



# **Terms of Reference Consultation**

# **Summary Report**

May 2022

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# Foreword



I was appointed the Chair of the UK Covid-19 Inquiry in December 2021. It is my job to ensure the Inquiry can best fulfil its purpose — to examine the UK’s preparedness and response to the Covid-19 pandemic and learn lessons for the future.

The scope of the Inquiry’s investigation will be set out in its Terms of Reference. Their broad reach gives the Inquiry the freedom to investigate different aspects of the UK’s pandemic response. After I received a draft Terms of Reference from the Prime Minister in March, my priority was to hold a public consultation to ensure that I could reflect as far as possible the public’s concerns in our work.

I had the privilege of meeting bereaved families in eleven cities across the UK; they shared their experiences of losing a loved one during the pandemic. We also met representatives of various sectors and received responses online. In all, we received over 20,000 responses to the public consultation.

This document sets out the Inquiry’s independent analysis of that public consultation. Based on the strength of feeling from the public, I am suggesting that the Terms of Reference are expanded and reframed.

The Prime Minister will now consider my recommendations and I hope to receive the final Terms of Reference soon, so that the Inquiry can begin its work in earnest.

I would like to reaffirm the commitment that I made in meetings with bereaved families. People who have suffered most during the pandemic will be at the heart of the Inquiry’s work. I am committed to making sure the Inquiry is independent, guided by the principles of fairness and openness, accessible to everyone in the UK and that it will scrutinise the impact of the pandemic on all aspects of UK society.

A handwritten signature in black ink, which reads "Heather Hallett". The signature is written in a cursive style and is underlined with a single horizontal stroke.

Baroness (Heather) Hallett

# Introduction

The UK Covid-19 Inquiry is being established to examine the UK's preparedness and response to the Covid-19 pandemic, and to learn lessons for the future.

Baroness Hallett, a former appeal court judge, was appointed as the Inquiry's Chair in December 2021. She will lead the Inquiry and has, since then, been building an Inquiry team to support her.

This Inquiry is unlike any other previous UK statutory inquiry. It is not looking into a single event or series of events, or why it or they happened. Instead, it will be investigating how a pandemic struck an entire country (in fact, four countries), and how the UK Government, Devolved Administrations, local government, and many other parts of the state responded, across almost the entire range of their decision-making and public functions.

With such an unprecedented potential scope, this Inquiry needs to be as clear as possible about what we will investigate, and how we should do so. This will be set out, at a high level, in our 'Terms of Reference', which will provide the overall shape and limits of the topics to be examined. The Prime Minister is responsible for setting the Terms of Reference.

For an Inquiry looking at such a broad subject as the Covid-19 pandemic, it is not practical for the Terms of Reference to set out an exhaustive list of every issue that will be addressed. It would not be possible, or indeed advisable, to identify everything we need to examine at this early stage of our work, and we will need to retain the flexibility to examine new issues as they are identified from the evidence collected.

The Terms of Reference therefore set out a series of broad topics, which will be developed into a detailed list of issues and investigations as the Inquiry progresses. An issue does not need to be explicitly listed within the Terms of Reference for us to be able to examine it, so long as it fits within one of those broad topics.

# How are the Terms of Reference decided?

A draft of the Terms of Reference for the UK Covid-19 Inquiry was developed by the Prime Minister, following a period of consultation with Baroness Hallett and the Devolved Administrations in Scotland, Wales and Northern Ireland, and was published on 10 March 2022. The Prime Minister asked Baroness Hallett to hold a public consultation into the Terms of Reference, so that members of the public were able to influence what issues the Inquiry would consider.

From 11 March to 7 April 2022, we ran a consultation to ask for views on what the Inquiry should examine, and how we should conduct our work. This consultation was open to everyone, and the public could contribute on our website, by email or by writing to us. It consisted of four questions:

1. Do the Inquiry's draft Terms of Reference cover all the areas that you think should be addressed by the Inquiry? And if not, please explain why.
2. Which issues or topics do you think the Inquiry should look at first?
3. Do you think the Inquiry should set a planned end-date for its public hearings, so as to help ensure timely findings and recommendations?
4. How should the Inquiry be designed and run to ensure that bereaved people or those who have suffered harm or hardship as a result of the pandemic have their voices heard?

As part of this consultation process, Baroness Hallett met bereaved families in cities around the UK to hear their views on the draft Terms of Reference.

In parallel, the Inquiry team met with representatives of more than 140 organisations in 'roundtable' discussions, covering themes such as equality and diversity, healthcare, business, and education and young people, among others. Transcripts from each of these roundtable events are available on our website.

In total we received 20,061 responses to the consultation, of which 19,903 were received through our online consultation form. We commissioned Alma Economics, an independent research consultancy, to analyse the responses and produce a comprehensive independent report, summarising respondents' views and the key themes that emerged from the consultation process. That report can be found separately on our website.

Baroness Hallett has considered all the evidence received during the consultation period and concluded that a number of changes are required to the Terms of Reference to respond to the issues raised. This document considers the key themes identified and sets out the changes to the draft Terms of Reference that she is recommending to the Prime Minister. The focus in this summary document is on the views received about the Terms of Reference themselves, question 1 of the consultation. The views we have heard on questions 2, 3 and 4 will inform Baroness Hallett's thinking on how she will run the Inquiry once the Terms of Reference have been finalised.

# Consultation analysis and summary of results

This section explores the key issues that were raised by respondents in relation to the Terms of Reference. These were identified through the analysis of the evidence we received, carried out independently by Alma Economics.

In some cases, respondents raised questions about detailed aspects of the pandemic response that are already covered by the broad scope of the draft Terms of Reference, even if the detailed issues are not explicitly mentioned. In other cases, respondents have raised issues that are not covered by the draft Terms of Reference, or where the Terms of Reference could be amended to make their inclusion to them clearer.

## Question 1: Do the Inquiry's draft Terms of Reference cover all the areas that you think should be addressed by the Inquiry?

### The impact of the pandemic on children and young people

The theme that was most clearly emphasised during the consultation was that the Inquiry should consider the particular impact of the pandemic on children and young people. Respondents suggested that children were impacted in a different way from adults, with a substantially lower risk to their physical health from Covid-19 infection, but a number of longer-term risks to their physical, emotional and social development.

The draft Terms of Reference included provision for the Inquiry to examine the impact of the pandemic in relation to '*restrictions on attendance at places of education*'. While this would have allowed the investigation of issues flowing from those restrictions — such as the provision of free school meals, the impact of inequalities in access to broadband and laptops, or the impact on exam cohorts — it is also clear that the Inquiry ought to be able to investigate a much broader range of impacts beyond education.

We heard through the consultation process about issues affecting children and young people that include:

- **Early years settings** — respondents asked for the Terms of Reference to be clarified to include more clearly early years settings, with particular concerns about the impact that restrictions on these services had on the social development of young children.



- **Child protection, safeguarding services, and children in care** — concerns about child protection and safeguarding issues were frequently raised, with many responses citing the reduced visibility of vulnerable children while services such as schools, GPs and children’s centres were reduced or closed, and the impact this had on the neglect and abuse of children.
- **Mental health and wellbeing** — respondents described increases in anxiety and loneliness among young people during the pandemic, and questioned the capacity for Children and Adolescent Mental Health Services to meet those needs. Many responses also noted the detrimental impact of the pandemic on physical and social development, citing the closure of leisure and play settings such as playgrounds as a factor.
- **Children in secure residential settings** — some respondents were keen that the Inquiry considers the impact of the pandemic on children in secure children’s homes, such as the impact of a lack of in-person contact with parents. Respondents also raised issues about the impact on children in custodial settings, such as the impact of extended periods of confinement to their rooms, and restricted access to education.
- **Babies and maternity services** — the impact of the pandemic on babies was frequently noted, with respondents asking the Inquiry to consider the implications of restrictions on in-person postnatal midwife and health visits, and the impact on social and physical development of babies from limited interaction outside the home during lockdowns. Respondents also raised concerns about the mental health impact on parents from difficult experiences during pregnancy — such as attending scans and giving birth without the support of a partner being present.

In light of the overwhelming weight of opinion during the consultation, Baroness Hallett agrees that the draft Terms of Reference should be amended to allow expressly for a wider consideration of the impact on children and young people. **She therefore recommends the insertion of the following specific areas of consideration within the first aim of the Inquiry, in the Terms of Reference:**

- *the impact on children and young people, including health, wellbeing and social care;*
- *education and early years provision; and*
- *antenatal and postnatal care.*

There were a number of specific references that need not be included in the Terms of Reference (for example, on children in secure accommodation), because the additions

proposed will give the Inquiry the authority to fully investigate the issues of concern that were raised.

## **Management of the health and care sectors during the pandemic**

The management of the pandemic within the health and care sectors was a widely emphasised theme within the consultation. Many of the issues being raised will already be covered by the sections of the Terms of Reference relating to *‘the response of the health and care sector across the UK’* — for example, issues raised relating to the provision of PPE, the impact on provision of non-Covid healthcare, and the appropriateness of measures taken in care homes.

### **Care provided outside of care homes**

Consultation responses frequently noted that the section of the draft Terms of Reference relating to *‘the management of the pandemic in care homes and other care settings’* was not specific enough about what is in scope of *‘other care settings’*.

Respondents noted that the vast majority of care is provided by unpaid family members, friends or neighbours providing support to a vulnerable person who could not manage without that support. This point was made with particular emphasis at meetings with bereaved families. At the 2011 Census there were 6.5 million unpaid carers in the UK, but that figure is believed to have grown significantly since then, and especially over the course of the pandemic. Respondents have asked that the Inquiry explores the impact the pandemic has had on unpaid carers, as well as issues such as their access to PPE.

**Baroness Hallett agrees that there should be a more specific reference, and therefore recommends adding to the first aim in the Terms of Reference:**

- ***care in the home, including by unpaid carers;***

Other respondents to the consultation noted that they feel it is not clear whether the reference to *‘other care settings’* includes other care services outside residential care homes — for example, supported living services, community-based services, and respite care. Respondents felt that the draft wording clearly included care services provided to older people but risked missing care services provided to working-age vulnerable people. The reference to *‘other care settings’* is intended to be broad enough to allow the examination of any setting in addition to residential care homes. Listing every possible care setting might risk omitting a setting that the Inquiry later decides it wishes to examine, but cannot do so

because it has not been listed. **Baroness Hallett therefore does not recommend that the reference to ‘other care settings’ is changed.**

During the consultation we also heard concerns about the provision of palliative care to people in their own homes. Respondents noted the significant increase in deaths within private homes during the pandemic and raised concerns that the suspension of many services during lockdown meant some people died without adequate pain management or personal care.

The investigation of excess deaths at home is covered within the scope of the draft Terms of Reference, under ‘*the consequences of the pandemic on provision for non-COVID related conditions and needs*’. **Baroness Hallett does not therefore recommend amending the Terms of Reference to reflect that issue.**

### **The response of NHS 111 and 999 services**

During the consultation we heard concerns, particularly from the bereaved, about the capacity of the NHS 111 service to respond to the volume of calls it was receiving, and the suitability of diagnostic advice given both over the telephone and through online 111 services.

Respondents also noted concerns about the response time for emergency ambulance services, and apparent inconsistencies in the decision-making process as to whether or not ambulance services would admit someone with Covid symptoms to hospital.

**Baroness Hallett agrees that these issues should be reflected in the Terms of Reference, and recommends adding the following text within the first aim:**

- ***initial contact with official healthcare advice services such as 111 and 999***

### **Primary care settings**

Many respondents noted that it was unclear from the draft Terms of Reference whether primary care settings — such as General Practice, community pharmacies, dentistry and optometry — were included in the scope of the Inquiry. While she considers these to be included under the heading of ‘*The response of the health and care sector across the UK, including...*’, **Baroness Hallett agrees this would benefit from being made more explicit, and recommends adding to that section:**

- ***the role of primary care settings such as General Practice;***

## Workforce testing in the social care sector

Consideration of workforce testing is included within the draft Terms of Reference for the healthcare sector, but it is not included with reference to the care sector. **To ensure consistency, Baroness Hallett recommends amending the text to:**

***‘the management of the pandemic in care homes and other care settings, including infection prevention and control, the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, workforce testing and changes to inspections;’***

## The government’s communication strategy and the role of the media

A key theme from the consultation responses was the way that the government communicated with the public during the pandemic, and the role that the media, including social media, played in spreading both information and misinformation.

### Communication of government messaging

Responses to the consultation have raised questions about the way that government decisions were communicated to the public. Respondents asked the Inquiry to consider how statistics and data were used within government briefings to explain the government’s decisions and how effectively aspects of scientific uncertainty and risk were communicated to the public.

Many respondents also wanted the Inquiry to consider the government’s use of behavioural science and ‘nudge’ techniques within its public messaging, with the perception that there was a negative impact on the mental health of the population by a communications approach based on fear. There were also numerous references in the responses to misinformation and conspiracies.

These are all issues which we consider are adequately covered within the draft Terms of Reference, under the heading of *‘how decisions were made, communicated and implemented’*. **Baroness Hallett does not therefore recommend amending the Terms of Reference to reflect these issues.**

Many of the responses shared with the Inquiry focused on the vaccination scheme. In the Inquiry’s consideration of the vaccination scheme, we will consider all aspects of the vaccination rollout, including adverse reactions and side-effects as well as the adequacy of compensation arrangements for such cases.

**Baroness Hallett recommends reflecting consideration of the impact of vaccines by amending the Terms of Reference to reflect:**

- *the development, delivery and impact of therapeutics and vaccines;*

## **The role of experts, advisers, science and data in informing the government's pandemic response**

A significant theme from the consultation was the role of experts and advisers within the government's decision-making, and the robustness of data and scientific evidence used. Respondents noted in particular the role of the Scientific Advisory Group for Emergencies (SAGE) and its subgroups, such as the Scientific Pandemic Influenza Group on Modelling (SPI-M), raising issues such as:

- How experts and advisers were selected, including the breadth of expertise and demographics of members;
- The robustness of scientific evidence informing measures such as the 'two metre rule' and the 'rule of six';
- How often advice provided by SAGE and its subgroups was ignored.

Respondents also noted the importance of the research community to the pandemic, and particularly during the early stages of the response.

While she considers that such issues were intended to be included in the existing Terms of Reference, **Baroness Hallett proposes strengthening the language in the Terms of Reference to read:**

- *the availability and use of data, research and expert evidence*

## **Transparency and record keeping**

During the consultation process we have heard concerns about how decisions made by the government were being recorded, with respondents asking the Inquiry to investigate concerns that ministerial decisions were being made via private email accounts and WhatsApp messages and were not being recorded in official departmental records.

The draft Terms of Reference include the investigation of *'how decisions were made, communicated and implemented'*. **Baroness Hallett agrees that this can be clarified by amending the text to:**

- *how decisions were made, communicated, recorded and implemented*

## **The impact of the pandemic and its response on mental health and wellbeing**

We have heard extensively through the consultation process about the impact the pandemic has had on mental health. Some of the issues highlighted through the consultation included:

- **Mental health considerations in decision-making** — for example, the extent to which the impact on mental health was considered when introducing new restrictions, and the extent to which provisions were made to support mental health in advance of restrictions being introduced.
- **Growth in mental health problems during the pandemic** — for example, understanding the extent of anxiety and loneliness experienced during the pandemic, and the particular impact experienced by groups such as the elderly, disabled, and care-givers.
- **Provision for mental health services in recovery plans** — for example, understanding the plans for addressing backlogs in demand for mental health services.

The draft Terms of Reference did not include an explicit reference to mental health generally, and although the provision of mental health services was considered to be within *'the consequences of the pandemic on provision for non-COVID related conditions and needs'*, and the issue of mental health would have been addressed in the context of certain categories of people, this would not have expressly allowed for the investigation of the broader mental health considerations of the pandemic which are not related directly to the provision of services.

**Baroness Hallett agrees that the Terms of Reference should specifically include a reference to the general consideration of the mental health impact of the pandemic and therefore recommends they are amended to include:**

- *the impact on the mental health of the population, including but not limited to those who were harmed significantly by the pandemic;*

## **The economic costs of the pandemic and its response, and the role of cost-benefit analysis in lockdown and other closure decisions**

The final key theme raised during the consultation was the economic impact of the pandemic, both in terms of the impact on particular sectors of the economy, and the analysis of the costs and benefits of policies and restrictions introduced during the course of the pandemic response.

### **Sector-based analysis**

Through the consultation process we have heard from a broad range of groups representing different sectors of the economy, as well as trades unions representing workers in those sectors. Of those respondents, many asked for the Inquiry to carry out a ‘deep dive’ analysis of the impact of the pandemic on their sector, and to identify how the sector’s recovery could be best supported.

For example, respondents in the hospitality sector asked that the Inquiry considers the impact of measures affecting their sector in particular, such as the ‘substantial meal’ rule, and entry to venues being contingent on proof of vaccination status or lateral flow test results. Similarly, respondents in the travel and tourism sector were keen that the Inquiry investigates the impact of restrictions placed on international travel at various stages of the pandemic. We also heard concerns about the experiences of workers in the so-called ‘gig economy’ — for example, cleaners, parcel couriers and food takeaway delivery drivers — with respondents noting that the precarious and low-paid nature of their employment, along with the lack of sick pay, often meant that workers experiencing Covid symptoms could not afford to self-isolate. The impact of the pandemic on the self-employed was also raised, particularly in relation to the extent of financial support of them.

Across all sectors we heard concerns about the timeliness and appropriateness of guidance issued to businesses, and of the difficulties caused by variations in guidance between the UK Government, the Devolved Administrations, and individual local authorities.

The Inquiry intends to examine these issues, the experience of a range of sectors as well as the effectiveness of broader economic interventions under the heading *‘the economic response to the pandemic’*. It will also consider the experiences of workers in a range of sectors through consideration of *‘the experiences of and impact on health and care sector workers, and other key workers, during the pandemic.’* The many heartfelt responses on this topic will inform the way in which we design and execute the investigation into the economic impact of the pandemic.

Although she believes the current references will allow an investigation of these issues, Baroness Hallett agrees that greater clarity is needed and **she recommends two additions to the Terms of Reference to ensure travel and tourism, and the self-employed, are considered specifically:**

- ***the closure and reopening of the hospitality, retail, sport and leisure and travel and tourism sectors, places of worship, and cultural institutions;***
- ***support for businesses, jobs and the self-employed, including the Coronavirus Job Retention Scheme, the Self-Employment Income Support Scheme, loans schemes, business rates relief and grants;***

### **The role of cost-benefit analysis in decision-making**

Many respondents questioned whether the government fully modelled the costs and benefits associated with the measures being introduced at each stage of the pandemic, as would typically happen when considering new government policies.

While this was mainly raised in relation to the introduction of non-pharmaceutical interventions such as lockdowns, respondents also questioned whether similar analysis had been carried out into economic measures such as the Coronavirus Job Retention Scheme (the ‘furlough’ scheme) and the ‘Eat Out to Help Out’ campaign.

These issues will be considered in our investigations, and are covered within the draft Terms of Reference under the heading of ‘*how decisions were made, communicated, and implemented*’.

### **Other issues raised during the consultation**

In addition to the key themes identified in the Alma Economics analysis of the consultation responses, there are a number of other issues that have been raised which merit consideration of how they are reflected in the draft Terms of Reference.

#### **Inequalities**

Many respondents suggested that issues relating to race, disability and gender should be drawn out specifically in the Terms of Reference, in addition to the current wording relating to protected characteristics, to ensure that key issues affecting those groups are not missed. Concerns were also raised that the current wording relating to protected characteristics



appears toward the end of the Terms of Reference, giving the perception of it being an afterthought.

Respondents also noted that by only referring to protected characteristics, the Inquiry would risk failing to consider inequalities that are not protected characteristics in legislation, but which are nevertheless believed to have been significant factors in how different groups were impacted by the pandemic — for example, income and quality of housing.

**Baroness Hallett therefore recommends amending the wording regarding protected characteristics to make it an overarching aim of the Inquiry, and to broaden its focus beyond specifically protected characteristics:**

- ***In carrying out its work, the Inquiry will consider any disparities evident in the impact of the pandemic on different categories of people, including, but not limited to, protected characteristics under the Equality Act 2010 and equality categories under the Northern Ireland Act 1998.***

She also proposes that this should appear in the introductory section of the Terms of Reference, in order to underline its importance. We will examine issues relating to inequalities as they arise in our work, and will consider where the impact is even greater for people experiencing multiple inequalities.

We are also committed to ensuring that we carry out our work in a way that is accessible to disadvantaged and underrepresented groups. We received feedback about the accessibility of the draft Terms of Reference and the consultation materials that we published on our website, and we will be making changes to the way we communicate once the Inquiry formally starts. This is likely to include translating Inquiry reports and other key documents into other commonly spoken languages, and making them available in multiple accessible formats.

## **Human rights and civil liberties**

A theme throughout the consultation process has been the impact of the pandemic on human rights and civil liberties. Respondents raised a wide range of issues that were perceived to impact on rights protected under the European Convention on Human Rights, including:

- Whether the government's initial pandemic response was consistent with the Article 2 duty on the state to take appropriate preventative measures to safeguard lives;
- The mandating of vaccinations within some sectors, and the requirements for vaccine certification for international travel;

- The interaction of the closure of places of worship with the right to freedom of religion;
- The impact of the enforcement of Covid-related restrictions on the freedom of assembly, particularly in regard to protests;
- Freedom of speech, particularly in relation to the flagging and removal of content from social media and the perceived suppression of scientists who challenged the prevailing view of Covid-related restrictions.

Many of these responses asked that the Inquiry applies a specific human rights focus to its investigations.

Baroness Hallett understands the concerns but does not believe any further amendments to the Terms of Reference on this issue are necessary. The scope and impact of any relevant and applicable human rights will be fully explored as they arise in our work and, given the weight of concern on this issue, she has concluded that, in carrying out our work, the Inquiry will adopt the ‘PANEL’ principles of Participation, Accountability, Non-discrimination, Empowerment and Legality, as used in human rights investigations, to guide the Inquiry’s design.

## Long Covid

The consultation responses raised concerns that long Covid (sometimes called post-Covid symptoms) will not be sufficiently considered within the Inquiry’s investigations.

The draft Terms of Reference cover the healthcare sector’s *‘provision for those experiencing long-COVID’*. We will also investigate the extent to which risks associated with long Covid were considered under other parts of the Terms of Reference — for example, consideration of *‘how decisions were made, communicated, and implemented’* will include investigation of how long Covid was considered in decisions on the implementation of lockdown measures.

**Baroness Hallett is not therefore recommending that the Terms of Reference require further amendment to ensure long Covid is adequately addressed.**

## The experience of bereavement and funerals

Concerns about the support provided to bereaved families were frequently raised during the consultation. Respondents asked that the Inquiry investigate the mental health impact of restrictions on visiting dying relatives in hospitals and care homes, and of restrictions on attendance at funerals — particularly where funerals could not be conducted in accordance

with cultural or religious customs. Respondents also noted the lack of financial support for the bereaved and the reclaiming of overpayments of benefits to the deceased.

**Baroness Hallett agrees that these issues should be reflected in the draft Terms of Reference, and the additional references allowing the Inquiry to address mental health, mentioned previously, will give us that scope. However, to ensure greater clarity, she also recommends adding:**

- ***the impact on the mental health and wellbeing of the bereaved, including post-bereavement support***

In addition to many powerful and moving responses from people bereaved during the pandemic, we also heard about the impact of the pandemic on the mortuary and funeral sector, with respondents noting the difficulties caused by multiple government departments producing guidance affecting the sector and inconsistencies in approach between the UK and devolved governments. The impact on staff within the sector was also raised — for example, difficulties faced in accessing testing and PPE or being recognised as ‘key workers’.

**Baroness Hallett considers that the current draft of the Terms of Reference allows for consideration of these issues, and does not, therefore, recommend any further amendments.**

## **Places of worship**

We have heard from faith groups about the restrictions applied to places of worship and the impact this had on community support, the marking of life events such as marriages and funerals, and the observation of religious festivals.

The response to the consultation also raised concerns about the interaction between restrictions on places of worship and the rights to freedom of religion and freedom of assembly under the European Convention on Human Rights.

**Baroness Hallett therefore recommends the Terms of Reference are amended to include:**

- ***the closure and reopening of the hospitality, retail, sport and leisure and travel and tourism sectors, places of worship, and cultural institutions***

## Enforcement of lockdown restrictions

The enforcement of Covid-related legislation and regulations was raised frequently during the consultation process, with concerns about the overall tone and proportionality of the policing response and the variability in approaches between different police forces. The policing of protests and of public assembly, and the effect this had on civil liberties and human rights were suggested as issues that the Inquiry should examine.

Organisations also asked the Inquiry to consider whether ethnic minority groups were disproportionately affected by the policing response — for example, whether they were disproportionately likely to receive fines rather than warnings, and the reported increase in use of ‘stop and search’ powers during lockdown periods.

The draft Terms of Reference include the examination of ‘*legislative and regulatory control*’. While this was always envisaged to include consideration of the way Covid-related legislation and regulations were enforced, **Baroness Hallett agrees that this can be clarified by amending the text to:**

- ***legislative and regulatory control, and enforcement***

## Domestic abuse

The draft Terms of Reference did not specifically mention the impact that lockdown restrictions had on domestic abuse. We have heard from organisations working with domestic abuse victims that both the frequency and severity of domestic abuse increased during the pandemic, and in particular during lockdown periods.

We also heard that the nature of lockdown restrictions made it more difficult for victims of domestic abuse to access support from charities and communities, and that those services did not receive sufficient financial support to enable them to meet the demand for services after lockdown restrictions ended.

**Baroness Hallett agrees that the impact of lockdown restrictions on victims of domestic abuse should be considered in the Terms of Reference, and recommends amending them to include:**

- ***safeguarding and support for victims of domestic abuse***

## The role of local government and the voluntary and community sector

Respondents to the consultation felt that decision-making and service delivery by local authorities was not sufficiently recognised in the draft Terms of Reference — particularly given their lead role in areas such as adult and children’s social care. We also heard both positive reflections on the effectiveness of coordination between the UK Government and local authorities — for example, in tackling homelessness and rough sleeping during the pandemic — but also concerns about policies that were ‘imposed’ on local authorities.

Many responses to the consultation noted that charities and not-for-profit organisations in the voluntary and community sector also played a key role in the pandemic response, including mobilising volunteers and building trust in marginalised communities to assist with government priorities such as the vaccine rollout. Concerns were raised, however, regarding the consistency and timeliness of the sector’s involvement in planning and decision-making and the extent and timeliness of financial support to the sector.

**Baroness Hallett agrees that the roles of local government and the voluntary and community sector should be more clearly reflected within the scope of the Terms of Reference, and recommends adding (in the first section, on decision-making):**

- *collaboration between central government, devolved administrations, regional and local authorities, and the voluntary and community sector;*

**And, in the economic response section:**

- *additional funding for the voluntary and community sector*

## Other changes

Baroness Hallett has recommended a number of other changes. Her decision to increase the prominence and visibility of our focus on inequalities by moving it above the Inquiry’s aims led her to do the same for all other considerations that will run through the Inquiry’s work. **She therefore recommends stating all the considerations that will run through the Inquiry’s work ahead of the two aims of the Inquiry.** Finally, she has recommended a number of small stylistic changes.

## **Question 2: Which issues or topics should the Inquiry look at first?**

The most emphasised themes that respondents to the consultation wanted the Inquiry to examine first were:

- The impact of the pandemic on children and young people
- The management of the response in the health and social care sectors
- The use of non-pharmaceutical interventions such as lockdowns
- The role of experts and advisers, and the use of data and science, in the Government's decisions

Unsurprisingly, there was a tendency for people to prioritise the areas with which they were particularly concerned, and in planning and considering the way in which the Inquiry will be conducted, the views given will help shape the order in which we will consider issues. While it is premature to make decisions on the exact ordering of our investigations ahead of the Prime Minister's decision on the final Terms of Reference, we intend to set out further details about the way in which we intend to conduct the Inquiry over the summer. We shall provide regular updates.

### **Question 3: Should the Inquiry set a planned end date for its public hearings?**

Respondents to the consultation were strongly in favour of the Inquiry setting an end date for its public hearings.

In discussions of this question at consultation events, respondents recognised the inherent tension between the Inquiry examining every single aspect of the pandemic in forensic detail and the Inquiry being able to make findings in a timely manner. On balance, respondents favoured the Inquiry setting a clear scope and tightly planned timetable. Respondents welcomed the commitment in the draft Terms of Reference for the Inquiry to issue interim reports as it progresses, to help ensure recommendations are identified and acted on as soon as possible.

However, as we noted at the start of this report, whatever the precise nature of the final Terms of Reference, the scale of the issues that the Inquiry will consider is vast, and there will inevitably be unforeseen issues that arise in conducting the investigation. We will also be heavily reliant on witnesses providing evidence to us in a timely and organised manner. These factors add to the challenge of delivering timely public hearings and, subsequently, findings and reports.

We intend to give further information about the way in which the Inquiry will be conducted, including how we address a proposed end date for the public hearings, over the summer, assuming the final Terms of Reference have been issued.

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

We heard three main themes in the responses to this question:

- **Ensuring data collection and public engagement are from as broad a range of people as possible** — respondents wanted the Inquiry to use a range of methods to ensure wide participation, such as open discussion forums, written questionnaires and online surveys. Respondents also raised the importance of hearing from people across the UK, and from professionals working directly with bereaved families, such as NHS workers and funeral directors.
- **Emphasis on listening to the experiences of those affected in different ways, in addition to bereaved people** — respondents noted that the pandemic has affected everyone, and the Inquiry should ensure it hears from a wide range of affected groups, including but not limited to people with disabilities, children, and people who lost businesses.
- **Provision of a range of inclusive and accessible avenues through which people's personal experiences can be included** — respondents were keen that the Inquiry captures personal experiences in a less formal or legalistic setting than a typical public inquiry hearing. The responses also identified the importance of the Inquiry being accessible to people from different backgrounds and the need to address practical barriers to participation such as childcare costs.

We recognise that many people will not want to engage with the formal public hearing process of the Inquiry, but will nevertheless want to ensure that their voices are heard. We are committed to running a wide-reaching listening exercise that will hear the experiences of people who have suffered during the pandemic. This will include not just bereaved families, but also other groups that have suffered, such as students, business owners, and people who have missed out on treatment for non-Covid conditions. We will hear from people across the whole UK, and will make the listening exercise accessible to disadvantaged groups.

We are at a very early stage of planning this work and will involve people affected by the pandemic in its design over the summer.



## What happens next?

Baroness Hallett has written to the Prime Minister recommending the changes to the Terms of Reference set out in this document. As the sponsoring minister for this Inquiry, it will be for the Prime Minister to decide on the final Terms of Reference. Baroness Hallett has asked the Prime Minister to consider her changes and respond as quickly as possible, so that the Inquiry can formally begin its work.

As we set out at the start of this report, the final Terms of Reference will define the broad scope of the Inquiry, but underneath it will sit a series of issues that will be investigated in more forensic detail. The issues identified, and the way and order in which they are investigated, will be set out when the Inquiry formally begins. We hope that this will be as soon as possible.

A separate public inquiry has also been established by the Scottish Government to examine the pandemic response in Scotland. As the two inquiries begin their work, both are committed to minimising any duplication of investigation, evidence gathering and reporting. Given the complexity of the pandemic response, there will inevitably be some overlap between aspects of the response that were devolved to the Scottish Government and those that were reserved to the UK Government and there may be occasions where the UK Inquiry needs to consider the same issues as the Scottish Inquiry, even if they are devolved issues. Our aim will be to work together to sequence the consideration of such issues.

Once the UK Inquiry begins, there will be a considerable amount of preparatory work to be done before substantive public hearings can take place, including identifying key witnesses and core participants, requesting and reviewing large volumes of evidence; commissioning expert research and advisers to provide the Inquiry with specialist and technical evidence, and sourcing and preparing public hearing centres around the UK. At this stage, without knowing the content of the final Terms of Reference, it is difficult to be precise about exactly what is involved and how long it will take. However, Baroness Hallett intends to make an opening statement as soon as possible after the Prime Minister issues the final Terms of Reference. She will then set out in more detail how we will carry out our work and the overall shape of our investigations, including what we will look at first.

# Annex: Recommended Terms of Reference

## UK COVID-19 INQUIRY TERMS OF REFERENCE – MAY 2022

The Inquiry will examine, consider and report on preparations and the response to the pandemic in England, Wales, Scotland and Northern Ireland, up to and including the Inquiry's formal setting-up date, xx xxxx 2022.

In carrying out its work, the Inquiry will:

- a) consider reserved and devolved matters across the United Kingdom, as necessary, but will seek to minimise duplication of investigation, evidence gathering and reporting with any other public inquiry established by the devolved administrations;
- b) consider any disparities evident in the impact of the pandemic on different categories of people, including, but not limited to, protected characteristics under the Equality Act 2010 and equality categories under the Northern Ireland Act 1998;
- c) listen to and consider carefully the experiences of bereaved families and others who have suffered hardship or loss as a result of the pandemic. Although the inquiry will not consider in detail individual cases of harm or death, listening to these accounts will inform its understanding of the impact of the pandemic and the response, and of the lessons to be learned;
- d) highlight where lessons identified from preparedness and the response to the pandemic may be applicable to other civil emergencies;
- e) have reasonable regard to relevant international comparisons; and
- f) produce its reports (including interim reports) and any recommendations in a timely manner.

The aims of the Inquiry are to:

- 1) Examine the COVID-19 response and the impact of the pandemic in England, Wales, Scotland and Northern Ireland, and produce a factual narrative account, including:
  - a) The public health response across the UK, including:
    - i) preparedness and resilience;
    - ii) how decisions were made, communicated, recorded, and implemented;

- iii) intergovernmental decision-making;
- iv) collaboration between central government, devolved administrations, regional and local authorities, and the voluntary and community sector;
- v) the availability and use of data, research and expert evidence;
- vi) legislative and regulatory control and enforcement;
- vii) shielding and the protection of the clinically vulnerable;
- viii) the use of lockdowns and other ‘non-pharmaceutical’ interventions such as social distancing and the use of face coverings;
- ix) testing, contact tracing, and isolation;
- x) the impact on the mental health and wellbeing of the population, including but not limited to those who were harmed significantly by the pandemic;
- xi) the impact on the mental health and wellbeing of the bereaved, including post-bereavement support;
- xii) the impact on health and care sector workers and other key workers;
- xiii) the impact on children and young people, including health, wellbeing and social care;
- xiv) education and early years provision;
- xv) the closure and reopening of the hospitality, retail, sport and leisure and travel and tourism sectors, places of worship, and cultural institutions;
- xvi) housing and homelessness;
- xvii) safeguarding and support for victims of domestic abuse;
- xviii) prisons and other places of detention;
- xix) the justice system;
- xx) immigration and asylum;
- xxi) travel and borders; and
- xxii) the safeguarding of public funds and management of financial risk.

b) The response of the health and care sector across the UK, including:

- i) preparedness, initial capacity and the ability to increase capacity, and resilience;
- ii) initial contact with official healthcare advice services such as 111 and 999;
- iii) the role of primary care settings such as General Practice;
- iv) the management of the pandemic in hospitals, including infection prevention and control, triage, critical care capacity, the discharge of patients, the use of ‘Do not attempt cardiopulmonary resuscitation’ (DNACPR) decisions, the approach to palliative care, workforce testing, changes to inspections, and the impact on staff and staffing levels;

- v) the management of the pandemic in care homes and other care settings, including infection prevention and control, the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, workforce testing and changes to inspections;
  - vi) care in the home, including by unpaid carers;
  - vii) antenatal and postnatal care;
  - viii) the procurement and distribution of key equipment and supplies, including PPE and ventilators;
  - ix) the development, delivery and impact of therapeutics and vaccines;
  - x) the consequences of the pandemic on provision for non-COVID related conditions and needs; and
  - xi) provision for those experiencing long-COVID.
- c) The economic response to the pandemic and its impact, including government interventions by way of:
- i) support for businesses, jobs and the self-employed, including the Coronavirus Job Retention Scheme, the Self-Employment Income Support Scheme, loans schemes, business rates relief and grants;
  - ii) additional funding for relevant public services;
  - iii) additional funding for the voluntary and community sector; and
  - iv) benefits and sick pay, and support for vulnerable people.
- 2) Identify the lessons to be learned from the above, to inform the UK's preparations for future pandemics.



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