



# UK Covid-19 Inquiry Opening Statement

July 2022

# Baroness Hallett's Opening Statement

I was appointed the Chair of the UK Covid-19 public Inquiry in December 2021. The Prime Minister set the terms of reference on 28 June 2022 following consultation with the public and with the governments in Scotland, Wales and Northern Ireland. I am making this statement today to open the Inquiry and to set out my approach to running it.

The Covid 19 pandemic affected us all. Some far more than others. People lost loved ones and could not mourn properly. Children and young people lost educational opportunities.

Businesses failed. Physical and mental health suffered. People felt isolated. Although life is beginning at last to return to normal, the

pandemic is still with us and there are many who are still suffering. Those who have suffered the most want to know if anything could have been done to prevent or reduce their suffering and that is why this Inquiry has been established.

When I was a Judge, I dealt in facts and evidence. So let me start with the facts on the pandemic as we already know them.

On 31 December 2019, the World Health Organisation was informed of a cluster of cases of pneumonia of an unknown cause detected in Wuhan City, Hubei Province, China. A novel coronavirus was subsequently identified from patient samples. Infection with the coronavirus spread rapidly and by 11 March 2020, the World Health Organisation had characterised Covid-19 as a pandemic. The UK's first two patients were diagnosed with the coronavirus in York on 30 January 2020. In Europe, March 2020 saw a dramatic rise of illness and death from the virus. In countries like Italy, strict measures restricting movement of people were introduced.



On 11 March 2020, in connection with that year's annual budget, the then Chancellor of the Exchequer announced a £12 billion package of emergency support to help the UK cope with the expected impact of the virus. Five days later, the Prime Minister urged everyone in the UK to work from home, to stop non-essential contact with others, avoid pubs and restaurants and to give the UK time to cope with the pandemic. On 17 March, the Chancellor announced £330 billion of government backed loans and £20 billion in tax cuts and grants for companies threatened with collapse. On 18 March, the government announced the closure of schools from the end of that week. On 20 March, the Chancellor announced that the government would pay up to 80% of the wages of staff at risk of being made redundant.

On 23 March, the Prime Minister announced severe restrictions on the daily lives of everyone in the UK, in what became known as the first national lockdown. People were only permitted to leave home to buy food, to exercise, to attend to a medical need or provide care to a vulnerable person, or to go to work if working from home was not possible. Procurement and the sourcing and supply of personal protective equipment (PPE) became matters of national concern.

The months that followed saw a significant death toll (with official statistics stating that more than 180,000 deaths involving Covid-19 had been registered since 9 March 2020<sup>1</sup>), businesses and schools closed, the introduction of home-working and home-schooling for those who could, the country borrowing enormous sums of money to provide support, events cancelled or postponed and severe restrictions on attendance at funerals and religious services. The restrictions imposed on every aspect of the life of the UK were unprecedented in peacetime.

Lockdown measures were eased and some restrictions were reimposed throughout the year and into the next including two further lockdowns in October 2020 and January 2021. In December 2020, the first Covid-19 vaccine was administered and a mass vaccination programme over months and years followed. By the Spring of 2022, restrictions on national life started to be eased

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<sup>1</sup>  
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending1july2022>  
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throughout the four nations of the UK. Of course we hope, but cannot be certain, that the worst effects of the Covid-19 pandemic are behind us and that another pandemic is not around the corner.

It's against this backdrop that this Inquiry was created.

It is my job and the task of this Inquiry to consider and report on the preparations and the response to the pandemic in England, Wales, Scotland and Northern Ireland. The Terms of Reference - which the Prime Minister set last month - provide the broad outline of the issues the Inquiry will investigate. They are extensive, as befits an inquiry into an event of this magnitude.

This is therefore a substantial task, which if it is to be done properly, will take time and have a significant cost. The decision to establish the Inquiry was not mine, but I do have responsibility for its conduct. I am determined to run the Inquiry as thoroughly and as efficiently as possible, bearing in mind the Inquiry's wide-ranging terms of reference and the need for the inquiry process to be rigorous and fair. With such a wide scope I need to be ruthless. It would be impossible to call every witness relating to every event, issue or major decision, so the Inquiry has to focus on the key issues.

One purpose of this Inquiry is to provide a factual narrative account of what happened across the whole of the UK. Another is to learn lessons to inform preparations for future pandemics in the UK. I am determined to undertake and conclude the work of this Inquiry as speedily as possible so that lessons are learned before another pandemic strikes.

This is a statutory inquiry, established under the 2005 Inquiries Act. This means that it must take place in public, subject to any restrictions imposed to protect against the risk of harm and damage to the public interest. I will conduct the Inquiry impartially and openly in accordance with my statutory obligation to do so. I will ensure that those most closely involved in its work and the wider public receive regular updates about its progress.

I have the power to obtain evidence from across the four nations of the UK and to compel the production of documents and appearance of witnesses. I will treat all holders of evidence and witnesses fairly, as I am required to do, but

equally I will not hesitate to make my views clear about any person or organisation who stands in the way of the Inquiry performing its task.

It is also important to make clear what powers I do not have. My role is to find the facts, ascertain what went wrong (and what went well), and make recommendations on what the UK must learn from the pandemic. I do not have the power to prosecute or have proceedings brought against anyone, let alone fine or imprison people as a result of their acts or omissions in respect of the pandemic.

I would like now to turn to other sources of information that will be vital to this inquiry; listening to people about their experiences, using research and talking to experts to gather as wide a range of views as possible.

The Terms of Reference require the Inquiry to listen to and consider carefully the experiences of bereaved families and others who have suffered hardship or loss as a result of the pandemic. This is a significant and important task. The Inquiry will do this in a number of different ways, including through a 'listening exercise' which will begin later this year.

This listening exercise will be of huge value to the Inquiry by gathering experiences of the pandemic from across the whole of the UK, including from those most affected and from those whose voices are not always heard. It will provide an opportunity for people to tell the Inquiry about their experience without the formality of giving evidence or attending a public hearing, so that everyone feels able to contribute to the Inquiry, if they wish, and to be heard. My team have begun working on how they can make this as easy as possible, for example online as well as through conversations across the UK.

Experiences shared with the Inquiry will be analysed and reports produced highlighting the themes that emerge. There will be no restrictions on what people can tell the Inquiry, although their individual accounts can not be investigated. In this way we should learn far more about the impact of the pandemic on the bereaved, on health and social care staff and carers, on businesses, workers, careers, and livelihoods, on the criminal justice system, on children, on academic achievement and on different communities across the four nations.

The Inquiry will also review existing research about the pandemic from around the world where this will help to understand the UK's preparedness and response to the pandemic and commission its own research into areas where new academic analysis is needed. Research considered by the Inquiry will be disclosed in its proceedings where appropriate and published on the Inquiry website.

I will appoint groups of scientific and other experts to help the Inquiry in its work, covering a range of different topics and views. This will be important to ensure that the Inquiry benefits from the expertise available and understands the range of views on key scientific and economic aspects of the pandemic. The Inquiry is an independent fact finding exercise. It will make no assumptions, but will be led by the evidence. The expert groups will be given the task of creating joint reports, which can be used in evidence, setting out where they agree and disagree about topics on which they are instructed to assist. It will be up to me as the Inquiry Chair to decide how much weight to give to them.

The teams leading our investigative work have already identified a number of topics on which we will commission research and seek expert advice. I will provide more details on our intended approach to research and expert advice throughout the Inquiry. We will gather these experiences, reports, data and research to inform the Inquiry's investigative work and prepare for public hearings.

As I mentioned earlier, the Inquiry's Terms of Reference are wide-ranging and demanding. We have given considerable thought as to how we can best assemble and scrutinise the evidence and the Inquiry can ultimately reach robust and fair conclusions.

To address the many different aspects of the pandemic that are covered by the Terms of Reference, I have decided to group them into modules. I will have teams, based across the UK, to investigate each one. They will obtain and analyse evidence, making sure the Inquiry's core participants are provided with documents and are able to prepare for the public hearings. They will work

broadly in parallel. I will then conduct the public hearings for each module, one after the other.

The Prime Minister has said he wishes to appoint two additional panel members to assist me in hearing the evidence and making findings and recommendations. However, I do not want to hold up the work until they are appointed, so I have instructed the Inquiry Team to move forward with preparing the modules.

Modules will be announced and opened in sequence, with those wishing to take a formal role in the Inquiry invited to apply to become 'core participants' for each module, rather than throughout the Inquiry as a whole. While I recognise that some individuals, groups and organisations may apply and become core participants in more than one module, dividing the Inquiry's work and designating them in this way will allow me to ensure that each module is as manageable as possible and conducted as efficiently as possible. I invite applicants to group themselves together with others with a similar interest, wherever possible, to help manage the potentially large number of people and organisations seeking core participant status.

I will open the first three modules and hold preliminary hearings this year, with substantive public hearings beginning in late Spring 2023.

Module 1 will open today. It will consider the extent to which the risk of a Coronavirus pandemic was properly identified and planned for and whether the UK was ready for that eventuality. The module will look at the UK's preparedness for whole-system civil emergencies, including resourcing, the system of risk management and pandemic readiness. It will scrutinise government decision-making relating to planning and seek to identify lessons from earlier incidents and simulations and international comparisons.

I am planning to hold the first preliminary hearing in this module in September and the full public hearings for Module 1 will be starting in Spring next year. Also starting today is the application process for those who wish to be considered as Core Participants to Module 1. The deadline for applications will be 16 August.

Module 2 will be split into parts. The first part will look at core political and administrative governance and decision-making for the UK. It will cover the initial UK response to the Covid-19 pandemic and address central Government decision-making, including political and civil service performance and the effectiveness of relationships with the governments in Scotland, Wales and Northern Ireland, local authority and voluntary/community sectors. It will look at the decision-making for non-pharmaceutical interventions (in other words the lockdowns and all the other restrictions and requirements), as well as the use of scientific expertise, data collection and modelling, government and public health communications, including behavioural science, messaging and the maintenance of confidence and Parliamentary oversight and regulatory control.

Having considered the picture from a UK-wide (and also English) perspective in Module 2, Modules 2A, 2B and 2C will address the same overarching and strategic issues from the perspective of Scotland, Wales and Northern Ireland. Modules 2A, 2B and 2C will take place in Scotland, Wales and Northern Ireland respectively.

Although an Inquiry has been established in Scotland under Lady Poole to look at matters devolved to its government (and it remains possible that inquiries will be established in Wales and Northern Ireland), my Inquiry's remit is UK-wide. Given the terms of the Inquiries Act 2005 and my Terms of Reference it is inevitable that I will have to consider matters that are both reserved and devolved where they overlap. However, when the Inquiry returns to each of the devolved nations in later modules to address those matters that are not covered in Modules 2A, 2B and 2C, it is my intention, in relation to Scottish matters, to leave as many devolved issues as possible to the Scottish Inquiry.

In taking this approach, my primary consideration is to be clear to people across the UK which Inquiry is responsible for looking at particular issues. I must also be considerate to those organisations and individuals that will be called to give evidence, and give them confidence that there will not be repeated calls for the same material from different Inquiries. When my Inquiry investigates issues relating specifically to Scotland, Wales, and Northern Ireland, I will seek to minimise duplication of investigation, evidence gathering, and reporting with any inquiries established by the governments in those nations.



The Inquiry's base for public hearings will be in London, but it will also spend time hearing evidence about the response and impact of the pandemic in each of the four nations that comprise the UK.

The Inquiry will open Module 2 in late August this year, hold the first preliminary hearings in the autumn, and the public hearings for this module will begin in the Summer of 2023 in London. Modules 2A, 2B and 2C, will take place thereafter.

Module 3 will examine the impact of Covid, and of the governmental and societal responses to it, on healthcare systems generally and on patients, hospital and other healthcare workers and staff. Among other issues, it will investigate healthcare systems and governance, hospitals, primary care (including GPs and dentists), the impact on NHS backlogs and non-Covid treatment, the effects on healthcare provision of vaccination programmes and Long-Covid diagnosis and support.

These are just the first modules that the Inquiry will investigate and the Inquiry will publish more information about the later modules in coming months. Very broadly, these are likely to cover both 'system' and 'impact' issues across the UK, including: vaccines, therapeutics and anti-viral treatment across the UK, the care sector, Government procurement and PPE, testing and tracing, Government business and financial responses across the UK and impact on business sectors, health inequalities and the impact of Covid-19, education and children and young persons and the impact of Covid-19 on public services and on other public sectors.

I repeat my promise from the Terms of Reference that when investigating all these issues, inequalities will be at the forefront of the Inquiry's investigations.

I know many people will wonder how long they will have to wait to hear about my conclusions and recommendations. By running the Inquiry through modules, I will be able to produce regular reports. I intend to ensure the reports are focused on key analysis, findings and recommendations and are written in plain language so they are easily understood by anyone who wishes to read them. Where I make recommendations to people or organisations, I expect them to consider and respond to them quickly, to ensure that the UK is as well prepared

as it can be to respond to the next pandemic and to protect the lives of its people. The Inquiry will monitor implementation of the recommendations it makes during its lifetime.

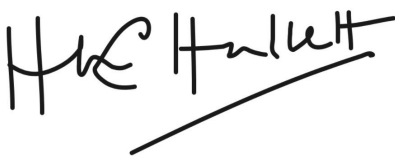
I want to finish where I began which is marking the importance of this inquiry to those who suffered the most. During the public consultation earlier this year, when I met families who had lost loved ones during the course of the pandemic, I was struck by the devastating nature of their loss, exacerbated by the impact of the restrictions in place at the time on their ability to grieve. I know that others have suffered significant loss too as a result of the pandemic and every person has had their life changed to some extent. For my part, I will do my very best to undertake the Inquiry in a way that acknowledges this suffering and seeks to reduce the scope for others to suffer in the same way in the future.

Given the breadth of my investigations, this will not be completed as quickly as some might like. I make no apology for that. I am determined to ensure that the Inquiry has access to the evidence it needs and has the time to analyse that evidence properly before witnesses appear in front of me. I will try to ensure that the order of modules makes sense and builds a picture of the pandemic; not everyone will agree with that order but it will allow me to look in sufficient depth at every issue that I believe needs scrutiny.

This Inquiry is our opportunity to reflect on all that took place during the pandemic in the UK – both what can be improved and what was done well – so that we are better equipped to deal with any future pandemics.

It is also an opportunity to provide a long lasting record of the devastating impact of the pandemic on people across the UK.

Finally, the Inquiry team and I will try to find a way to commemorate those whom we have lost in the most respectful and appropriate way possible.

A handwritten signature in black ink, appearing to read 'Heather Hallett', with a long horizontal line underneath.

**Baroness Heather Hallett**  
**Chair of the UK Covid-19 Inquiry**



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