **(MD/JM4/189 - INQ000092200)**. On 16 February 2022, all adult social care workers in England were moved to a new asymptomatic testing regime **(MD/JM4/190 - INQ000257264)**. Staff were no longer required to complete PCR tests but were subject to daily LFD tests on the days they were working and before they began work. This change applied to care homes,

extra care and supported living, homecare, eligible day care centres, and personal assistants. In January 2022, free PPE was extended until 31 March 2023, following a public consultation launched in October 2021 **(MD/JM4/191 - INQ000257077; MD/JM4/192 - INQ000257078; MD/JM4/193 - INQ000257079; MD/JM4/194 - INQ000287729; MD/JM4/195 - INQ000257249)**. Visiting guidance was also amended first to limit the number of visitors each resident could receive to three (not including essential care givers or preschool aged children) on 14 December 2021 **(MD/JM4/196 - INQ000287702)** and then, as the Covid risk reduced, to remove the limit on visitors on 31 January 2022 **(MD/JM4/197 - INQ000287738)**.

218. Additional funding was put in place to mitigate the impact of Omicron. On 10 December 2021 a £300 million extension to the Workforce Retention and Recruitment Fund was announced, which providers could use to pay bonuses, bring forward pay rises, fund overtime, and fund staff banks. In addition, a £60 million Adult Social Care Omicron Support Fund was announced on 29 December 2021 for local authorities **(MD/JM4/198 - INQ000257228)**. Guidance for this fund was published on 10 January 2022 **(MD/JM4/199 - INQ000257240)**.

219. Further workforce interventions were explored, including contingency options on military assistance and volunteer surge capacity. These had been explored previously, for example, in February 2020, the use of the military by local authorities to assist in adult social care was discussed within the department. Support from the armed forces was also discussed in January 2021, to assist with staff capacity in ASC. Contingency plans were also in place for a potential new variant, and these were used to develop the early advice on the response to the Omicron variant in adult social care. These plans set out a range of options for enhanced response to a new variant, including proposals to extend VCOD to care settings other than care homes, stepping up recruitment initiatives, incentives to encourage vaccine uptake, changing guidance to recommend the use of FFP3 masks in care settings, scaling up designated settings, improved comms on ventilation and stricter management of outbreaks.

220. On 23 December 2021, the COVID-O Committee agreed to make care workers and home carers eligible for the Health and Social Care visa and add frontline care roles to the shortage occupation list. This was implemented on 15 February 2022, although it was always the case that this would not impact on the ground quickly enough to assist with the Omicron wave **(MD/JM4/200 - INQ000067799; MD/JM4/201 - INQ000104522)**.

Extending eligibility to care workers for the Health and Care visa had been considered earlier. However, this was a decision for the Home Office, not DHSC and the Migration Advisory Committee had previously rejected this as a suitable option, until December 2021.

221. On 31 January 2022, a meeting of COVID-O was presented with data that showed the effectiveness of all vaccines against symptomatic infection was lower against Omicron compared to Delta and waned rapidly. It was therefore very likely that the effect of VCOD as a means of protecting patients and people with care needs was less than it had been against previous variants. In addition, the population as a whole was better protected against Omicron compared to Delta, with markedly lower levels of hospitalization and mortality. In light of these factors, the Committee decided that VCOD, both in relation to residential care homes and in relation to wider adult social care and healthcare, should be revoked and that there should be a consultation on this in order for government to take a final decision **(MD/JM4/202 - INQ000325344)**.

222. The Government launched a further consultation between 9 and 16 February 2022 regarding revocation of VCOD **(MD/JM4/203 - INQ000502384)**. The Government published its response on 1 March 2022 **(MD/JM4/204 - INQ000325348)**. In light of the scientific advice and consultation response, a decision was taken to revoke VOCD with effect from 15 March 2022 (VCOD had come into effect for those working in care homes on 11 November 2021, but was never extended to all CQC regulated settings).

FEBRUARY – JUNE 2022: GUIDANCE CHANGES AND LIVING WITH COVID

223. **Summary:** During this period, the Department's actions focussed on changes to guidance for adult social care settings to implement the Government's next steps for living with COVID. This covered areas including testing, IPC and PPE, admissions, funding and visiting.

224. On 9 February 2022, the Ministerial Oversight Group met to discuss decisions relating to DNACPR. Universal principles on advance care planning were discussed, as well as digital compatibility. Actions included an agreement to implement the advance care planning document for one year initially, as well as to pursue digital compatibility as a priority **(MD/JM4/205 - INQ000398644)**.

225. On 14 February 2022, the 'Coronavirus (COVID-19): admission and care of people in care homes' guidance was updated to reflect the change in the self-isolation period from 14 days to 10 days and provided further information on ending self-isolation before day 10.

226. On 25 February 2022, all adult social care testing guidance documents were updated to reflect the change in self-isolation no longer being a legal requirement **(MD/JM4/206 - INQ000502413; MD/JM4/207 - INQ000502412; MD/JM4/208 - INQ000502416; MD/JM4/209 - INQ000502417; MD/JM4/210 - INQ000502415; MD/JM4/211 - INQ000502414)**.

227. On 9 March 2022, the 'Coronavirus (COVID-19): admission and care of people in care homes' guidance was updated to reflect that the Government had committed (in the 'Living with COVID-19' strategy on 21 February 2022) to provision of free COVID-19 PPE to adult social care providers until March 2023 (or until the IPC guidance on PPE usage for COVID-19 was amended or superseded, whichever is sooner).

228. On 18 March 2022, a letter was sent from the Department's ASC Delivery Directorate to older adult care home providers and managers, local authorities and Directors of Adult Social Services with details of the rollout of COVID-19 Spring Boosters for over 75s. The letter outlined that, as of 6 March, over 89% older adult care home residents had received a COVID-19 booster, and set out details about how to further drive booster uptake **(MD/JM4/212 - INQ000502418)**.

229. On 22 March 2022, the 'Coronavirus (COVID-19): admission and care of people in care homes' guidance was updated to reduce the duration of outbreak management in care homes from 14 days to 10 days **(MD/JM4/213 - INQ000502419)**.

230. Various updates to guidance in relation to testing were made throughout March and April 2022. These included that visitors to care homes and hospices did not need to test for COVID-19, that there would be free testing for community admissions and free tests for visiting professionals **(MD/JM4/214 - INQ000502420; MD/JM4/215 - INQ000502428)** and that free COVID-19 tests would continue to be available to help protect specific groups once free testing for the general public ended on 1 April 2022.

231. On 31 March 2022, new Infection Prevention and Control guidance was published, which included the safe management of patients testing positive for COVID-19. The designated settings indemnity support scheme also ended on 31 March 2022 in line with the discontinuation of the designated settings policy.

232. On 26 May 2022, the Social Care Working Group consensus statement on '*The association between the discharge of patients from hospitals and COVID in care homes*' was published **(MD/JM4/51 - INQ000215624)**. This report found that:

i. *"Any person infected with COVID-19 going into a care home could introduce infection into the care home. Hospital discharge to care homes connects 2 high contact environments, where contact rates with carers in the course of care are high, and potential consequences of COVID-19 in vulnerable populations severe.*

ii. *Overall, we interpret the identified studies as showing that at least some care home outbreaks were caused or partly caused or intensified by discharges from hospital.*

iii. *However, based on the very much larger associations between care home size (a proxy for all footfall) and outbreaks, hospital discharge does not appear to have been the dominant way in which COVID-19 entered care homes.*

iv. *Hospital discharge of people to care homes without testing early in the pandemic is highly likely to have caused some outbreaks or been one of the often multiple introductions of infection to care homes which experienced an outbreak. However, it is highly unlikely to have been the dominant driver of all care home outbreaks in wave 1."*

STATEMENT OF TRUTH

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Signed:
Date: 2 June 2025

Personal Data

Signed:

Date: 2 June 2025