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ACUTE PERSPECTIVE

David Oliver: A vision for transparent post-covid government

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Among widespread calls for a public inquiry into England's response to the covid-19 pandemic, the King's Fund has proposed a potential framework for an inquiry under five key headings: "Intrinsic risk," "Public health response," "Healthcare system response," "Measures in wider society," and "Adult social care response."¹ All partly depend on the role of government and its agencies. I realise that a public inquiry can produce an evidenced narrative and recommendations, but the need and demand for one highlights a serious failure of open elected government and leadership at the highest levels.

It shouldn't take inquiries, whistleblowers, legal actions, investigative journalists, and public campaigns to get at truths that should already be in the public domain, even if we need policy analysis and health services research to make sense of the information. I want to imagine a utopian, post-covid-19 world, where transparency is the norm and where we openly acknowledge and learn from the positives, the failings, and the gaps in our response to this pandemic, to help plan for the next ones. A place where we wouldn't have to work so hard to get at the truth, as our government would embody the accountability, honesty, and leadership endorsed by the Nolan standards for public life.² The pandemic is the prism for my future-scope, but it could be any aspect of health policy and communications.

I'd have all relevant data reported by an independent statutory body, such as the Office for National Statistics, free of political interference with its funding levels or choice of datasets. For a future pandemic this would include data on testing, tracing, isolation, and the cost and reliability of the technology; incidence and prevalence of deaths, comorbidities, hospital admissions, and bed use (including intensive care units); and staff sickness, care home cases and outbreaks, and hospital acquired infections. It would be one credible, independent point of reference for use in political and policy debate.

Instead we've had several agencies, from NHS England to Public Health England to NHS Test and Trace, as well as No 10, producing subtly different datasets with slightly different definitions and ascertainment. This sows doubt and distrust and distracts us from focusing on solutions. In my vision, ministers and government spokespeople would be routinely censured—not patchily—for inaccurate or misleading use of data.

I'd love to see the National Audit Office (NAO) given more resources and staff so that it can report on more issues more frequently: its output is reliably excellent

and informative. I'd make the same plea regarding the NHS Healthcare Safety Investigation Branch, which reported so clearly on hospital acquired covid-19.³

The NAO has reported on serious failures in procuring personal protective equipment (PPE) and the numerous government contracts awarded for PPE, consultancy, tracing apps, and testing to private sector organisations, many with links to government ministers or advisers.⁴ The Good Law Project has highlighted dishonesty, obfuscation, illegality, and cronyism in the awarding of key pandemic contracts and roles, as well as delivery of protective equipment and testing.^{5,6}

I'd prefer all of these appointments and contracts to be out in the open and easy to scrutinise without the need to resort to civil law. And I'd legislate to ensure that large public contracts outsourced to the private sector were not magically exempt from freedom of information (FOI) requests, hiding behind "commercial sensitivity."⁷ Nor would we require the private court action brought by Moosa Qureshi, an NHS doctor, simply to get the 2015 Cygnus pandemic preparedness report released in full.⁸ It would have been in the public domain already by statute.

We'd see all advice from government scientific advisory committees and employed advisers, such as the chief scientific officer and chief medical officer, out in the open. Public Health England officials would be liberated to speak openly, independently of any government lines. Individual NHS trusts would be free to speak to the media, as would their employees, without message control and blocking from NHS central agencies. Staff would never be silenced or threatened for expressing concerns, so long as they stayed within the law and professional codes.

Investigative reporters wouldn't need to use FOIs to collect key data—as, for instance, the *Times*⁹ did regarding transfers of infected or untested hospital patients to care homes this spring, or as the *Mail on Sunday*¹⁰ did for hospital acquired covid cases and resultant deaths over the same period. This information would be collated and published freely.

I'm not so naive about modern realpolitik and news management to think that any of this will happen, or that those in power would want it to. And public inquiries will always have their place, however long they sometimes take to get at the truth. But anyone promising to level with the public and restore some trust in politicians and governmental bodies would need to be far more transparent than we've been about the covid-19 response.

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