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Department of Health & Social Care

UK government response to the Covid-19 Inquiry Module 3 report

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Government of the United Kingdom

Department of Health and Social Care

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Ministerial foreword from the Secretary of State for Health and Social Care

The COVID-19 pandemic was one of the most significant public health challenges in recent history, placing extraordinary demands on health and care services and affecting people and communities across the United Kingdom.

Many thousands lost loved ones, often in deeply distressing circumstances, and our thoughts remain with all those affected. We also continue to pay tribute to the health and social care workers across the country who served the public with extraordinary dedication, compassion and courage in the most challenging of conditions.

The government is grateful to Baroness Hallett and the UK Covid-19 Inquiry team for their continued efforts to ensure that we learn all the necessary lessons from this crisis, and we are grateful as well to all those frontline workers and bereaved families who shared often harrowing evidence of their experiences with the Inquiry.

The Module 3 report is a sobering and important account of the impact of the pandemic on healthcare systems across the UK. It recognises both the extraordinary efforts of frontline staff and the profound pressures under which they worked.

It also shows how the pandemic exposed significant vulnerabilities in our health and care systems, including longstanding weaknesses in staffing, capacity and infrastructure, and it sets out the consequences that these had for patient care during a national emergency.

It is vital that the lessons from those failings continue to be learned and embedded to strengthen the future resilience of our health and care systems.

In many areas, that action is already underway. Our 10 Year Health Plan sets out a long-term vision to make the NHS fit for the future, delivering better, faster care, with a workforce that is more empowered, flexible and fulfilled. We are also bringing forward legislation through the Health Bill which is integral to our modernisation agenda to improve patient care, system co-ordination and accountability.

Most importantly, alongside these reforms, our new Pandemic Preparedness Strategy shows how the UK will build on the specific lessons from COVID-19, and ensure we are better ready and able to deal with pandemics in the future.

Our response to the Module 3 report takes this work further and sets out the actions we are taking to strengthen preparedness for future health emergencies. These include improving infection prevention and control governance, strengthening visiting rights, modernising health data systems through the single patient record (SPR), and

strengthening psychological, emotional and occupational health support for the health and care workforce.

We recognise that meaningful change will require partnership working across all the nations of the UK, the NHS, local government, and the wider health and care sector. We are committed to working closely with our partners to ensure that the lessons of this report are fully embedded at every level, and in every region. We will continue to work on these issues to turn the lessons identified in the report into lasting change and ensure the country is better prepared for future threats.

We owe it to all those who suffered during the pandemic, and all those who served on the frontline of that health crisis, to ensure that the failings of the past have been properly acknowledged and addressed, and that a stronger, more resilient health and care system will be built for the future.

Introduction

The UK Covid-19 Inquiry (the Inquiry) was established in June 2022 with the aim of examining preparations and the response to the pandemic in England, Wales, Scotland and Northern Ireland, as well as learning lessons for the future. The Inquiry's chair, Baroness Heather Hallett, has been investigating a range of issues through the Inquiry's 10 modules.

Module 3 examines the impact of the pandemic on healthcare systems, patients and healthcare workers across the UK. It assessed capacity in urgent and emergency care, infection prevention and control (IPC), supplies of personal protective equipment (PPE) and medical equipment, visiting restrictions, shielding, and the impact on vulnerable people and the provision of end-of-life care. It also assessed the long-term impacts on non-COVID-19 related healthcare. On 19 March 2026, the Inquiry published its Module 3: the impact of the Covid-19 pandemic on the healthcare systems of the United Kingdom report.

This publication sets out the UK government's response to the Module 3 report. It focuses on the Inquiry's 10 recommendations, but other findings made in the full report have been shared with policy teams for consideration. The government will oversee the implementation of the commitments made in this response, and ensure that progress is recorded and tracked using our UK Covid-19 Inquiry implementation dashboard. We will continue to develop these commitments into lasting change and ensure the country is better prepared for future threats. The next update on progress will be published in May 2027.

As health is a devolved matter in the UK, our response sets out the ways in which the recommendations have been considered and acted on, and where further action will be taken in England. However, a co-ordinated approach supports effective health outcomes for people across the UK. In responding to the Module 3 report, we have worked closely with the devolved governments to collaborate on and align measures, and share learning and best practice.

The government agrees that the impact of the pandemic was felt particularly acutely within the health and social care system. We are committed to learning the lessons from the Inquiry, and investing in and reforming the health service to make it fit for the future so that it is there for people when they need it. As such, the government broadly agrees with the chair's recommendations and sets out actions to address all of them.

While the Module 3 report is focused on healthcare systems, the upcoming Module 6 report will consider social care. Teams across health and social care have worked together to strengthen join-up between health and social care services, so that people experience more integrated and person-centred care.

The government's response to each individual recommendation is set out in the remainder of this publication, including the following improvements made since the COVID-19 pandemic:

- the 10 Year Health Plan for England: fit for the future, published in July 2025, laid out the government's plan to fundamentally reform the NHS, and seize the opportunities provided by new technology, medicines and innovation. The 10 Year Health Plan will deliver better, faster care for communities across England – no matter where they live or how much they earn – and better value for taxpayers. It sets the ambition to establish staff treatment hubs to provide mental health support to the workforce, along with the introduction of new standards that will hold organisations to account for the health and wellbeing of their staff

- the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA) conducted Exercise Pegasus in autumn 2025, a national exercise on the UK's preparedness for a pandemic that aimed to test the government's ability to respond quickly and effectively during a prolonged crisis. The final phase of the exercise, centred around recovery, has taken place across summer 2026. A post-exercise report including learning and findings will be published in winter 2026

- DHSC published a new Pandemic Preparedness Strategy: building our capabilities in March 2026, which outlines the UK government's ambition for pandemic preparedness to 2030 and replaces the outdated UK Influenza Preparedness Strategy 2011. It built on the lessons of the UK Covid-19 Inquiry and initial findings from Exercise Pegasus. The strategy will be reviewed in 2028 to ensure it incorporates findings from the Exercise Pegasus report, later UK Covid-19 Inquiry modules, and evolving scientific and operational evidence

- the government introduced the Health Bill in Parliament in May 2026 to reduce inefficiency, drive innovation and support early intervention to help people stay well for longer. The Health Bill will strengthen democratic accountability and the focus on patient care by ending wasteful duplication and ensuring our NHS is better able to deliver. It will also improve patient safety and experience through a new SPR that enables joined-up, proactive care and empowers patients.

- work is underway to establish a new departmental UK IPC expert advisory committee to provide independent specialist, expert advice on IPC

- the introduction of Regulation 9A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on 'Visiting and accompanying in care homes, hospitals and hospices' ('Regulation 9A') in April 2024. A post-implementation review of Regulation 9A, which was published in March 2026, identified important areas for

development and improvement to strengthen visiting rights and embed cultural change across health and care settings

The government is committed to actively engaging with the Inquiry and awaits Baroness Hallett's findings and recommendations in subsequent module reports as she continues her important work.

The government response to each of the Inquiry's recommendations follows.

Recommendation 1

Ensure that decision-making on infection prevention and control is underpinned by clear structures and a cautious approach to transmission risk

“The UK government must ensure that there is a body (equivalent to the UK Infection Prevention and Control Cell) in place ready to be convened at the outset of any future pandemic, to consider and draft infection prevention and control guidance for healthcare settings. This body must:

- have clear lines of responsibility and a clear, pre-defined role and remit during a pandemic;
- have multidisciplinary membership, including experts in the science of viral transmission as well as those with clinical expertise;
- ensure that its guidance accounts for the risk of all plausible routes of transmission until sufficient evidence emerges to rule out specific routes; and
- ensure that guidance clearly explains the underlying rationale for the precautions recommended.”

Government response to recommendation 1

The government recognises the importance of clear, accountable structures to support IPC decision making during a pandemic and agrees with the Inquiry’s recommendation.

The government will establish mechanisms to rapidly consider and review recommendations from an appropriate IPC expert advisory committee during a pandemic, ensuring that guidance can be updated in line with emerging evidence. Across England, the government will ensure that IPC decision-making structures, including a new IPC expert advisory committee and associated IPC Cells responsible for translating recommendations from the committee into guidance:

- have clear roles, remits, responsibilities and governance
- draw on a wide range of expertise, including clinical, public health and transmission science

Guidance will continue to take a precautionary approach to transmission risk, reflecting all plausible routes of transmission until sufficient evidence allows them to be ruled out. It will clearly set out the rationale underpinning recommended measures, supporting transparency and consistency in decision making.

As health is a devolved matter, the UK government and devolved governments are each responsible for IPC arrangements within their respective health systems. However, working together on a UK-wide basis is essential, including developing a structure that can be rapidly convened, where appropriate, to provide timely, multidisciplinary IPC advice at the outset of any future pandemic. We are working closely with the devolved governments to support effective co-ordination and information sharing across the UK.

For adult social care in England, updated IPC in adult social care settings guidance will be published in winter 2026 to strengthen resilience to infections and outbreaks across the sector. DHSC is working closely with UKHSA to ensure the guidance:

- is relevant, proportionate and effective in managing future pandemic risks
- supports safe care across settings

Recommendation 2

Guidance for visiting restrictions

“The UK government, Scottish Government, Welsh Government and Northern Ireland Executive should publish guidance for the implementation of visiting restrictions in hospitals in the event of a future pandemic.

“The guidance should identify the circumstances in which visiting restrictions should be introduced, escalated, decreased and removed alongside the measures and exemptions at each level. The guidance should be led by the following core principles:

1. Measures applied should be the least restrictive possible, both in terms of severity and the length of time for which they apply.

2. Restrictions should be decided upon and applied at the most local level.

3. Unless restrictions are applied at a specified level, trusts and health boards should take decisions on the severity of restrictions based on local risk.

4. Communications with the public must clearly explain the measures in place and the reasons why restrictions apply.

“The guidance should be reviewed every three years in line with the Inquiry’s Module 1 Report (Recommendation 4).”

Government response to recommendation 2

The government recognises the importance of human connection and contact with those who matter most, which are fundamental to people’s health and wellbeing. We agree with the Inquiry recommendation to publish additional guidance on visiting restrictions, to support decision-making in the event of a future pandemic.

The COVID-19 pandemic highlighted the profound impact that restrictions on visiting can have on individuals and their families. The government introduced Regulation 9A in April 2024 to help set clear expectations for visiting and accompanying in care homes, hospitals and hospices in England. The regulation sets out expectations for providers to facilitate visits from people that service users want to see and assumes that in-person visiting should be allowed wherever possible.

DHSC and NHS England have been working in partnership on a post-implementation Review of Care Quality Commission (CQC) Regulation 9A: visiting and accompanying in care homes, hospitals and hospices to assess the effectiveness of the regulation, which was informed by a wide range of evidence. The outcome report was published at the end

of March 2026 and identified important areas for development and improvement to strengthen visiting rights and embed cultural change across health and care settings. DHSC has launched a programme of work to improve awareness, standardise decision making, and strengthen data collection and monitoring across all care settings.

The government is working to improve the implementation of Regulation 9A and will align this work with the Inquiry's recommendation. DHSC and NHS England will develop principles for the additional guidance, which will sit alongside CQC's existing Regulation 9A: visiting and accompanying in care homes, hospitals and hospices statutory guidance. Working in partnership with devolved governments, DHSC and NHS England will develop and agree to the application of a consistent and shared set of principles to support decision making using a person and family-centred approach. This additional guidance will incorporate the 4 core principles set out in the Inquiry's recommendation.

The government recognises that each nation requires their own approach to visiting restrictions guidance due to differences in local regulatory requirements. The additional guidance will be developed in partnership with stakeholders across health and social care to ensure it is robust and practical.

Recommendation 3

Better preparation for fit testing

“The UK government, Scottish Government, Welsh Government and Northern Ireland Executive should work with employers, including health boards and trusts, to review the availability of qualified fit testers and take steps to increase the number of fit testers accordingly. Availability should be reviewed every three years in line with the Inquiry’s Module 1 Report (Recommendation 4).

“The Health and Safety Executive and the Health and Safety Executive for Northern Ireland should update their guidance to employers to emphasise the need to ensure that sufficient fit-testing capacity is available.”

Government response to recommendation 3

DHSC is committed to improving oversight of the availability of qualified fit testers and fit-testing capacity in health and social care, which are essential to ensure that, where face-fitting respirators are recommended for use in a pandemic response, they can be fitted properly to the user’s face and provide the right level of protection.

Work is already underway to support fit testing of a diverse workforce to appropriate respirators. DHSC published the Pandemic Preparedness Strategy, which reinforces the commitment that a whole-system response to a pandemic will be supported by appropriate PPE underpinned by evidence-based IPC. It also takes a wider view to ensure that pandemic planning covers both the healthcare and adult social care workforce.

The Strategy includes a commitment to explore how DHSC and the NHS can work together with local health and social care systems to improve fit-testing rates and capability. DHSC is already exploring ways to rapidly increase fit testing during a pandemic if required, including through market engagement and understanding of practical implementation models that could be implemented at pace.

In parallel, work is being done to explore improving and sharing of fit-testing capacity across health and adult social care. This will be actioned through the adult social care pandemic action plan, which is due to be finalised in 2027, recognising the importance of a joined-up approach across the system and equitable access to protection.

The government is also working to improve centralised recording of fit-testing activity and encouraging employers to use consistent reporting tools, where available. As part of this, there will be continued engagement with NHS trusts to reinforce:

- employers’ responsibilities for fit testing

- the importance of fit testing for pandemic preparedness and winter resilience

The government recognises that maintaining sufficient fit-testing capacity outside of a pandemic presents significant operational and financial challenges. This will require further work to confirm funding mechanisms to implement, including agreement on expectations and associated targets for fit testing in health and adult social care settings.

As health is a devolved matter, the government recognises that approaches to fit testing vary across the UK. We are committed to working with the devolved governments to seek alignment of approaches and understand differences in order to support consistent and effective health outcomes across the UK.

The government agrees with the Inquiry that guidance to employers should emphasise the need to ensure sufficient fit-testing capacity is available. The Health and Safety Executive intends to update its Pandemic preparedness and response guidance to employers by the end of 2026.

Recommendation 4

Improve data systems to identify individuals at high risk during a pandemic

"The UK government, Scottish Government, Welsh Government and Northern Ireland Executive must ensure that health data and digital systems have the capability to identify individuals at high risk of morbidity or mortality from a pandemic disease quickly and accurately in a future pandemic. This should include action to improve health data systems and patient record-keeping by:

- improving patient data by enabling more granular diagnostic coding;
- ensuring that care records are compatible across primary and secondary care; and
- enabling secure data-sharing and linkage across multiple health datasets and systems for identifying individuals at high risk."

Government response to recommendation 4

The government agrees with the Inquiry that data systems need to be improved to identify individuals at high risk during a pandemic. The government's 10 Year Health Plan and existing data policy work provide a strong foundation to achieve this.

The Health Bill currently progressing through Parliament contains a power to create the SPR, and the legal framework that will underpin it, which will bring together patients' health and social care records together in one place. This aims to support a more complete and accurate understanding of a person's health and care needs, enabling better identification of those at higher risk and more effective decision making during a pandemic.

The SPR will be developed in phases, building on existing health and care source records and expanding over time to cover more care settings and specialist services. This phased approach will help to ensure that we get it right.

The government is also planning to reform the Health Service (Control of Patient Information) Regulations 2002 ('COPI regulations') to enable more effective use of data across multiple health data sets and systems, with proper safeguards in place. The COPI regulations:

- govern processing of confidential patient information for purposes beyond a person's care (for example, for planning NHS services and research)
- provide a legal gateway for the use of data for planning and optimising NHS services

The reforms would support more effective planning, risk identification and response during future health emergencies. Any changes will be made transparently, following engagement with stakeholders and the public through consultation.

Alongside this, we support the use of Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT), the preferred global standard for granular diagnostic coding that was made available to all NHS care sectors from April 2003 and became extensively used by primary care from 2016. We will continue to support greater use of these tools to strengthen the availability of granular data coding across primary and secondary care.

Through the Digital Medicines Programme, NHS England is also committed to ensuring the granular and consistent coding of medicines information across care settings, supporting improved interoperability and safer, more effective use of data.

The government is also working to improve the quality, consistency and completeness of ethnicity data. NHS England's Ethnicity Recording Improvement Plan, published in October 2025, sets out actions to strengthen recording practices across NHS systems and support better understanding of health inequalities and risk factors.

The Unified Information Standard for Protected Characteristics (UISPC) programme, commissioned by DHSC, started scoping work in 2020 and has since reviewed workforce, patient and survey data sets to develop robust, evidence-based recommendations for updating equality monitoring across the NHS in England. It proposes standardised improvements to protected characteristic data, including ethnicity, with the intention to run a public consultation and engagement programme in autumn 2026.

These proposals are intended to improve equality monitoring data (for example, ethnicity, disability, sex and religion), which were identified as critical to the development of the Shielded Patient List. The UISPC is a promising development, rather than an established solution, for strengthening the health system's ability to identify individuals at high risk by reference to protected characteristics.

Improvements to adult social care data are also needed and will be taken forward to enable identification of individuals at higher risk during a pandemic.

The government is committed to working with devolved governments on improving comparability and data sharing across the UK.

Recommendation 5

Prepare to scale up urgent and emergency care capacity

“The UK government, Scottish Government, Welsh Government and Northern Ireland Executive, in conjunction with organisations responsible for delivering services, should plan for surge capacity in urgent and emergency care during a pandemic.

“Plans must ensure that there is sufficient workforce capacity and the ability to surge, including the number and type of staff required, recruitment and training provision.

“This should be completed as part of the whole-system civil emergency strategy recommended in the Inquiry’s Module 1 Report (Recommendation 4). Plans should be published and subject to review every three years.”

Government response to recommendation 5

The government agrees with the Inquiry that it is important to continue to prepare to scale up urgent and emergency care capacity. We note the Inquiry focused on the following 3 elements in its findings:

- NHS 111
- ambulance services
- urgent treatment centres

Following the initial stages of the COVID-19 pandemic, the NHS 111 service has continued to develop its role as an integrated entry point to urgent care.

Links with a growing range of services (including direct access to mental health crisis support and enhanced paediatric advice) have been established, as well as mechanisms for onward referral and direct booking of services.

In addition, digital access through 111 Online and the NHS App has further improved accessibility and made it easier for patients to navigate. However, 111 is not scaled to be a pandemic response platform.

NHS England will work together with UKHSA and DHSC to scope the feasibility of a programme of work and develop a detailed delivery plan to ensure that 111 capacity can be scaled up rapidly during a pandemic or other emergency response.

Likely areas of work include:

- developing a nationally co-ordinated response model
- ensuring additional staff can be deployed quickly when needed
- improving digital assessment tools
- clarifying how clinical assessments are provided
- enhancing decision support systems so that people's existing health conditions are better reflected in urgent care assessments

The work will also contribute towards the commitments made in the Pandemic Preparedness Strategy, referenced in the UK government response to recommendation 4 of the UK Covid-19 Inquiry Module 1 report. The commitments include:

- expanding universal access to healthcare during a pandemic, particularly at home or in the community, through NHS 111, 119, NHS Online and the NHS App
- exploring how these services can work together with UKHSA's emerging Surge Response Service platform

In addition to these commitments, DHSC and NHS England will explore setting out high-level expectations for how ambulance services would respond if demand surges during a pandemic, including how alternative community pathways could support treatment closer to home. This will be supported by ongoing winter planning in the NHS, which will capture lessons learned and help formalise the role of these pathways in future surge scenarios.

The government recognises that effective surge planning requires a whole-system approach that supports a patient's journey from urgent and emergency care through to discharge and recovery. NHS England and DHSC will work with system partners, including integrated care boards (ICBs), NHS trusts, local authorities and local resilience forums to understand the feasibility of publishing pandemic plans for each local system.

As health is a devolved matter, approaches to managing urgent and emergency care pressures varies across the UK. However, the government is committed to working with the devolved governments to support consistent and effective outcomes.

Recommendation 6

Prepare for and test the ability to scale up hospital capacity

“The UK government, Scottish Government, Welsh Government and Northern Ireland Executive should work with trusts and health boards to ensure that pandemic plans include practical steps to rapidly scale up hospital capacity to treat acutely unwell patients. This should include critical care services that can deliver multiple levels and types of organ support. It should also cover necessary equipment, supplies, space and staff, including redeployment and training.

“All trusts and health boards must keep an easily accessible, up-to-date record of the information needed to implement these plans in the hospital sites they operate. This should include technical aspects of critical care expansion such as power, ventilation, oxygen and waste management systems.

“Plans for expanding capacity should be published, subject to review every three years and tested as part of the pandemic response exercises recommended in the Inquiry’s Module 1 Report (Recommendation 6).”

Government response to recommendation 6

The government agrees with the Inquiry that it is important to continue to prepare to scale up hospital capacity and to regularly test this ability, ensuring that the system can respond effectively during a pandemic.

Pandemic planning is a continuous process at national, regional and local levels. NHS regions, trusts and ICBs will continue to be expected to demonstrate that plans are current, achievable and regularly tested, with assurance provided through Emergency Preparedness, Resilience and Response Frameworks and aligned with national standards. NHS England also uses the winter planning process to assess the system’s response to periods of extremely high demand.

NHS England will scope the feasibility of work to review and strengthen surge planning across critical care and specialised services.

This could include:

- setting out clear actions for NHS trusts to take at different levels of pandemic-related pressure in a simple framework, building on CRITCON and PICCON frameworks. CRITCON is a tool used by adult intensive care units (ICUs) to measure and reflect real-world ICU pressure. PICCON is the paediatric equivalent of CRITCON, which is used to benchmark how pressured a paediatric critical care unit is

- ensuring bed capacity is maintained at necessary baseline levels and can expand if needed

- reviewing surge planning for other linked specialist services (such as maternity, kidney support and advanced life support)

NHS England will also consider how capacity can be expanded safely, including ensuring that workforce redeployment is supported by appropriate training, supervision and clinical governance, availability of transport, flexibility and design of estates, and the use of temporary capacity where required.

Taking forward these improvements will form part of wider work to strengthen resilience across the health and care system, including commitments from the Pandemic Preparedness Strategy to improve plans and assess capacity for surging specialist in-hospital care. This work will also incorporate lessons identified from Exercise Pegasus and recent high-consequence infectious disease responses.

The government recognises that an effective response from critical care services to a pandemic depends on the resilience of the wider system, including:

- alternatives to hospital admission

- timely and safe discharge

- access to the supplies and infrastructure needed to support expanded capacity

Work to strengthen discharge planning and develop an adult social care pandemic action plan are set out in the Pandemic Preparedness Strategy and will support this whole-system approach.

As health is a devolved matter, approaches to managing hospital capacity across the 4 nations vary across the UK. However, the government is committed to working with the devolved governments to support consistent and effective outcomes.

Recommendation 7

A framework to guide the allocation of intensive care resources in the extreme event of saturation

“The UK government and devolved administrations should publish a UK-wide framework setting out ethical and operational principles to guide the allocation of adult intensive care resources in the extreme event that they are saturated during a pandemic.

“That framework must:

- be informed by comprehensive engagement with the public and developed in conjunction with professionals across healthcare, law and ethics, as well as with regulators of healthcare professionals;

- set out clearly established triggers for its use, based at least in part on a UK-wide system that measures critical care capacity strain and facilitates mutual aid (such as the CRITCON tool used in England);

- establish clinicians’ legal and professional duties in applying the framework, which should be clearly explained to clinicians through guidance; and

- be regularly reviewed with reference to contemporary patient data during a pandemic, and any future use of it must be evaluated and reported on publicly.

“A plan and timeline for completing this work should be published within six months of this Report.

“Application of the framework should be tested as part of the pandemic response exercises recommended in the Inquiry’s Module 1 Report (Recommendation 6).”

Government response to recommendation 7

The government recognises the importance of clear and consistent principles upon which to guide decisions on the allocation of critical care resources in the most extreme circumstances. We are clear that all reasonable steps should be taken to avoid such situations arising, including through strengthening system capacity and resilience.

As health is a devolved matter, approaches to managing pressures on critical care services vary across the UK. The government is committed to working collaboratively with the devolved governments to support a consistent and effective response.

The work described in response to recommendations 5 and 6 above is being scoped to strengthen preparedness and reduce the risk of services becoming overwhelmed.

Where actions are insufficient to mitigate the risk of exceeding intensive care capabilities, consistent principles have a role in supporting fair and informed decision making on the allocation of resources. The government will explore developing a recognised set of principles to be applied when considering the allocation of adult intensive care resources in the extreme event that they are saturated during a pandemic.

However, as there are complex and nuanced policy considerations, it will take the government longer than 6 months to develop a plan and timeline for completing this work. We are considering how to approach this work and what would best suit the existing health systems across the UK. We will provide an update in May 2027 through the UK Covid-19 Inquiry implementation dashboard.

The government recognises that co-ordination and opportunities to use mutual aid are maximised by having a shared understanding of how pressures on intensive care services are described and measured.

We will work together with devolved governments to harmonise the use of triggers and measures of the pressures on critical care capacity (such as the CRITCON tool used in England) to facilitate mutual aid (how healthcare organisations, regions and nations support each other when services are under strain).

The government also understands the importance of stakeholder engagement in developing this work. We will work with law and ethics professionals, regulators, expert advisory groups, clinicians and system leaders to establish:

- which principles and guidance are needed to support decision making in the extreme event of saturation
- how this can work alongside professions' existing codes and guidance

We will engage with the public and patient groups to ensure that a wide range of views is considered, and the outcome is guided by patient voice and practitioner insights.

This work will consider the complex wider operational context, including:

- existing surge arrangements
- whether reasonable mutual aid is exhausted
- whether other services, including elective care, should be stood down to support critical care
- the availability and sharing of data

It will also explore whether these principles could apply across different services, including paediatric care, which aligns with the Pandemic Preparedness Strategy aim to improve plans and assess capacity for surging paediatric and specialist in-hospital care.

Developing the outcome of this recommendation will also contribute to the update of NHS England's Framework for managing the response to pandemic diseases, as committed to in the Pandemic Preparedness Strategy. This framework focuses on the actions the NHS and government would take, as services come under increasing strain during a pandemic, to seek to avoid services becoming saturated.

Clear communication and careful consideration of unintended consequences upon public, staff and patient behaviours will be necessary, alongside managing expectations about when and how the principles could be applied. Balancing the need for consistency, but also the ability for clinicians to make decisions based on the needs of the individual patient and context, will be important.

Taken together, this work will help ensure that, in the most extreme circumstances, decisions are guided by clear, consistent and evidence-based principles, while maintaining a focus on patient safety and equitable care. Once the outcome has been developed, it will be reviewed regularly.

Recommendation 8

Systematically recording and publishing healthcare worker deaths

“The UK government, Scottish Government, Welsh Government and Northern Ireland Executive should work with their respective public health agencies and healthcare employers to develop nation-specific mechanisms to collect, analyse and publish data systematically on the deaths of healthcare workers in the event of a pandemic outbreak.

“The UK Statistics Authority should work with data providers to ensure that the data are comparable across the four nations of the UK.”

Government response to recommendation 8

The government agrees that, in the event of a future pandemic, data on healthcare worker deaths plays a vital role in supporting and protecting the workforce as well as improving epidemic surveillance. The government will take a proportionate, staged approach to implement the recommendation.

During the COVID-19 pandemic, there was significant interest from trade unions, Parliament and the public in understanding the number of healthcare worker deaths. The pandemic demonstrated the importance of timely, reliable and comparable information. Insufficient data was seen as a reflection that healthcare workers were not being counted or valued, particularly given the increased risks of mortality faced by specific ethnic minority staff in the NHS. As health is a devolved matter, data reporting on healthcare deaths varied across the UK according to the data available.

In England, information about NHS worker deaths was available from sources including the COVID-19 Patient Notification System, and from Office for National Statistics (ONS) linked death registrations in England and Wales with information on occupation from the 2011 Census for health and social care workers. These sources provided important intelligence but were designed for different purposes and have limitations.

The government will explore how different sources of reporting could be stood up during a pandemic. No single existing data source is likely to meet all the possible needs identified by the recommendation. During a pandemic, data may be needed quickly to support public health action, workforce protection and operational planning.

Over time, more detailed analysis may be needed to:

- understand patterns by role, setting, geography and demographic characteristics
- support public accountability

The distinct purposes suggest different data sources or a combined approach will be needed, rather than a single measure.

Challenges in reporting and publication would need to be addressed, particularly for health and social care workers not employed by the NHS.

Any approach would need to be:

- accurate enough to command confidence
- timely enough to be useful
- clear about coverage

In England, work in 2026 to 2027 will explore how NHS staff death reporting can be integrated into operational reporting and rapidly stood up in a pandemic.

The government will:

- ask ONS to review guidance around reporting of occupation on death certificates and will explore the feasibility of linking workforce data with death registration data. Future work will build on the exploratory work and assess reporting of deaths in the wider workforce
- work with devolved governments, the UK Statistics Authority and ONS to support comparability across the UK, as set out earlier this year in the government's response to recommendation 5 of the Independent Review of the UK Statistics Authority 2023 to 2024

The UK Concordat on Statistics and the statutory Code of Practice for Statistics set out the framework and standards for analysts producing UK-wide data. ONS will continue to work with data providers and devolved governments to improve coherence across the UK statistical system to ensure that data is comparable across the 4 nations of the UK.

The aim is to ensure that information is available in a form that can support decisions, protect the workforce and maintain public trust.

Recommendation 9

A standardised process for advance care planning across the UK

“The UK government, Scottish Government, Welsh Government and Northern Ireland Executive, working with trusts and health boards, should establish and promote one standardised process across the UK (such as ReSPECT, the Recommended Summary Plan for Emergency Care and Treatment) for clinicians to ascertain and record their patients’ wishes and preferences for future care and treatment in order to inform individualised decision-making, including Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) notices.”

Government response to recommendation 9

The government supports the principles of advance care planning and agrees with the need to improve a person’s experience. The government recognises the importance of improving the quality, consistency and accessibility of advance care planning conversations, and supporting individuals to have meaningful discussions about their care preferences and wishes.

Work since the pandemic

We recognise the wider system challenges, alongside variable practice, which contributed to poor experiences during the pandemic. This is particularly the case in relation to DNACPR decisions. Addressing those underlying issues is essential to achieving meaningful improvement.

Since the pandemic, the government has developed and published the Universal Principles of Advance Care Planning, to help improve care planning. The principles provide a shared framework for high-quality advance care planning while allowing local systems and services the flexibility to implement approaches that best meet the needs of the populations they serve.

We will use these principles, alongside existing clinical guidance, to continue improving practice around DNACPR decision making, ensuring decisions are:

- made on an individual basis
- clinically justified
- supported by clear communication with patients and those important to them

Furthermore, as cited in June 2026’s ministerial statement to Parliament, the government is working with NHS England to develop a modern service framework (MSF) for palliative care and end-of-life care. The MSF will provide a clinically-led, evidence-based framework

to support sustained improvement in outcomes for patients and carers. It will consider the evidence of what works and is most effective in order to shape the future provision of palliative care and end-of-life care in England, including advance care planning.

Current challenges and future work
The government understands that the enduring primary barriers to effective advance care planning for individualised decision making are understanding, documenting, sharing and accessing a person's preferences. These challenges include:

- a lack of compassionate conversations
- insufficient understanding of the needs of people from a diverse range of backgrounds
- limitations in interoperability and real-time availability of records

Cross-UK approach to health policy
As health is a devolved matter, in general it is for the devolved governments to develop and implement health policies that are best suited to their own populations and in line with their own priorities. The government, therefore, cannot unilaterally agree to recommendations that relate to the devolved governments.

Decisions on the format and content of documentation are best made locally, enabling healthcare systems to evolve and adopt approaches that are compatible with existing legislation, clinical pathways and operational arrangements.

However, building on the foundations and principles already in place across the 4 nations, we will work collaboratively with devolved governments to identify specific areas where a joint approach could add value. We will share learning on training and best practice approaches, and consider the needs of people in border areas, ensuring individuals' wishes are documented, accessible, respected and acted upon wherever they receive care. We will also continue to strengthen existing principles, frameworks and tools.

Future work to improve outcomes
For the reasons set out above, while we will continue to take action to improve outcomes, the government does not specifically intend to introduce, at this time, a standard process across the UK and the devolved governments.

To address the issues set out by the Inquiry, the government will build on the foundations and principles already in place across the 4 nations, working collaboratively to identify opportunities to improve the experience of patients and those important to them. We will share learning on training and best practice approaches, and consider the needs of people in border areas between nations, ensuring individuals' wishes are documented, accessible, respected and acted upon wherever they receive care.

We will work closely with the devolved governments as we continue to strengthen existing principles, frameworks and tools, including the Universal Principles for Advance Care Planning.

Additionally, the ongoing NHS App improvement, alongside the introduction of the SPR, will enable advance care planning information to be shared and accessed across settings, ensuring care providers have a comprehensive understanding of people's needs and preferences.

The government is also rolling out a reasonable adjustment digital flag, which enables the recording of important information about a person and the reasonable adjustments to care and treatment that they need, to ensure support can be tailored appropriately and equitably. Guidance and free training on the flag are available for health and social care staff. Under a new information standard published on 19 December 2025, DAPB4019: Reasonable Adjustment Digital Flag, all publicly funded health and social care service providers must be able to share, read and write reasonable adjustment data by 30 September 2026.

Recommendation 10

Psychological and emotional support for healthcare workers

“The UK government, Scottish Government, Welsh Government and Northern Ireland Executive, working with healthcare employers and professional bodies, should put in place plans to deliver effective support for healthcare workers at scale from the outset of a pandemic. Plans should cover the nature and level of support that will be provided during and after a pandemic.

“All four governments should develop a programme of peer support visits that can, from the outset of a pandemic, be targeted towards areas of acute hospitals under considerable strain. The purpose of the visits should be to support front-line staff, collect insights on the pressures that healthcare workers are facing and understand what further support they might need.”

Government response to recommendation 10

The government understands the importance of effective psychological support for healthcare workers during times of crisis as witnessed during the COVID-19 pandemic. We also acknowledge the value of peer support visits to assist frontline staff.

During the acute phase of the pandemic, the government scaled up psychological and mental health support for NHS staff. This included the development of 40 staff mental health hubs as well as expanded access to a range of other initiatives, including support programmes for staff groups most negatively impacted by the pandemic – specifically, those from minority ethnic backgrounds and those in lower-banded roles.

The government also recognises the value in additional staff support outside of a national emergency. In July 2025’s 10 Year Health Plan, the government committed to introducing staff treatment hubs, which will include a focus on mental health and improved occupational health support. These measures form part of a broader, system-wide approach to supporting staff wellbeing that we will outline in a 10 Year Workforce Plan.

The government has also published a set of NHS staff standards for modern employment, one of which focuses on staff health and wellbeing.

In addition to the national support that is in place, organisations have been building their local wellbeing schemes since the last pandemic in line with NHS England’s Growing occupational health and wellbeing together strategy.

While this work will support psychological wellbeing during an incident or pandemic, an appropriate rapid programme of additional support will need to be co-ordinated and rolled out to address key needs in the case of any such events.

The government will work in partnership with NHS organisations, healthcare employers and professional bodies to ensure that a clear and scalable programme of psychological support can be rolled out in the event of a future pandemic. Plans will set out clear triggers for scaling psychological support, alongside a defined minimum offer available to all staff.

Local leadership will retain responsibility for ensuring that staff wellbeing is actively supported, with particular attention to groups at increased risk, informed by learning from the COVID-19 pandemic.

We will work with devolved governments to share learning and insight, including on peer support visits, and will continue to work with healthcare employers and professional bodies to ensure support reflects frontline experience and responds to need.

The government understands that the adult social care workforce would also need support through a pandemic, and work will be taken forward to improve psychological and emotional support for the social care workforce.

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