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The BBC Complaints Unit
PO Box 1922,
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Dear Sir

Has the Government Failed the NHS?, BBC1 Panorama broadcast on BBC1 on April 27.

Introduction

1. This edition of Panorama was flawed in almost every element of its construction and boiled down to a crude attack on the government.
2. The programme made very serious allegations that the government was responsible for failures of provision to NHS staff of personal protection equipment (PPE) in the fight against Covid-19 to the extent that deaths were being caused. The BBC claimed in a subsequent media statement that the programme was robust journalism, and that the government had not answered the key points of concern. Analysis of the transcript shows that this was not the case; the allegations were tenuous, betrayed a very basic misunderstanding of the complexities of NHS administration, and did not establish the government's direct responsibility for either the problems of PPE distribution or any Covid-19 deaths.
3. These inaccuracies were compounded by the inclusion of a raft of allegations from biased health service figures, without sufficient balancing comment or telling the audience (in clear breach of BBC guidelines) that these commentators were not impartial.

Complaint

The core of the complaint is that Panorama sensationally claimed - without providing sufficient evidence - that government inadequacies in the provision of personal protection equipment for NHS staff dealing with the Covid-19 pandemic were leading to many deaths.

Further, again without basing this on solid evidence, Panorama alleged that the government had engineered a downgrading of the severity of Covid-19 not for clinical or medical reasons, but to cover up shortcomings in PPE supply.

The programme claimed that the government was given a chance of rebutting the allegations, but chose not to do so. In reality, although part of the government perspective was included by presenter Richard Bilton, the programme was constructed to exaggerate to maximum extent the alleged government shortcomings without informing the audience of the full picture of the complexities of PPE provision.

The undue negativity towards the government was made worse by the unbalanced inclusion in the programme of a range of comments from figures whose backgrounds suggested they would – for political reasons - disproportionately blame the government for the type of alleged failings identified by the programme. There was no balancing comment from health professionals who took a different view, for example, that senior NHS staff might bear some responsibility for shortfalls in PPE provision.

Overall, the programme made damning claims about the government but did not back the allegations up with solid facts. Nor did it make any attempt to explore whether the NHS administration, rather than the government, was responsible for failures in provision of PPE. This was thus shoddy journalism which seriously misled the BBC's main current affairs audience on a matter of national importance.

Under the BBC's Editorial Guidelines (4.3.4), this was a 'controversial subject' dealt with by a single programme which was also a 'major matter' and there was therefore a requirement to ensure the inclusion of a wide range of significant views with due weight and prominence because the controversy was active. The evidence below establishes that this requirement was emphatically not met.

Analysis and evidence

The main allegations made in the programme were that:

Health professionals handling the Covid-19 pandemic were already dying and more were likely to die because there were insufficient supplies of personal protection equipment (PPE). This was projected in the programme introduction and further emphasised in the final commentary.

The government, which was responsible for maintaining and distributing PPE supplies, was not meeting targets, and it was thus probably responsible for the death toll.

The government had engineered a downgrading of the seriousness via the High Consequences Infectious Diseases Committee of Covid-19, with the objective of covering up inadequacies in the PPE stockpile. 'Some on the wards', according to the programme, thus believed that current guidelines were not about keeping them safe 'but making do with a shortage of PPE'.

The government had exaggerated the amount of PPE supplies which were available and were being distributed by methods such as double counting pairs of gloves and including on the list normal cleaning products.

The government PPE stockpile contained no surgical gowns, visors, testing swabs or body bags. Staff on the ground were often having to make do with plastic aprons rather than surgical gowns. Some were having to improvise by using protection which was not for purpose.

The government had ignored a recommendation made in June 2019 by the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) that surgical gowns should be included in the national pandemic stockpile, with the result that only 1.3 million gowns had been delivered to hospitals against demand of what was said to be 'hundreds of thousands a day'. Further, the government had ignored an offer of supply by a UK surgical gowns fabric maker, with the result that the bulk of the company's capacity was being ordered by US health authorities.

Four heads of NHS Procurement contacted by the programme said that, despite government claims of improvement, the PPE supply line was not working adequately.

There was a comment which alleged that the government had called the NHS staff heroes simply to make it okay when they died.

These were the main allegations. Panorama included in the government's favour a series of points made by official sources. They were:

It (the government) says it's delivered a billion items (of PPE).

The Welsh government says more than a million pieces of PPE have been given to Libby's hospital.

The government says it's been preparing for a pandemic for years.

The government says COVID-19 is a different disease (from flu) with a higher hospitalisation rate.

The government says that having a stockpile is considered a very high quality mark in international terms.

The government says swabs/body bags were not recommended by experts and that surgical gowns will be procured for inclusion in the future stockpile.

The government says it's had 9,000 offers of assistance (in manufacturing PPE supplies) which are being prioritised for larger companies. It says there are shortages of PPE across the world and it is doing everything to increase our stock levels.

The government has consistently denied there's a shortage of PPE in the stockpile. It's blamed logistical problems and says it's built a whole new distribution network. The army has also been brought in to sort it out.

The government says health workers in a GP surgery only need a plastic apron and a basic surgical mask.

The official reason for the downgrading (the threat level of Covid-19) was that there was now a lab test for the virus and the mortality rate was low overall. The government told us scientific evidence evolves and plans are adapted accordingly. Removing the disease from the list was backed by a scientific committee.

The government says it has taken the right steps at the right time and has been guided at all times by the best scientific advice. It's been working day and night to battle against coronavirus and to protect our NHS and save lives.

These government quotes are included in full, but the core points boil down to that preparations for dealing with an pandemic were adequate and had been in hand for years; that Covid-19 was downgraded in its seriousness for good reasons and by due process; that swabs and body bags were not on the pandemic stockpile recommended list; that there was not a shortage of stockpile PPE supplies and problems of distribution were being sorted out.

An issue here is that the programme was deliberately constructed to emphasise the negative point about PPE provision. The government perspective was not as prominent as the negative claims against them, and the audience was not given sufficient information to allow them to judge how valid the government's defence actually was. This is evidenced by a breakdown of the words spoken. Richard Bilton as presenter spoke a total of 1,936 words of the 3,505 words in the programme as a whole and his main focus was to establish the negative claims about the government. The points from the government added up to 279 words (within his commentary). The six main critics of the government and/or PPE provision spoke 1,018 words, and four anonymous NHS procurement managers who said the supply chain was not working contributed 109 words.

A further key point here is that the NHS is among the four largest organisations in the world. It employs 1.7m people, and has an annual budget of c. £130 billion a year. It is thus an immensely complex operation. The government has ultimate executive responsibility for running the service, but successive reforms have deliberately sought to devolve responsibility for administration to health professionals and dedicated specialist administrators. In this context, to say that 'the government' is solely responsible for day-to-day administrative matters is highly questionable.

Moving in this context specifically to responsibility for pandemic planning, an NHS England document, Operating Framework for Managing the Response to Pandemic Influenza, published in December 2017, offers further clarification and insight.

<https://www.england.nhs.uk/wp-content/uploads/2017/12/nhs-england-pandmic-influenza-operating-framework-v2.pdf>

It states:

NHS England is responsible for the command, control, communication, coordination and leadership of the NHS in the event of a major incident or emergency. All NHS England staff should be aware of the key aspects of pandemic influenza preparedness and response and be able to identify how they will be involved in a pandemic response.

NHS England and the NHS in England cannot prepare for or respond to a pandemic in isolation. NHS Improvement (NHSI) and Clinical Commissioning Groups (CCGs) are key partners throughout NHS pandemic preparedness and response. Local Health Resilience Partnerships (LHRPs) will oversee health pandemic preparedness and act as a conduit for health to engage with Local Resilience Forum (LRF)-wide preparedness arrangements. Public Health England (PHE) and the local authority Directors of Public Health (DsPH) also have roles to play in pandemic influenza resilience. It is essential our planning is undertaken in partnership with others to ensure the best possible outcomes.

The stockpiles are composed of pre-identified key items of personal protective equipment (PPE) (including hygiene consumables) as well as clinical countermeasures such as antivirals and antibiotics, and the consumables necessary to deliver pandemic specific vaccine (PSV). Many of the items are already in place in warehouses (termed 'just in case' stockpiles), while others will be procured through 'just in time' contracts (meaning they will be ordered when needed). Details of the stockpile composition have been shared to inform local stockpiling activity.

The bulk of the stockpile consists of PPE designed to protect healthcare workers from contracting pandemic influenza while caring for patients. This includes surgical facemasks, FFP3 respirators, gloves and aprons, plus hygiene consumables.

In summary, the document shows conclusively that responsibility for pandemic planning, and PPE provision is the specific responsibility of NHS England. The same applies in the other United Kingdom nations.

In this context, the Panorama that the government alone was responsible for PPE failures was at best simplistic. It also demonstrated a fundamental misunderstanding of how the NHS operates and had planned for dealing with a pandemic.

Another important point is that NHS England included 'hygiene consumables' in its list of PPE products. Panorama alleged that 'the government' was at fault and was making exaggerated claims in listing 'cleaning equipment, waste bags, detergent and paper towels' in its list of PPE which had been distributed, but these are surely 'hygiene consumables' and therefore classed in the main pandemic planning document as PPE.

Linked to that, Panorama also accused the government of artificially inflating the number of PPE items distributed by classifying pairs of gloves as two items. Closer investigation by the programme would have led to that the NHS itself sometimes counts gloves in this way, so

use this as evidence that the government was guilty of deliberate manipulation is nonsense. The issues involved are discussed in detail in a newspaper article¹.

The next section deals in detail with the main Panorama claims against the government:

NERVTAG: A key allegation by Panorama was that the NERVTAG committee had recommended that surgical gowns should be added to the stockpile in June last year, and this was not acted upon by the government. But the minuted 'action point'² was not specifically that the government should act. It was rather that the recommendation of the committee (at 6.10.2 in the minutes) should be passed on to Martyn Underdown, who is listed as Head of Clinical Countermeasures Procurement at Public Health England. It was not said on Panorama what had happened subsequently to the recommendation, and there are no minutes of any follow-up meetings. Thus it is unclear whether Mr Underdown reported the recommendation to PHE and what steps had been taken to deal with it, or indeed, whether PHE agreed with what was being suggested. Minutes of NERVTAG meetings in January 2020 as the scale of the outbreak in Wuhan became clear do not discuss the need for action to be taken over the supply of surgical gowns.

Does this establish conclusively that the government had failed to carry out a key responsibility in relation to the pandemic stockpile? Not at all, it only showed that the issue was under active discussion in the corridors of NHS bureaucracy seven months before the outbreak was elevated to a matter of urgent importance. Thus the programme's claim that 'the government' was responsible unilaterally for deficiencies was unfounded.

PPE SUPPLY: Buying and centralised provision have been a long-standing headache for the NHS. Major reforms in supply chain management were announced in 2016 in the Procurement Transformation Programme <https://www.supplychain.nhs.uk/news-article/new-operating-model-wins-best-commercial-project-award/>. The purpose was to facilitate better and more economical centralised buying and to ensure uniformity of provision. In that connection a new supply chain company wholly owned by the government – but run by an independent board - was set up to create more efficient buying and uniformity of provision.

But against this background, the 239 individual hospital trusts - which manage services at the point of delivery - retain wide discretion in sourcing and buying supplies. The result is that provision still varies widely.

Extracts from the pandemic planning document above state categorically that NHS England, working in association with a wide range of bodies including local authorities and hospital trusts, is responsible for all aspects of the pandemic response. A sophisticated network which has evolved over many years of planning is involved and in 2017, this was adjudged by that planning document to be adequately and robustly in place.

¹ <https://www.thesun.co.uk/news/11499789/gloves-counted-each-in-official-figures/amp/>

² <https://app.box.com/s/3lkcbxepqixkg4mrv640dpvvg978ixjtf/folder/96326164828>

The Panorama programme (as noted in the section above dealing with government responses) included a government comment that it had spotted problems in transport and distribution of PPE and had taken steps to deal with this. But this important point was not explored further by the programme. There was no attempt to investigate whether it was actually NHS England which was responsible for any failures in supply, just a blunt insinuation that it must be the government.

Also relevant in this context is that the Channel 4 News Investigations Team published on May 7 its own investigation of PPE supply. There were a number of conclusions, but a central point was that documents seen by the programme about the PPE stockpile 'suggest a failure by Public Health England and NHS Supply Chain's management company, Supply Chain Coordination Limited, to maintain the stockpile in a state of readiness'. Also noted was the lack of surgical gowns in the stockpile, but the Investigations Team did not allocate blame for this to the government.

COVID-19 DOWNGRADING: A further specific allegation against the government was that it had somehow engineered a downgrading of the seriousness of the health threat posed by Covid-19 because of problems in PPE supply. Panorama's source for this claim was (not named) 'members of the committee' (the High Consequence Infectious Disease Committee).

But this is contradicted by what is said on the HCID about the status of Covid-19 as an infectious disease <https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid> :

The 4 nations public health HCID group made an interim recommendation in January 2020 to classify COVID-19 as an HCID. This was based on consideration of the UK HCID criteria about the virus and the disease with information available during the early stages of the outbreak. Now that more is known about COVID-19, the public health bodies in the UK have reviewed the most up to date information about COVID-19 against the UK HCID criteria. They have determined that several features have now changed; in particular, more information is available about mortality rates (low overall), and there is now greater clinical awareness and a specific and sensitive laboratory test, the availability of which continues to increase.

The Advisory Committee on Dangerous Pathogens (ACDP) is also of the opinion that COVID-19 should no longer be classified as an HCID.

The need to have a national, coordinated response remains, but this is being met by the [government's COVID-19 response](#).

Cases of COVID-19 are no longer managed by HCID treatment centres only. All healthcare workers managing possible and confirmed cases should follow the [updated national infection and prevention \(IPC\) guidance for COVID-19](#), which supersedes all previous IPC guidance for COVID-19. This guidance includes instructions about different personal protective equipment (PPE) ensembles that are appropriate for different clinical scenarios.

The facts clearly spelled out are that not only the HCID Committee but also its sister committee the ACDP concurred on the downgrading because Covid-19 was deemed less aggressive and less dangerous and did not meet the criteria to be so categorised. Programme contributor John Ashton claimed this was wrong because Covid-19 was highly dangerous, but this was based on a fundamental misunderstanding of the nature of such classification.

Panorama did not provide any detail of the claims of those on the committee who disagreed with the HCID/ACDP, only that they thought the aim was to disguise inadequacy of PPE supply. These were very serious allegations. It is hard to see why Panorama did not point out that without further verification, they should be treated with great caution. Journalism is not about allowing people to yell 'fire!' without evidence – audiences should be treated with greater respect.

CONTRIBUTORS: Much has been made in the blogosphere and the press of that six of the main programme contributors were political activists who had anti-government views and were not properly identified as such in accordance with BBC Editorial Guidelines. The BBC has counter-claimed that these six individuals were included in the programme only because they were healthcare professionals who had well-founded concerns about PPE provision.

These contributors were:

Sonia Adesara, a medical doctor who says she is campaigner for migrants rights, gender equality, and the Labour Party. She co-chairs the Young Medical Women International Association, and sits on the Central Council of the Socialist health Association. Dr Adesara appeared in the Labour Party's selection broadcast in 2019 and put herself up for selection as Labour candidate in Uxbridge and South Ruislip

Libby Nolan, a Unison organiser critical of the Conservative handling of the NHS

Dr Irial Eno, medical doctor and organiser of the groups Docs Not Cops

Dr Asif Munaf, who has spoken in favour of the Labour party

Dr Abhi Mantagani, a GP

John Ashton, past chair of the Faculty of Public Health, who has frequently attacked Conservative NHS policies.

Analysis of what they actually said on the programme shows that all were unhappy with the handling of the pandemic because of issues of poor PPE supply, and three were directly critical of the government for not doing enough to deal with the pandemic, or plan for it.

Mr Ashton's claims were the strongest. He said it was 'breathtaking' that no surgical gowns were in stock and then:

The government's failed to appreciate the enormity of what was coming our way at the end of January. They failed to get a grip. They took advice from too narrow a range of people. And when things continued to escalate out of control, they started to spin the story to make out that actually they've been following the science and everything that they did made perfect sense. I think it's disgraceful.

Mr Bilton also included a quote from Agoritsa Baka of the European Centre for Disease Control. Mr Bilton said the organisation had advised at the start of February what the UK needed to buy for PPE and how much, including sets per patient per day of eye protection, gowns, respirator masks and gloves. He asked Ms Baka what the consequences would be if the UK had not taken advantage of 'that four weeks of planning. Mr Baka said they would be 'devastating'.

What Mr Bilton did not say was the ECDC has itself been seriously criticised by EU-friendly sources for lack of preparedness in dealing with the pandemic
<https://euobserver.com/coronavirus/148039>.

It is not contended here that such comments should not have been included in the programme. The problem was that major allegations were made by them, but balancing comment was much less prominent. The government's contributions amounted to only 279 words, against 1,018 words from those who criticised it. The issue was not solely wordcount. The entire structuring of the programme was designed to give most prominence to the government's alleged inadequacies and failings and these contributors buttressed that. Entirely absent, by contract was any balancing comment which suggested – for example – that PPE supply was the responsibility of NHS administration.

Conclusion

1. Overall, it is established above that this edition of Panorama was a defective and simplistic attempt to pin blame on the government for inadequate provision of PPE, and also to spread alarm among a key current affairs audience that the government was putting NHS workers in serious danger.
2. None of the allegations made by the programme stand up to close scrutiny and it is of deep concern that the BBC's belief is that this was 'robust', impartial journalism. NHS efficiency – or lack of it – is a matter of major national concern during this pandemic. If there are problems, they must be solved.
3. This programme, far from helping in that process by presenting hard facts and reflecting a broad range of opinion, gave an excuse for those who might want to resort to narrow factionalism and name-calling an excuse to do so.
4. A further point is that this complaint is emphatically not framed to defend the government. If ministers have genuinely not fulfilled their responsibilities related to

PPE provision, they should be held to account. But this programme does not provide evidence that they have.

5. Also relevant to the complaint is that the imbalances within the programme attracted strongly negative reaction in the national press. As noted above, the BBC's formal defence of the programme suggested that the contributors were chosen purely because they were health professionals with grievances which should be aired. But many press and blogosphere articles contended that the choice of six figures with clear political views against the government was relevant in terms of their credibility and opinions they held and should have been signposted much more clearly to viewers.

Among them, Anita Singh, of the Daily Telegraph (May 7), writing under the headline 'The terrible reality of Covid-19's NHS front line', favourably reviewed a Channel 4 documentary and contrasted it with Panorama. She wrote:

. . . of course, Panorama also featured healthcare workers in its film last week about the availability of PPE in hospitals. But the BBC's idiotic decision to select Labour activists without declaring their political leanings-one of them had even tried to stand as a Parliamentary candidate against Boris Johnson and shared a stage with Jeremy Corbyn -overshadowed anything they had to say about the NHS
...

6. Dominic Sandbrook in the Daily Mail (May 12) said Panorama was 'shamelessly partisan' https://www.dailymail.co.uk/debate/article-8309173/DOMINIC-SANDBROOK-briefly-united-kingdom-torn-apart.html?ito=email_share_article-top
7. Finally, Oliver Dowden, the secretary of state for culture, media and sport, was sufficiently concerned about this programme to take the highly unusual step of writing to BBC Director General Lord Hall of Birkenhead that the Corporation needed to uphold the 'highest standards in relation to integrity and impartiality' <https://www.dailymail.co.uk/news/article-8281267/Culture-Minister-Oliver-Dowden-blasts-BBC-director-general-bias-wake-Panorama-programme.html>. In my view this underlines the seriousness of the subject matter of this complaint.

For your information, I am sending a copy of this to Ofcom.

Yours faithfully

David Keighley