UK Covid-19 Inquiry

Scientific community roundtable

28 March 2022

Online

(Participants were offered an in-person meeting in Cambridge but either chose to attend online or we moved the meeting online due to a lack of in-person attendees)

Participants

Anisha Worbs, UK Covid-19 Inquiry

Katie Hitchinson, Citizen Coaching and Counselling

Aneta Stenson, Citizen Coaching and Counselling

Alex Wakefield, Royal Society

Dr Nick Starkey, Royal Academy of Engineering

Hetan Shah, British Academy

Professor Dame Anne Johnson, Academy of Medical Sciences

Dr Richard Torbett, Association of the British Pharmaceutical Industry

Samantha Edwards, UK Covid-19 Inquiry

Millie Clarke, UK Covid-19 Inquiry

Anisha Worbs: [00:07:25] Good morning everybody. Thank you very much for joining us today. My name is Anisha Worbs and I am the Programme Director at the UK Covid-19 Inquiry. This is an independent inquiry chaired by Baroness Hallett, a retired Court of Appeal judge. And it's being set up to look at the UK's response to the pandemic. Thank you very much for joining us today online.

I'll do a few bits of introduction before we get into the bulk of the discussion. So, firstly, we recognise that everyone joining here today will have a personal as well as a professional response to the pandemic. And it's possible that today's meeting may be difficult for some of you. So, we have joining us here Katie and Aneta from Citizen Coaching and Counselling, and they're available to anyone who needs support in the meeting or afterwards. Their contact details are, I believe, on the first page of your agenda. And I'll ask Katie to just say a few words to introduce herself.

Katie Hitchinson: [00:08:33] Thank you. My name is Katie and I'm with my colleague, Aneta from Citizen Coaching. So, we're here today to provide emotional support. So, if at any point you would like to access some emotional support, if we could ask you to raise your hand on Zoom and then step away from the screen. And then I'll arrange to contact you via phone.

Also, after the event, if there's something you'd like to reflect on or talk about in regard to emotional support, we're also available then. And again, as already explained, it's on your contact sheet how you'd make contact with us. Thank you.

Anisha Worbs: [00:09:13] Thanks, Katie. And just to introduce the others that I have in the room with me today, I've got Samantha and Millie here from the Covid Inquiry team taking notes and supporting me. We also have Rick and Jessie who are from our audio-visual company who are helping us make sure that things run smoothly for us today.

So, just by way of background, over the past few weeks and the rest of this week, we've been meeting with a number of bereaved families and organisations that have been affected by the pandemic. And these meetings are to consult on the Inquiry's draft Terms of Reference, which set out what the Inquiry will investigate.

So, to be very clear and I'll probably reiterate this throughout, these sessions are not about giving evidence to the Inquiry. That will come later once the Terms of Reference are finalised and the Inquiry formally begins its work.

So, we've had a number of roundtables already and we've grouped organisations according to themes or sectors of impacted groups. So, we've had conversations about equalities and business and we have one coming up on local government. I'm very much looking forward to hearing from you today as representatives of what we're calling the science sector, which is obviously extremely broad.

The public can also give views via our consultation website, as can you and your organisations following this meeting. And we'd be very keen that you encourage your members or the people you represent to take part in that consultation.

In terms of today, this meeting is being recorded and a transcript of the meeting will be made available on our website at the end of the consultation period. And that transcript will be used to inform the outcome of the consultation and any recommendations that the Chair makes to the Prime Minister about the final version of the Terms of Reference.

I'll try to summarise the key points that we're hearing from you as we go along. But also, do rest assured that the transcript itself will be properly analysed to ensure that all of your views are fed into the Chair's thinking.

And as I said, that transcript will be published at the end of the consultation process. So, your contribution and your name will be included. So, if there's any reason why you would prefer not to be named, please do let us know and we'll make sure that that happens.

The bulk of today's discussion, I hope, will be answering the four questions contained in the consultation document. It's my job to try and keep us to time and make sure that we can cover all of that ground and hear from all of you and we get enough time to discuss the key points that you want to.

The chat function is open on this call. We won't be responding to points live during the discussion but we will pick those up again later as part of the analysis. So, do feel free to use that.

And for those of you that represent UK-wide organisations, we'd be really grateful if you could reflect on any issues specific to Wales, Scotland, Northern Ireland and England as part of your contributions.

So, we're nearly done with the intros. I think we're all online today. So, the standard rules of Zoom apply. Please do stay muted unless you're speaking. If you wish to come in, make a point or ask a question, please use the 'raise hand' button and then I will call you in. And then please try to remember to come off mute. We all do forget it sometimes so not to worry. I'll let you know if you have.

I think because we haven't got large numbers on the call today, we can afford to do a bit of a roundtable of introductions. Does anyone have any questions on anything that I've said so far or how today's going to work? Great. If not, then let's do introductions. And please do let me know how you prefer me to refer to you as well, whether it's first name terms or titles. So, should we go to Alex Wakefield first for a brief introduction?

Alex Wakefield: [00:14:05] Hello. So, my name is Alex Wakefield. I'm the Senior Policy Advisor and Programme Manager and the lead for emergency and pandemic response at the Royal Society, which is the UK's national science academy. And throughout the pandemic, we, with the other academies, fed in and contributed to the science base. And it's really good to be part of this. Thank you.

Anisha Worbs: [00:14:31] Thanks, Alex. Dr Nick Starkey.

Nick Starkey: [00:14:38] Hi there, Nick Starkey. Nick is fine for the purposes of this call. I'm Director of Policy at the Royal Academy of Engineering. I also lead something called the National Engineering Policy Centre, which brings together engineering expertise to give policy advice to Government. And as Alex said, we, along with other academies, gave support to Government throughout the early phases of the Covid crisis. We also undertook a report for Patrick Vallance on how to make buildings infection resilient, particularly on ventilation, those sorts of things.

Anisha Worbs: [00:15:14] Great. Thank you, Nick. Hetan Shah?

Hetan Shah: [00:15:19] Hello, I'm Hetan Shah. I'm Chief Executive at the British Academy and like the other academies, we're involved in providing support during the pandemic. In particular, we did report on the long-term social consequences of the pandemic, which is called The Covid Decade, which was in response to a request from Sir Patrick Vallance. And, yeah, it goes without saying but we're the national academy for the humanities and social sciences.

Anisha Worbs: [00:15:47] Thank you, Hetan. Apologies for mispronouncing your name. Professor Dame Anne Johnson.

Anne Johnson: [00:15:58] Hello, good morning. My name's Anne Johnson. Please do call me Anne. I'm an infectious disease epidemiologist and President of the Academy of Medical Sciences. The academy and many of the academy's fellows have been very engaged with the pandemic; many of them, for example, have been advisors on SAGE. The academy itself has been involved in preparing a number of reports, particularly those on preparing for a challenging winter. We did two of those at the request of Sir Patrick Vallance looking at across-the-board risks

over winter as well as a number of other areas. And I'm not sure if this is relevant here but just to say that I've also been personally involved in advising on a sub-group of SAGE and also advising on research strategy during the pandemic. Thank you for inviting me to be here today.

Anisha Worbs: [00:16:49] Thank you, Anne. And finally, Richard Torbett.

Richard Torbett: [00:16:56] Good morning, everyone. Richard Torbett. I'm the Chief Executive of the Association of the British Pharmaceutical Industry. So, we're the UK-wide trade body for the R&D-based pharma industry in the UK, which means we worked very closely with companies that were directly involved in producing Covid vaccines and therapeutics and in trying to help manage and ensure that those companies, global companies that we're engaged in relevant research knew how to dock into the UK Government. We're also very practically involved in working out what expertise could be brought to bear quickly on testing as the testing infrastructure was ramped up. And of course, our day job was making sure the non-Covid supply of medicines to the NHS was also something that was prioritised. Finally, clinical research is a big thing for us and we've got some insights into Covid-related clinical research but also the impact on non-Covid research of the pandemic. Thanks very much and it's Richard.

Anisha Worbs: [00:18:02] Lovely. Thank you very much, everybody. Also, just to explain because you can't see my setup, I've got you on a big screen in front of me as well as a camera here and a laptop here. So, if you see my eyes darting about, I am concentrating on you but in three different forms.

A final bit of housekeeping from me is that we're not expecting any fire tests. So, if you hear a fire alarm going off, we will, I'm afraid, have to evacuate. But we will, of course, reconvene as soon as we can.

So, I think that's it for the introductions. So, let's get on to the meat of the discussion. And as I say, we're really looking forward to hearing from you.

The first question, and I expect to spend a fair bit of time on this in the consultation is, do the Inquiry's draft Terms of Reference cover all the areas that you think should be addressed by the Inquiry? So, if I ask you to put your hands up if you're ready to come in and then I'll call you in. Hetan, I think you're the first on the trigger there.

Hetan Shah: [00:19:13] Thanks so much. And I had a few questions as well as specific comments. So, one question is, I think, we're supportive of the notion of a focus on a kind of lessons learned inquiry, taking a sort of relatively no-blame approach as you see in the kind of rail and air industries. But how far is that the approach because it sort of seems implied within the Terms of Reference? Is that the approach that's been taken? Is this a sort of no-blame function inquiry - it'd be useful to kind of hear a bit more about that as it were?

And then secondly, this is to do again with the sort of form of the Inquiry, what's the kind of expertise that you expect to have in disciplinary terms around so you've got obviously is it Baroness Hallett who's leading it? Do you expect to have others on a panel? So, again, I'm a bit unclear. The Terms of Reference seem silent on that.

And from our perspective, we would recommend a multi-disciplinary panel that has expertise from the perspective of science, policy, logistics, statistics, history, you know, perhaps a kind of international perspective as well. So, there's something about the form, I think, which is important.

And then another form issue before I get on to substance is just one of the things that, I think, reflecting on previous inquiries is that the recommendations don't always get followed through. So, you know, if you look at the Shipman Inquiry, Janet Smith, the Chair of it, said that this was a specific problem both in her Inquiry and in others. And I wonder about learning from the ones which have been a bit more successful. So, Lord Bichard for the Soham Inquiry was very active afterwards in pushing for the recommendations.

One thought that we had was whether the Inquiry panel might meet annually after the Inquiry is published to review progress against recommendations. So, I realise I'm stretching a bit on your Terms of Reference but this is, in a sense, concerns and issues about the form and structure as well as about the content.

But if I just turn very quickly to content, I mean, it's already extremely comprehensive and the last thing you want is for that list to grow much longer. So, if I just make a few points.

One is, it does feel like it comes out but just to stress from our perspective, a key issue will be balancing health consequences of the pandemic with social and economic consequences and the lens which you use to do that will be very important. But it does feel like that's reflected in the Terms of Reference.

One bit that feels like it's missing is mental health. So, you know, if you might add that to your long list but I promise, I won't add many more bullet points than that.

And then this may be straying into kind of the next phase of what should you concentrate on but I suppose from our perspective, one of the interesting questions will be what were the forms of advice that were received by Government in terms of the breadth of disciplines and it did feel, you know, without wanting to pre-empt that, you know, at the start, we were thinking about this in this relatively, I could never pronounce the word, epidemiological terms and then we broaden out advice. And I think looking at the sort of disciplinary advice so that you're able to comment on what's the kind of scientific advice system that we need in terms of disciplines and data will be very important. I'll stop there but thank you.

Anisha Worbs: [00:23:05] Thanks, Hetan. Let me just come back on your questions and then we'll continue with the roundtable. So, in terms of lessons learned, yes, absolutely. You'll have all seen and have experience of this from previous inquiries that the first job is to establish the objective, factual narrative of what happened and then from that to lessons learned. I know that the Chair has already said that that is something she is very keen on and she wants to do quickly so that we're in a position to learn those lessons very quickly for the future.

I think on your specific point about no blame, I can't speak for the Chair on that question. But I think we are very much focused on, you know, the objective fact-finding and then drawing those lessons so that the UK can be in the best possible position going forward. Obviously, we can't preempt exactly what we're going to find in this very comprehensive and wide-ranging inquiry.

On your other points, I think what I'd suggest about panellists and expertise and also about follow-through, I'd actually suggest that we come back to that on one of the later questions because we do have a question that gets into those questions of form. And, we are in a consultation phase and we're not in a position of pre-judging any of that. So, I think, we'd be really interested to hear your views and to take those back to feed into the Chair's thinking on that.

If that's all right, we'll move on and thank you for your other points as well, which are very well made. So, I have got Nick followed by Anne, I think.

Nick Starkey: [00:25:01] Excellent. Thank you very much. I won't make a very long intervention but should we just focus on all the points in the Terms of Reference rather than particularly going through one-by-one?

Anisha Worbs: [00:25:19] So, I think, the first question is really, does it cover all the areas that you think should be addressed? Is there anything, you think, should or shouldn't be there? And then we'll move on to the other questions.

Nick Starkey: [00:25:28] So, I think it does but I think something hangs on what you consider to fall under some of those categories and how you define some of those categories. So, for instance, preparedness and resilience, really pleased to see that there. That's quite an important part, I think, and understanding how well the country came into this pandemic and how well it would go into a future pandemic is important. And so, I think, I would suggest you consider how far back are you happy to go under preparedness.

So, for instance, in the pre-pandemic planning and into, yes, planning early-warning systems, early actions at the start of the pandemic would be worthy of consideration.

And how wide, how well prepared are we to deal with a pandemic? That will be worthy of looking at. Also, resilience could do with defining, I think. We could share with you a definition that we use but that should be defined.

How well decisions were made, communicated and implemented? I think communication is worthy of good examination in itself, actually, because that makes a big difference in a crisis of any sort, how well you communicate. So, that covers, you know, networks. Do you know who you need to communicate with when the crisis happens and can you reach them? And timeliness and the quality of communication. So, we saw communication on what to do in response to the pandemic evolve as time went on. The move towards more emphasis on ventilation, for instance, was an interest to us. So, I think that is worthy of picking up. And including communications within Government and the public sector as well.

Do you have a point on the availability and use of data and evidence? I think they're both good things to look at. They're both quite different things, I think. So, I would separate them out. So, data, I think, is the ability to understand what was going on, systems to record, share and access health data from data collection at the point of care to the release of national statistics. Access to and use of real-time data – I'm reading a bit here you'll see – relating to behaviours in the economy so, for instance, use of transport and financial transactions.

And the issue of who could use and access data, whether we're able to enable independent researchers to make contributions to the effort on gathering evidence and presenting it to bodies such as SAGE.

And also access to private data under GDPR and those considerations, private data that could be used for the crisis.

Evidence, I would suggest you look at both scientific and epidemiological evidence and also, technical and practical evidence, for instance, the impact of the built environment and different technical interventions. Plenty of engineers had many things to say on how interventions could be made to assist with the response to the crisis. So, there's an interesting question about whether Government is able to access the evidence it needs at speed in a crisis where it knows where to go to for technical evidence, whether it knows which sources of evidence to trust and can use that evidence at speed during the course of the crisis.

Not many more points, only the use of lockdowns and other non-pharmaceutical interventions such as social distancing and use of face coverings. Obviously, this is very important. They're all quite different non-pharmaceutical interventions. If you swept them all into one category, you'd need to treat them differently. So, you have lockdowns including working at home, social distancing, limits of numbers of people meeting, rule of six and so on, mask wearing and ventilation. They're all quite different interventions. And so, it will be good to ensure that you are capturing all of them and treating them differently.

They're my main points. I don't want to hog the table. I'll drop some more in the chat if there's anything else I should say.

Anisha Worbs: [00:30:29] Yes, please do. As I say, we'll pick up points that are made in the chat after the meeting. Thank you, Nick. I've got Anne and then Alex.

Anne Johnson: [00:30:43] Thank you very much. Can I just start again just to seek clarity on a couple of points? You talked about lessons learned, just to understand whether the Inquiry will have the agency to make specific recommendations, for example about some of the areas that have just been raised by Nick and others about, for example, public health infrastructure and infectious disease surveillance going forward and building resilience for the future. So, beyond learning lessons, will there be specific recommendations?

And I think we're going to turn later, am I right, the time, timeframe and the way that the Inquiry will work and who will be engaged? Are we going to deal with that later?

Anisha Worbs: [00:31:25] Yes, that's right. We'll come on to that.

Anne Johnson: [00:31:27] Okay. Well, perhaps, then I can turn to your question about what the Inquiry should cover in the Terms of the Reference. I mean, they're clearly very comprehensive and I'd like to pull out a few points. But interestingly, there's quite a lot of synergy between, I think, what's already been said by both Hetan and Nick.

The first thing is we consulted our Covid-19 winter advisory group about some of the questions from the Inquiry. And I just thought I'd share with you some of the observations we'd like to make.

So, the first one is that of the disparate direct and indirect health impact. So, on one hand, we need to measure both the direct and the indirect health and social consequences of the epidemic. We also need to understand the disparate effects in different communities and what that reveals to us about health inequalities. And I think what we can learn in the way that the pandemic has not only probably resulted in some widening of health inequalities but also highlighted the pre-existing health inequalities. And therefore, I think there's quite a lot to learn from how we think about that going forward.

A third point is the one which is actually in the Terms of Reference, which is the quality of infection control systems and procedures in the health and social care system against respiratory infections specifically prior to the pandemic and how we can make sure that we incorporate infection resilience into buildings and other public infrastructure going forward; Nick's already raised the issues of ventilation and so on. But I think it goes beyond that to a broader systems approach to how we improve both infection control but actually, the whole functioning of the healthcare system and the way that staff are deployed and so on to improve the control of respiratory infections, which is actually, as we've seen, very difficult.

The other thing is going back, I know you're going to look at antecedent and preparedness. But we have seen a fairly major restructuring of the public health system in the years prior to the pandemic and a subsequent reorganisation during the pandemic. So, one suggestion is that – because I think it's not explicitly expressed in the Terms of Reference – that we should look at the investment in the UK's public health system and its impact on pandemic preparedness prior to, and in a sense, during the pandemic to learn lessons going forward about future investment in that area.

I think what we have observed, and perhaps this is more a comment, but clearly, we've had a tremendous response from the UK scientific community. And I use that very widely, meaning all the disciplines that are represented by the four academies working together. But I think how we've used independent scientific evidence in the whole process of using scientific evidence, have we used that in the most efficient and effective way is one, I think, for discussion.

And then finally, a point that we have been very involved with in the academy is engaging with the public. In our winter report recommendations, we made a lot of commentary on communicating with the public. And in the production of our evidence to Sir Patrick Vallance and others, we had quite significant engagement with the public, both the general public, particularly young people and so on, but also people affected either directly by Covid themselves or indirectly through, for example, bereavement and so on.

And so, the issue then is how well did we communicate with the public and how - the extent - do we bring the public into the discussion of the public health response both nationally and locally when we saw how different communities were affected in such disparate ways and the importance of communicating with the public around a wide range of issues related both to NPIs but also to uptake of vaccines, understanding of the guidance, access to treatment and so on.

Thank you. I think those are my main points at this stage. Thank you.

Anisha Worbs: [00:36:12] Thank you, Anne. Alex?

Alex Wakefield: [00:36:17] Thank you. And I think we, as an organisation, are broadly content with the Terms described here. I think what we would say is a point around overall framing firstly, before I go into sort of some of the individual points. And I think it's important to note that we think the Inquiry should be framed around the critical policy goals and decisions, what the overall policy goals were from the Government at different stages and what the evidence and judgement were and used to inform these goals and decisions, and what the effectiveness of these goals were in terms of overall societal outcomes.

So, questions around how and when were these policy goals defined? How did they change throughout the course of the pandemic? What critical decisions were made and when? And then bringing in how scientific and other analytical evidence, for example, economics, social research, were used to inform those and make decisions.

Another point is around how decision makers handled different levels of confidence that were communicated by analytical advisors. So, for example, for low confidence but potentially high impact outcomes, what contingencies were considered, and how might this have changed in light of new evidence.

And in terms of overall societal outcomes, I think it's been noted but just to flag in the Inquiry how different groups were differentially affected by these. So, for example, black and minority ethnic groups, different effects across ages, other vulnerable categories and different socioeconomic groups as well.

Going now into the point around preparedness and resilience. We agree that that's really important and should be included, of course. But a question there around – I think as Nick said about how far back that preparedness goes because we think that both preparedness and resilience should include investigating sort of the operational capacity, for example, for testing and contact tracing, as well as organisational competence. And so, we mean by that mostly data competence, for example, which is really critical for making sort of decisions and supporting decisions in real time.

On data competency, it would be useful to look at how data is collected, how data is curated, stored, privacy protection and how data was facilitated to be rapidly accessed across multiple organisations for their operational decision-making.

Also to note that preparedness and resilience should also be looked at, sort of the Government's abilities to access scientific advice externally and including internationally as well. So, what sources of international evidence, what channels were there to access that evidence, what barriers there were and how can channels be facilitated for future preparedness as well.

And I think one other thing that's not explicitly mentioned in the Terms of Reference but it'd be useful to consider sort of how volunteer capacity was used. And so, that's volunteers supporting the NHS to the volunteer scientists, engineers and other professionals doing analytical work. And it'd be useful to explore potentially the gap between existing capacity and what was needed and then to what extent that was filled by the mobilisation of volunteers, as I said, from the health service to the scientists and analysts and supporting the Government's efforts.

I think they're my main points there. And just to flag the thoughts of our officers and senior leaders at this stage but we mobilise a lot of scientific community committees and it would be useful to have the opportunity to feed in their thoughts through the consultation just to flag that these are our sort of early thoughts but it would be a finalised position. It would be useful to have the opportunity to communicate that at a later stage. And I'll stop there for now.

Anisha Worbs: [00:41:09] Thanks, Alex. And, just to confirm that you can, obviously, submit further views online through the public consultation process. So, I very much encourage you and the people that you're working with to do that. Richard, let's come to you.

Richard Torbett: [00:41:27] Thanks very much. And I must apologise because I missed about a good ten minutes of the interventions just now because my internet fell over. I guess the nation's internet is not on the Terms of Reference but, anyway. Thanks for letting me back in.

Everything I did hear from colleagues, I agree with. And I think the Terms of Reference that have been put together look like a really good starting point for me.

So, some shortcomings to just highlight, some of the things that are most important from my perspective. Firstly, it's to look at the sort of pandemic structures that we think worked really well and to understand why and to put in place sort of learnings for the future. And I think the comment about as far as possible, this thing of forward-looking reviews so that we could build some positive lessons for the future as opposed to a blame game was really well made, actually. And I think the recognition that this was an emergency situation and new territory for everyone.

So, things, specifically, the Vaccine Taskforce, which was very well managed particularly under the leadership of Kate Bingham. The Therapeutics Taskforce and also the Covid response group, which was another structure put in place between quite a broad community within the life science sector, both private and charity and academic and with ministers. So, those are the three structures that I think would be worth sort of specifically calling out review. So, the two taskforces and the response group.

On the interface between private sector developers of vaccines and therapeutics, I think it would be good to specifically look at whether or not lessons could be drawn around a simpler process for developers to engage with Government decision-makers. What I mean by that is that often at critical times, there was a degree of confusion particularly with global organisations about which route to take to interface with the UK. We had taskforces, we had RAPID C-19, UHP, REMAP-CAP, Antivirals Taskforce. Sometimes, if a sort of single front door, if I can put it that way, could have been put together sooner, it may have been helpful. So, I think processes for interfacing the UK with global developing organisations is the key point.

I think the other big thing from my point of view, and I don't know whether this is mentioned during the period I was offline, but the impact on non-Covid patients and both existing patients within the NHS and non-Covid clinical research is called out in the Terms of Reference. But I just want to emphasise how significant that is.

And it may come up later in the conversation as well because I know that the Inquiry quite rightly is intending to hear from patients and their families, and I think it would be well worth the Inquiry getting some insight not just from Covid patients and their families, which of course is incredibly

10

important but perhaps patients and families in other therapeutic areas that may have been impacted by the way in which the pandemic was managed.

From our perspective, we've got lots of very rich data on what the consequences were in terms of clinical studies going on in the UK and we have that over time as we. So, we can compare how the UK performed both at sort of early phases and then how quickly we responded and some of the issues within that. So, I think I just really want to emphasise how important that is.

And I guess finally UK scientific leadership in all its forms really. And I think just on the call here, we have academic, charity and private sector science represented. And it's really the coming together of those different facets of life science expertise in a way that's very collaborative in the UK. And I think the Inquiry being able to spot what were the critical enablers of that collaboration would be very helpful because it's a real key to success in many areas. Thank you.

Anisha Worbs: [00:46:14] Thank you, Richard, and thank you for persevering with your internet as well. We appreciate it. Anne, I see you've got your hand up. Would you like to come in again?

Anne Johnson: [00:46:22] Excuse me for coming back in but I think it's a point actually Richard then went on to pick up but just in terms of framing, I think it is very important that despite what a public health challenge this has been and a societal challenge, we do need to recognise the advances that we've made and build on them. And in many ways, I think we've fast forwarded a lot of things that prior to the epidemic had a bit of inertia attached to them. And I would say, for example, that we've really made advances with elements of digital health. We now have to look at digital exclusion but we've really moved that forward in being able to provide a lot more remote healthcare, for example, which we need to understand the advantages and disadvantages of doing that.

We've seen the importance of having a very strong clinical infrastructure to do clinical trials, to test out the vaccines, the therapeutics and indeed, the diagnostics in very robust ways which was achieved by really mobilising that academia, NHS and industry interface, which has been a major interest of the academy. And we need to seize that and make sure we see what we've learned but continue to build on that going forward rather than seeing this as backward looking and lessons learned, also building on what we've achieved.

We've made great advances in the speeding up of regulation and I think everybody's mentioned data. But there have been some data linkage processes, which have been extraordinarily stimulated by this in the face of necessity, as well as very novel surveillance techniques we've never had before like the ONS survey as an example. I'm giving specific examples.

But these are things which we mustn't slip back from. So, I hope the Inquiry will also look at how we best build on what we've achieved, you know, in addition to looking at what we might have done better. It's also now one way of looking at what we can build because as you've pointed out, Richard, our community has been badly affected in the sense of clinical trials stopping. That's a real problem. But at the same time, we've also seen the community being able to rally and work together and we need to build on those achievements as well and foster the next generation of researchers to build resilience for the future. Thank you.

Anisha Worbs: [00:49:00] Thank you, Anne. That's really, really helpful. Alex, did you want to come in as well?

Alex Wakefield: [00:49:06] Yeah. Just very quickly, thank you. Just a question of breaking down some of the list in the first point here in the Terms of Reference, where you described just a narrative around the use of lockdowns and other non-pharmaceutical interventions. To what extent that would just be a factual narrative of what happened, whether you'll be looking in depth at the impacts, I mean, because the impacts of NPIs to do an analysis on, you know, the social impacts, the health impacts in a very thorough way will be a challenge to do in the time constraints of this Inquiry. So, it'd be useful to have sort of a description of the extent to which those and other items on this list will be analysed for those impacts or whether it will be more of a narrative of what happened.

And I think just to pick up on Anne's point there around taking the lessons forward and building on the progress made. I think it'd be useful to consider and look forward in terms of the data and the studies and research that needs to be done now in terms of starting to build on what's already been done to answer and what questions will come up in five, ten years' time, which we would have liked to start collecting now because it's building in that capacity now to be in a better position to answer those questions in the future will be important to consider. But that's just me. Thank you.

Anisha Worbs: [00:50:55] Thanks very much, Alex, and to all of you for really extremely helpful interventions on that first question. I'm going to try and sort of summarise what I'm hearing and then we'll move on to the next question. But just on the couple of points, specific questions to us that have been raised, I think Anne raised about whether there would be recommendations and Alex just now on sort of the extent of the analysis versus narrative.

I think I can only probably reiterate that we are here in listening mode and consulting on the content of the Terms of Reference. And I think later in this discussion, we'll get more into form. So, we're very keen to hear from you, your views and also from everyone else who'll be responding to the consultation and we'll then be taking that back to the chair, who will then be in a position to make recommendations to the Prime Minister on any changes to the Terms of Reference but also to continue her own planning and the Inquiry's planning for how we take what is, as you've all said, a very extremely comprehensive scope forward.

In terms of what I've heard on this first question about scope, we'll pick up all the detailed points in the transcript and from the chat but there are some clear themes from what you're saying coming through around, the balancing of the different aspects that we're going to be looking into the health impacts and social and economic and particularly a couple of you mentioned impacts on different communities and groups of people.

I think also, a very big theme around the depth and breadth and where you draw that line. How far back you go in preparedness for example, also I think an important point is there about differentiating between aspects of what we've got listed there. So, I think the difference between data and evidence was one of the examples and that's clearly something that's shown through in all of your interventions.

12

Communicating with the public is a real theme across many different areas of what you've talked about. There was some specifics that you thought we might consider adding around mental health, the record of investment in the UK public health system, volunteer capacity and then a whole group of things, which, I think, is a nice point to end on about the success stories, I guess, and building on the successes that were achieved. A number of things were listed but some of the structures that worked well like the taskforces that you mentioned, in general, the coming together of the private, academic, charity and within the life sciences community. And then some of the digital steps forward that we're taking and in terms of clinical infrastructure as well. And I think it's a really valuable point that a few of you've made about lessons learned not just being sort of backward looking but also about building on what has been achieved and building on that for the future.

So, that's already been a really extremely valuable discussion for us. I think I'll move us on then to the second question, which sort of builds on this very extremely comprehensive scope that we've got. But the question is, which issues or topics do you think the Inquiry should look at first? So, I guess a question about sequencing and if you've got any views on that. Please do put your hands up if you want to come in. I think that one was a close call but Alex, I think you just got there and Hetan after that.

Alex Wakefield: [00:55:08] I'm not sure about that but yeah, I'm happy to go first. So, I think in terms of what the Inquiry should look at first, I think it goes back to my point that I made on the framing that we feel the Inquiry should take around what the Government's objectives and goals were, how these were decided and how these were communicated because the rest then sort of follows from that.

So, I think it's important to investigate those goals and objectives first, how they were described, how they were communicated, how they changed through time and then you can bring in sort of what advice was sought from advisors and so it includes scientists and analytical advisors and economists at each of those stages and how other considerations were brought in around feasibility and acceptability for those decisions. And then I think some of the more in depth detail around different sectors and the availability of evidence to answer those questions can be brought in from that.

Anisha Worbs: [00:56:32] Thank you. Hetan?

Hetan Shah: [00:56:35] Thanks very much. As you said earlier, you know, a key issue for any inquiry is to establish the facts. And part of the trick for this one will be to try and really map out what we thought was going on at different stages because our knowledge of the pandemic shifted very, very rapidly over time. It's really difficult now to put ourselves back into the mind set that we had 18 months ago, for example. So, I mean, it's almost unbelievable now to think back to how we thought about facemasks, for example, until thinking on that shifted. But, you know, the Inquiry will at the outset need to sort of allow yourself to think back to what we knew and how we thought at some of those early stages in order to be able to understand some of the decisions that were made because it's all very well to sort of say now, well, you shouldn't have done that. But we know much, much more now than we did back then. So, I think establishing a sort of timeline of facts and kind of what we knew at different stages will be important.

13

And related to that, thinking about how - then sort of something a bit more analytical which is about how the pandemic was framed. So, originally, it was, I think, seen very much as kind of flu-like. We know what this is and then that shifted but it was still very much seen in kind of health and clinical terms; at a slightly later stage, it was framed as kind of health versus the economy. And probably now, we would say that those two things are not really in opposition. You need to sort out the health if you want a good economy, etc., etc.

But in a way, some of those narratives are quite hard to spot. They're so deeply seated but trying to draw some of those out, I think, will be quite important.

And then the other thing, which is, in a sense, the sort of bread and butter for all of us around the table - what was the functioning of the advice system? How quickly did it kick in? What was the diversity of disciplinary information and data that was brought to the table? What was the relationship of that advice giving with Government and political decision-making? I don't think any of us around this virtual room would say, you know, that the two things must be the same, that Government must always accept, you know, what the scientific advice must be, but trying to understand the interplay between the two will be very important.

And then as others have said, the importance of communication in all of this and, what was not just intended but how it was communicated out would be really critical.

And then one last thing, which is just, I think, the role of not just Government but of civil society, communities, perhaps local government. But you know, I think we mustn't just stop from the locus of central Government in all of this. There were many players and actually again jumping into content - the track and trace system didn't work all that well when it was run centrally. It was only when it involved local government and so on that it worked better.

The vaccine development, obviously, was very central but actually, rolling it out and dealing with vaccine hesitancy was very much about mobilising local communities and so on. So, I think bearing that in mind at all times would be really important. Thank you.

Anisha Worbs: [01:00:14] Thank you. Anne and then Richard.

Anne Johnson: [01:00:23] Thank you. Thank you very much. Yeah, so a few comments. So, I think we're saying very similar things. But I would go back as we try to understand the impact of the epidemic and what happened over time. We do need to understand how unequally it affected different vulnerable communities and, you know, what the antecedents of that are in the response. I mean, thinking particularly of the very difficult situation for social care organisations, for example, that were very badly hit during that first wave of the epidemic. So, that's really going back to my point about inequalities in impact and what that should teach us about health inequalities going forward.

The second one, Hetan has already alluded to, is how do scientists communicate with certainty in the face of a public health crisis because what we have seen is the science evolving very fast and elements of things, which seemed relatively certain at the beginning turned out to be really quite incorrect. Well, you know, we had to change our mind and I think anybody who's been in this field, if they've learned one thing is that this pandemic is constantly going to surprise them and it still does.

14

So, I think it's that kind of humility in being able to say both what we do know and what we don't know but finding mechanisms to communicate that with the public so that they retain trust in science about how they should act because the public have been a very, very important part of the response. And that issue of communicating both certainty and uncertainty in science in order to protect the public in a broader sense, both from the disease but from the responses to the disease, I think, are very important things we need to understand better.

And that tells us something about the broader question of the role of Government in communicating to the public, across the communities, and how well we have been able to do that has already been mentioned. And that takes you back to the central public health roles versus the local public health roles and the role of local communities and citizens in that response.

The second one, I agree, absolutely, is that there is a big question about how we optimise the scientific advisory structure for policy and Government, how scientists maintain their independence when they do so. That's been quite an important area of challenge. And what is the optimal configuration of science, not just science advice but it's also practitioners on the ground who have a lot to offer in policy terms as well.

So, have we got the right balance in which, I think, I would include public voices. And then I think there is another issue, which is not that often addressed is what is the optimum setup not just for the advice going through to policy but actually what's the executive function which enables the optimum response across a very complex system to make sure that it all interfaces. So, if you think of the key players, the scientific advice alongside the National Health Service, the public health system at national and local levels, and the public, how do you actually set up a structure which enables policy to get into practice most effectively? And that, of course, takes me back to a comment I made previously about the public health structures and the decision to change them, on what basis was that made and to what extent will the new structures be enabled to address some of those concerns.

And then the only other thing I would say that we do also need, I'm not sure how much this is in the Terms but this was a pandemic. The clue is in the name. It was global. And so, I think, while every country has a primary responsibility to protect its own citizens, part of that protection, of course, is a global responsibility to work internationally. So, we do need to think about the quality of the link to international response and how we can take this forward globally, for example, through the pandemic preparedness plan that G7 prepared last year. How are we going to deliver that into the future? Thank you.

Anisha Worbs: [01:05:46] Thank you, Anne. Richard and then Nick and then I'll probably need to move us on.

Richard Torbett: [01:05:53] Thanks very much. My comments kind of build off of both the two that we've just heard in a way. At the risk of stating the obvious, as soon as the Inquiry gets going, it's very much going to be in the political and media spotlight and there may well be enormous pressure to have undue focus on conclusions in hindsight. And I did want to build off a little bit of what Hetan said on the risks around that because early stories or early controversy over decisions

or reflections on decision points in hindsight could be a real distraction to the Inquiry. And it's really unfair.

And I think, I really appreciated Hetan's comment around the importance of getting the facts right to begin with and, as far as we possibly can, be able to try and wind the clock back mentally for us all to sort of remind us all of what was happening and what was the circumstances in which decisions were happening.

So, it seems to me that really clearly understanding decision-making process, who was making decisions, how were these decisions made and on what advice given the context of the scientific uncertainty we found ourselves in. Describing that in a really simple way feels very appropriate to make sure that the sort of governance and accountability of policy decisions was clear. And clearly, that is the piece that many members of the public would presumably be interested in.

I had a sort of slightly different point to make about the global nature of the pandemic, which is that there may well be other inquiries into the handling of Covid-19 in other countries of this similar sort. And so, I just think considering a dialogue at some level between potential other public inquiries, international – I've no idea whether there are any out there – may be worth just at least having on the radar from the perspective of understanding what stories may become points of discussion in the public narrative as you go through the process.

It also sort of made me think that in the previous agenda item, you know, having an eye to a global sort of lens on some of the points in the Terms of Reference would be quite helpful. And part of that might be a reflection on preparedness. There may be some comparative metrics that the Inquiry could look at in terms of how the NHS, from a capacity point of view, was set up pre-pandemic and what were the consequences during the pandemic and into the recovery period as well, recognising that obviously this has a UK focus but there may be some element of international metrics that the Inquiry could include. Thanks.

Nick Starkey: [01:09:19] I shall be brief, two things. I don't know if this is about the order in which you do things or whether we're giving you advice on themes not to lose sight of, you know, amongst all the different things that you're going to have to encounter and consider.

I would agree with colleagues that from a science and engineering perspective, there's a strong theme about the ability to access and use advice. And I would add technology and engineering. I mentioned practitioner advice alongside scientific advice, both.

And secondly, from a wider perspective, keep the focus on impact. I think that will perhaps keep you coming back to those communities most exposed and who, therefore, reciprocally had a greater role in transmission.

Anisha Worbs: [01:10:06] Lovely. That was very brief, Nick. Thank you. So, again, really helpful. I think the key thing that I'm hearing there is about the significance of how the Inquiry frames what it's doing and the impact of what it does early on kind of publicly as well. I think a really important point about what was known at the time and when we're setting out the facts about access to advice. And as, I think, most of you said about uncertainty and on knowledge changing as the pandemic went on. And also a really strong message there about impacts and the inequality of those impacts and how that affects the Inquiry's work.

So, let's move on, I'm conscious of time, to the third question, which I think kind of goes back a little bit to some of what we were talking about under the first question. So, the question is do you think the Inquiry should set up a proposed end date for its public hearings to help ensure timely findings and recommendations? And I think what we're getting at there is really the choices that are going to have to be made about how much depth the Inquiry will go into on any given issue and what that means for their overall time scales. So, we'd be really interested to hear your views on that. Richard.

Richard Torbett: [01:11:42] It's really hard to give a straight answer because it sort of depends what your final scope is. I think an indication of this not becoming a Chilcot-esque multi-annual inquiry would probably be what the public and media want to hear. But also, you don't want to put a date in that it becomes a hostage to fortune. So, that's a very non-answer to you but it really depends on how tightly you can define your, you know, sort of scope.

Anisha Worbs: [01:12:22] Thank you. Anne, I think, and then Alex.

Anne Johnson: [01:12:27] Just briefly returning to purpose, the end date of the Inquiry's public hearings will be important to make sure that the recommendations are relevant in the face of another shock. So, you know, we need these to be relevant and things that could be implemented quickly because these things pass into history. And then the urgency to deal with the opportunities, which I think there are opportunities to learn from this, we need to capitalise on the timing there.

At the same time, we need to make sure that there is sufficient time to input for those who wish to contribute. So, again, it's not much of an answer but it shouldn't be so far ahead in the future that we can't really get on with what we need to do to learn and move forward from what we have learned and what we have made progress on and build on that. Thanks.

Anisha Worbs: [01:13:29] Thanks. Alex.

Alex Wakefield: [01:13:32] Yeah, agree with what's been said, really hard to say without the final scope in front of us. But I think that an end date of some sort, at least provisionally at the beginning should be set just to keep things moving and create that sense of urgency and sort of confidence that there will be findings to be communicated but would add that we would probably suggest to review that at a middle point and to assess whether that will deliver sort of the required depth and breadth that's needed. So, a provisional end date is probably what we'd recommend.

Anisha Worbs: [01:14:23] Thank you. Hetan.

Hetan Shah: [01:14:27] Yeah, thanks. And colleagues have set out, obviously, the challenge here of doing something that is so big but tying yourself to an end date. And I wonder whether you might consider framing it in a slightly different way, which is, perhaps what you could do is focus on certain parts of the Inquiry and say that you will publish a report in, I don't know what it would be, let's say two years' time on lessons learned. And in a sense, this comes back to my earlier point that inquiries in the past have suffered from recommendations not either being owned or been implemented because essentially, as soon as the recommendations are published that Inquiry winds up and that's that.

I mean, instead what you could say is that these are our interim findings. We're now going to take these out to the public and have a big conversation about whether this is right or not. So, you see this in lots of places where people think that it's the issuance of a report that is the end of something and it rarely is. It's often the start of something.

So, if you treat your findings slightly more humbly and say this is what we've come up with but we'd now like to talk to people about them, I think in a way, it might allow the Inquiry to be more effective. And I mean, this takes you on to your next question as well about involving the public and so on. But it might be wise to decouple the ending of the Inquiry from the publication of a major milestone report.

Anisha Worbs: [01:16:05] Thank you. Nick, can I just check? Did you want to come in on this question before I...

Nick Starkey: [01:16:12] I'll just say similar things to colleagues so, no.

Anisha Worbs: [01:16:14] Okay. Great. Well, thank you. Yes, I think it's unsurprising that there is a balancing act, isn't there between, as you've said, making sure that we reassure the public, that this will be sort of timely, keeping momentum but also, not hostages to fortune. I think on that, you might have seen that the Chair has said that she would like to publish interim reports. I think she is very conscious of needing to act and learn the lessons in a timely manner. So, that is something that we will be taking forward.

And I think the point about there not being a cliff edge at the end of publication is a really interesting one. And it's certainly one that we can take away.

So, on to our final question then, which, also I think, comes back to an earlier point about expert inputs as well. We can take points on that here. But the question is, how should the Inquiry be designed and run to ensure that bereaved people and those who've suffered harm as a result of the pandemic have their voices heard? Anne, thank you, and then Richard.

Anne Johnson: [01:17:47] I mean, it's obviously very important that, I think, we've all emphasised the importance of the public's voices whether they've been impacted by bereavement or by long Covid or by a number of other issues related to employment. I mean, these aren't just health impacts; they're also social impacts so that's very important.

So, one question is how could you bring the public into or groups of the public into the co-design of the Inquiry. And I'm interested to know to what extent are you going to be talking with groups of the public in roundtables like this. So, obviously, very important to listen to bereaved families and listening to accounts can be very informative. Just at the academy, we'd listened to accounts not necessarily from bereaved individuals but for example, from young people who have expressed their sense of exclusion from the pandemic – not exclusion but that their needs have been not ones related to health but actually much more to their broader wellbeing, students and young people in relation to their jobs, their social lives and so on and their mental health.

So, we do think it's important to engage with bereaved people but also to other public voices. And that's been the big part of our policy work. And, I guess, one could also think in this about what the public's view is about how the public does engage with the process of pandemics going

forward. I mean, one group, and this is not in your question here but just in listening, we haven't talked at all about the role of the media in communicating with the public. Many different forms of media have actually been incredibly important in this process, very often the informal media. Sometimes, that's also been a source of misinformation. I don't see that addressed in the Inquiry and maybe it doesn't directly come from Government but interested to hear whether that group will be one that will be consulted or questions there will be addressed. Thank you.

Anisha Worbs: [01:20:08] Thanks, Anne. And just to say because it might be relevant to those of you waiting to come in. I think that point about listening to different groups and the public more generally is one that the Chair is very conscious of. And she's keen to explore ways, different ways of listening throughout the lifetime of the Inquiry.

I think it was Richard and then Hetan and then Alex.

Richard Torbett: [01:20:38] So, just very quickly. I think, clearly, listening to voices of the public is a really good and important thing to do in this review. And a little bit of what Anne said, thinking through the different categories of voices that you want to hear is quite tricky. A lot of us have mentioned the different types of socio-economic and health inequalities that have had a light shone on them during this process, I think, should inform the thinking about that in some degree. So, you want to make sure that different communities within the sort of buckets that you're talking about have a way of getting in.

As I mentioned before, I also think it's important to just go slightly beyond Covid specifically. At the end of the day, this is an experience that the whole country has gone through for the last couple of years. And there are many patients in many different disease areas that have even not been diagnosed because of the way in which the availability of diagnostic services and NHS services has been affected or have had treatment paused or stopped. And I think understanding from a patient family perspective how that has been perceived and how that's gone, I think, is quite important as well.

Very quickly, just to build on the media point. Media is usually the commentator and only the commentator in this type of reviews. But I think Anne makes a critical point that they also have a very important role to play here. So, actually asking for the media's insights as a critical communicator with the public is a good thought. Thank you.

Anisha Worbs: [01:22:38] Thank you. Hetan and then Alex.

Hetan Shah: [01:22:43] Thank you. And can I just commend the Inquiry for really having the public there from the outset. It's not always the case that inquiries think in this way.

The Inquiry I'd point to that you might want to learn from is the one into Stafford Hospital. They really involved stakeholders right the way through the process and held workshops with the public and other stakeholders. And one of the key points around that is that the public often feel like they're kind of courtroom inquiries and Stafford didn't do that. And I think just thinking about the kind of the spaces in which you hold your meetings and so on will be quite important.

When thinking specifically about the public, you might want to consider, there are lots of now deliberative forms of involving the public. One option for you might be to have, you know, a

representative sample of the public, a hundred people that, in a sense, come with you on the Inquiry that you talk to every six months. And you know, it's a sort of shadow – not a public inquiry; that's not quite the right term but almost as a sort of forum or a group that you just draw with you.

And we've seen, for example, in Northern Ireland where there was a citizens' deliberative jury exercise alongside other things that these sorts of things give a real legitimacy to policy inquiry. So, that might be one thing to think about.

But the other thing I would say in all of this is that the public are very important but there are lots of other stakeholders too as has just been discussed. And I think it's about how you bring those stakeholders in to help develop implementable recommendations. And again, that was something that Stafford was very good at.

So, if, for example, we're talking about how do you design a science advice system, you will want to have the people who are in the science advice system and those just outside of it to be kind of talking to you about why certain ideas might work or certain ideas wouldn't work. So, I think bringing people in all the way through.

And then just a final point because the media has been mentioned so much that one stakeholder in all of this is the Science Media Centre, which operates in the UK, to link up journalists with scientists. And I have an interest because I've been on their advisory board for the last few years but they've played a really important role. They're one of those little overlooked gems in the institutional structure. And they're the sort of body that you'd be able to bring in to tell you a bit more.

Anisha Worbs: [01:25:38] Thank you very much. Alex, I think you had your hand up but did you take it down?

Alex Wakefield: [01:25:44] Yeah, I just think colleagues in this call have already stated what I was going to say. Just, of course, agree that the full suite of groups that were bereaved or affected or harmed as part of the pandemic should be included into careful investigation about identifying those groups is really important to ensure they're represented. And also, just engage early on with those groups about how they want to be involved and the issues they want to be engaged in and how they would want to do that and making sure that that's fed into the process. Yeah, just echoing what others have said, really.

Anisha Worbs: [01:26:27] Thank you. And I think before I wrap up on this final question, one follow up from me, which Hetan, you touched upon a bit in terms of your point about getting people to help us develop implementable recommendations. I suppose my final question to you all is how do we, as an Inquiry, keep you and the people in your community and your sector informed and engaged and give you the confidence that we are listening to you? Richard.

Richard Torbett: [01:27:12] Well, firstly, big thank you for this meeting in the first place because I think this level of engagement at the scoping stage is incredibly a positive signal from you and it's much appreciated. We're obviously, as a sector, really keen to provide any support and information or input that might be helpful to the Inquiry. We'll certainly do that in writing through the various sort of portals that I know you'll be setting up.

But I think, as and when the Inquiry gets to key points, maybe an interim findings or whatever that have got particular sectoral input from my perspective, I think a conversation would be very helpful. ABPI represents more than 95% of the industry so we can be a sort of practical conduit to the wider sort of pharmaceutical industry. So, that's for me.

Anisha Worbs: [01:28:09] Great. Thank you. Hetan.

Hetan Shah: [01:28:13] Yeah. I mean, I echo that. You know, we're at your service and you're going to have a lot coming at you. At the moment, it's the calm before the storm, isn't it? But do try and build in check-in points where you can talk to us and others but, you know, feel free to pull up on us and, you know, all of these sorts of organisations to try and help you.

And I'd just come back to the point I made at the start, which is, of course, you've got one person leading the Inquiry. But I do think some kind of panel that represents a variety of perspectives and disciplines will secure legitimacy in our areas and in other, in the wider public as well. So, I do sort of think that that's worth thinking about.

Anisha Worbs: [01:28:58] Thank you. Nick.

Nick Starkey: [01:29:01] Yes, similar things. Do, please, keep us in touch and come back to us and thank you for involving us. Our communities, I think, do have things which we can say not only in the perspective of what went well and what went badly but also what has improved and what could improve still further so that we're just in a better place next time a crisis of this sort strikes.

Anisha Worbs: [01:29:24] Thank you. Anne.

Anne Johnson: [01:29:27] Just really going to thank you. And going off what the others said, we're absolutely willing to come in. We've obviously got a very wide group of those who were involved very closely because they come from the biomedical world but absolutely recognise, this has to be a very broad Inquiry from who puts in – and actually, I'm thinking also about the social services end of things as well. The social care side of this is also very important beyond the medical community as well. But very happy to help you as it goes along in supporting, you know, what you're trying to do. Yeah, thank you.

Can I just ask, with the transcript, will you be running it past us to tidy it up or just – or will you want to – will you...

Anisha Worbs: [01:30:18] We can send it through to you before it's published.

Anne Johnson: [01:30:20] I mean, they usually do that with other – just because spoken word is often a bit – got a lot of ums and ahs in there but just to clear it up.

Anisha Worbs: [01:30:28] Yes, I'm also conscious of that. We can circulate it to all of you if that would be helpful before it goes up. And as I said before, if you do have a preference not to be named, then do let us know.

Great. Well, thank you very much for that. I think a few things coming out of that which you all agreed on. The first is very obvious to us, which is the scale of the task in terms of engaging the

entire public essentially but in terms of targeting that and understanding the different groups within that. And as you said, it's not purely about Covid impacts but much broader impacts than that.

Some really helpful suggestions on the form that that might take, which we will certainly take away and think about. And a very good point about the media and the media's role in the communication that you talked about earlier and the interaction between the science community and the public.

And in terms of involvement of you and your sector and Hetan, to your point about experts, that is something that we're actively thinking about and the Chair is considering, you know, how to bring in what is going to have to be a very broad range of expertise given the scope of the draft Terms of Reference. So, again, something that we will take away and consider with the chair.

And I'm fairly confident, I can say we will take you up on your offer of continuing engagement, you know, as we progress through the Inquiry. So, thank you very much for that.

And yes, in general, thank you again for your time. We really appreciate you joining us here today and sharing your insights, which have been incredibly valuable. We will take all of that away and the team will be analysing all of this alongside the other events that we've had and the responses to the online consultation.

I should say that, and I hope that you'll understand, that not everything that you've suggested may well end up in the Terms of Reference, which, as you've seen, are both very broad and quite high level given the depth of what sits underneath. But beneath those published Terms of Reference, there will be a large number of detailed issues that the Inquiry will investigate. And so, I think that, a lot of what you've described today will sit under the kind of detailed investigations of the Inquiry and that will become, you know, that will be able to talk to you about that in more detail as we go along.

So, I think, for anything left to say, we've talked about the transcript and we can send that through to you before it's made available on the website. Just a reminder that we do have the counsellor support available if you would like to speak to them after today. Thank you very much for joining us. We found it really incredibly valuable and we hope you have a good rest of the day. Thank you.

[END OF TRANSCRIPT]