

## **UK Covid-19 Inquiry**

### **Key and frontline workers roundtable**

30 March 2022  
Leeds and online

#### *Participants*

Samantha Edwards, UK Covid-19 Inquiry

Martin Hogg, Citizen Coaching and Counselling

Bill Taylor, Communication Workers Union

Adam Creme, Unison

Daniel Shears, GMB Union

Joanne Galbraith-Marten, Royal College of Nursing

Jonathan White, National Union of Rail, Maritime and Transport Workers

Dr Chaand Nagpaul, British Medical Association Council

Ade Adeyemi, Federation of Ethnic Minority Healthcare Organisations

Joanne Cairns, Union of Shop, Distributive and Allied Workers

Stuart Davis, Unite the Union

Matt Dykes, Trades Union Congress

Adrian Prandle, National Education Union

Lizzie Kumaria, UK Covid-19 Inquiry

Chris Napier, UK Covid-19 Inquiry

**Samantha Edwards:** [00:03:08] Good morning, everybody. Welcome to our roundtable this morning. My name is Samantha Edwards. I am the Director of Communications for the UK Covid-19 Inquiry. We're very delighted to have you here today. I'm sure you're well aware of the foundations of an inquiry. This is an independent inquiry, independent of government, of any other body, and it is being chaired by Baroness Hallett. She was appointed in December. She's a retired Court of Appeal judge and has quite an extensive experience of inquiries and other inquests.

This Inquiry has been set up to look at the UK's response to the pandemic. And this meeting is to really focus minds on the Terms of Reference that we have published, and they are the draft Terms of Reference. And we are consulting on those through online but also through meetings such as these.

We are going around the country and we're talking to groups such as yourselves, but also to bereaved families, and for that reason, we are making sure that we've got any support that is needed for people arising from talking about issues from the pandemic. So, if you do need

support, we have Martin Hogg here from Citizen Coaching and Counselling. He is available to you if you want to have a conversation with him. His details are on the agenda that was sent out to you. If after this meeting anybody feels that they would like to speak to Martin then please do. Martin, do you want to just introduce yourself?

**Martin Hogg:** [00:05:29] Thank you. My name's Martin Hogg and I'm from Citizen Coaching and Counselling. We're independent of the Inquiry and anything you tell us is going to be completely confidential and not recorded or fed back in any way. If you need to take a time-out from today's session, or even on reflection in the days to come, then just use the contact details that you've got in your joining pack, and myself or one of my team will be in contact with you.

**Samantha Edwards:** [00:06:04] Thank you, Martin. So hopefully, we will run for about 90 minutes, give or take, today. We really want to make sure that this is a session that is really useful to you, and to get all of your thoughts on the Terms of Reference themselves. We'll try and run this kind of tight so that everybody gets their chance to speak and make sure their – their points are heard. A couple of little housekeeping things. We are not expecting a fire alarm. So if there is a fire alarm, we are to go out of these doors, and out of the building. The toilets are on this corridor to my left.

So this is one of a number of different events that we've held over the last couple of weeks. We're actually coming to the end of our tour around the UK talking to different sectors. We've been in Scotland, Wales and Northern Ireland and across parts of England as well. We've learnt some really useful insights from all of these. The idea is to understand different perspectives of the pandemic, and what that means for our Terms of Reference. Once we've analysed everything, Baroness Hallett will be looking at whether or not to make recommendations to the Prime Minister on whether the Terms of Reference should be changed before they are finalised.

Once the Terms of Reference are finalised, that is when the Inquiry becomes official. If anybody does want to give additional views after today, we do have an online consultation form that we are very happy for you to use. If you're also interested to share that with any of your members, please do so; we are looking for responses from across the whole cross-section of UK society - the depth and breadth of society. So, if you could help us to encourage people to respond, I'd be hugely grateful to you as well.

Just to note, so we are recording this meeting, that is just so that we've got an accurate transcript of it. We've also got a couple of people with me today who are note takers. I've got Lizzie and Chris, who are taking the notes for us. And the two gentlemen at the back are our AV production team. They're going to make sure that everything runs okay.

I think we're small enough that we can do a very quick round of introductions before we dive into the questions if that's okay; it would just be really useful to know who each of you are. So perhaps what I'll do is go to the people online first. The first person that I've got on my screen is Bill Taylor.

**Bill Taylor:** [00:09:00] Thank you. Good morning, everyone. I'm Bill Taylor from the Communication Workers Union. And I'm the Head of Research at the union.

**Samantha Edwards:** [00:09:17] I've got Adam next, I think.

**Adam Creme:** [00:09:38] Okay. My name is Adam Creme. I'm the Director of Legal Services at Unison. I just wanted to say thank you for involving ourselves in this today. We will no doubt be feeding more stuff to you online; unions are not notorious about not giving detailed info. So I see this as a starting point for our input today, and we really welcome it.

**Samantha Edwards:** [00:10:08] Thank you very much, Adam. I've got Dan next.

**Daniel Shears:** [00:10:12] Good morning, everyone. I'm Dan Shears; I'm the GMB Trade Union's Head of Health and Safety. And I led the union's response to Covid-19.

**Samantha Edwards:** [00:10:33] Thank you. Then on my list, I've got Jo Galbraith.

**Jo Galbraith-Marten:** [00:10:39] Hi, everyone. I'm Jo Galbraith-Marten. I'm the Director of Legal Services from the Royal College of Nursing.

**Samantha Edwards:** [00:10:48] Thank you. And then I've got Jonathan.

**Jonathan White:** [00:10:53] Morning everyone. My name is Jonathan White. I'm a National Policy Officer at the National Union of Rail, Maritime and Transport Workers. And likewise, grateful for the chance to feed into this session.

**Samantha Edwards:** [00:11:07] Thanks, Jonathan. And then also on the screen, I've got Dr Chand Naagpaul.

**Chaand Nagpaul:** [00:11:14] Good morning. Thank you very much. Very pleased to be here. I'm Chaand Nagpaul, I chair the British Medical Association Council. We represent doctors across all four nations of the UK, and I led the BMA's response with regards to the pandemic. I should just make clear that not only do we represent doctors, we also represent public health doctors. So our interest was very much around the overall public health response, as well as the issues affecting doctors and healthcare workers.

**Samantha Edwards:** [00:11:47] Thank you very much. And do you wish to be addressed as Dr Chand or just your first name?

**Chaand Nagpaul:** [00:11:53] My first name is fine. Thank you very much.

**Samantha Edwards:** [00:11:55] Thank you. And then in the room, would it be okay if I start with the gentleman there?

**Ade Adeyemi:** [00:12:13] Morning, everyone. My name is Ade Adeyemi. I am from the Federation of Ethnic Minority Healthcare Organisations (FEMHO). We're a recent consortium of individuals, groups and networks, representing over 50,000 doctors, nurses, healthcare clinicians, researchers, and support ancillary staff within the health and social care sector in the UK, for reasons which I think are well versed for many of us, with a clear focus on speaking up for the effects of Covid on ethnic minority staff and support staff in the system. Thank you.

**Samantha Edwards:** [00:12:50] Thank you very much, Ade. Let's go to the lady next to you.

**Joanne Cairns:** [00:13:17] I'm Joanne Cairns. I'm the Head of Research and Policy at USDAW, which is the Union of Shop, Distributive, and Allied Workers.

**Samantha Edwards:** [00:13:29] Thank you very much, Joanne. If I could go to you next?

**Stuart Davis:** [00:13:32] Morning all, I'm Stuart Davis from Unite the Union and the Legal Officer. Unite the Union is a general union, we've got 23 sectors. So we have a broad interest across the entirety of the public inquiry.

**Samantha Edwards:** [00:13:44] Thank you very much. Moving on.

**Matt Dykes:** [00:13:47] Hi, my name is Matt Dykes, and I'm Public Affairs Manager at the Trades Union Congress.

**Samantha Edwards:** [00:13:54] Lovely to meet you. Thank you.

**Adrian Prandle:** [00:13:56] Hi, I'm Adrian Prandle. I'm Director of Government Relations and Workforce Policy for the National Education Union.

**Samantha Edwards:** [00:14:06] Thank you very much.

If you want to raise a question on Zoom, if you go to the bottom part of your Zoom screen, and there is the 'raise hand' function. Just pop your hand up before you put the microphone on.

Now that we've got the recording going, we will have the transcript and we can make that available. And we will publish it anonymously at the end of the consultation. I will do my best to summarise some of our key points as we go through the session, just to check my understanding that we've got things right. But if there's anything that you think isn't quite right, either today or at a later point, then do use the consultation form afterwards as well for anything further.

The bulk of this is going to be around four questions that we've got for you around what's included in the Terms of Reference, what we think should be looked at first, and what we think the timing and potential end dates should be. And also, how do we bring people into this Inquiry, because one of Baroness Hallett's key commitments to people is that people who've been bereaved and most impacted are absolutely at the heart of this Inquiry. It's so important to her.

The chat function is also available for those people who have joined us on Zoom. I probably will struggle to respond to points in the chat. But we will monitor it and we will also be able to get a transcript of everything in the chat. So that is available for you as well. My final thing to ask of you is, where you come from a whole-UK perspective, I'd be really grateful if there are any things that you want to draw out that are particularly different for or for different nations. So if there are things that you feel when you're talking that actually that Wales did differently, or that Scotland did differently, it'd be really helpful if you can draw any of those things out for us, that'd be really appreciated.

And if I could ask that, while we're not speaking, that we keep ourselves on mute, so that we don't have any feedback, etc. Does anybody have any questions before we start? No? So my first question for you.

So in front of you, you've got the Terms of Reference document, and also our consultation documents. My question for you is, do you feel that the Terms of Reference that are draft at the moment cover all the areas that you think should be addressed by the Inquiry? And do you have any thoughts on what should be included in addition? I've got Matt with his hand up first.

**Matt Dykes:** [00:17:38] Thanks very much, Chair. So basically, the TUC has consulted with a range of our member unions prior to this. And I want to kick off with some general comments about the Terms of Reference before colleagues come in with specific issues relevant to their members in the sectors that they represent.

I've got five quick points to make. So first of all, as you'd expect, our primary focus is trades union representing frontline key workers, and the impact the pandemic had on the health, wellbeing and employment of those workers. And as such, we'd like to see a more explicit reference to the impact of the pandemic at work, and the implementation, management and regulation of workplace safety.

Second, we welcome reference in the Terms of Reference and in your opening comments, to the experience across the whole UK, within the scope of the Inquiry; I think we would welcome assurance that there will be sufficient time in the Inquiry devoted to the different experiences, comparisons and contrasts between all four devolved nations.

Third, we're concerned that the first bullet point under section one of the Terms of Reference is too tightly drawn. We'd want the Inquiry not just to look at the impact of central, devolved and local public health decision-making. We think it should also include the actions, decisions and impacts of all relevant players, including non-public health related Government departments, employers and regulatory bodies and agencies.

My fourth point is that while the deep dive into health and social care sectors set out in a second bullet point is welcome – although there may well be a number of further points to discuss around this – we are concerned that other key sectors do not receive similar attention. And colleagues from unions here today will want to say more about that in relation to the sectors that they represent.

And finally, my fifth point, the terms set out in section two also appear to be too narrowly focused. The aim being to identify lessons, thereby to inform the UK's preparation for future pandemics. We believe that many of the very important lessons learned from the pandemic may apply more broadly than to the preparation for future pandemics alone. And we think that this could, in practice, restrict the range of recommendations that a Chair will be able to make.

An example might be the way procurement of supplies was handled, where the lessons are applicable to the way Government purchases goods and services more broadly, not just in relation to future pandemics. Or another example might be how the absence of effective statutory sick pay impacts millions of workers, not just in a pandemic situation. So I know that we have several further comments related to specific sectors but I'll leave that to union colleagues who are in this meeting. Thanks.

**Samantha Edwards:** [00:20:57] Thanks very much, Matt. Does anybody else want to come in?

**Ade Adeyemi:** [00:21:15] Hi, Ade here from FEMHO. I have a specific point, which I think we could probably follow up offline in our email discussions, because I think we've written to you on some specific points. And we think that the generalities of the Terms of Reference at the moment cover the specific points we made. But it would be useful if we could get confirmation that that would be the case. And that you believe the specifics that we've put forward would fall under the

generalities as covered in Terms of Reference, because as I said, that might be better covered in the direct communication.

I think I'd just also like to respond to the colleague who's made a comment about the recommendations not being so tightly defined. I would agree with that, that it's not just pandemic preparedness, policymaking and development. I think there were applications and lessons to be learnt in particularly some of the application of inequalities and racial disparities in the National Health Service, and health and social care sectors, which shouldn't just be ring-fenced to pandemic preparedness. Thank you.

**Samantha Edwards:** [00:22:43] Thank you, Ade. Joanne, you're next?

**Joanne Cairns:** [00:22:48] Thanks. I'd echo what Matt was saying regarding the groups of workers that, you know, we would like to see looked at and their experiences looked at in the Inquiry. As you'd expect, we would like to raise the issues that retail sector workers faced: they were public facing throughout the pandemic and working on the frontline, at a risk to their health and also unfortunately facing increased levels of abuse as well from customers, which was a major issue for a lot of our members. And there were particular concerns in terms of health for those in vulnerable groups and for pregnant women.

**Samantha Edwards:** [00:23:43] Thank you very much Joanne. Stuart.

**Stuart Davis:** [00:24:01] Thank you, Chair. I'm conscious that some of the industry-specific unions will make contributions. I won't cover every point I've got, as I said earlier on in terms of the general nature of Unite, we cover an awful lot of sectors. So I may need to come back in on some of the extra points that are made. But needless to say, you know, we support the observations that have been made by Matt, and from the TUC in relation to the draft Terms of Reference in general. But clearly, there has been a wide impact amongst our members, and the families of our members as well in terms of those frontline jobs, the frontline industries, and whilst the draft Terms of Reference do consider the experience impact on health and care sector workers and other key workers during the pandemic, we do think that there should be some specific focus.

Now again, I'm very conscious that we do come with a multitude of different sectors but particularly – and as I say I may need to come back in off the back of other colleagues' contributions - but particularly around manufacturing and food processing, we saw huge issues in respect of those industries continuing throughout the pandemic. There was no pause in the manufacturing and the food processing, and particularly in meat we saw large outbreaks of Covid, which resulted in major closures across all jurisdictions. And Northern Ireland is one that springs to mind in terms of Moy Park, which I think from memory had to close on two occasions at least, due to a huge outbreak of Covid across the workforce. And this is where we had members who were continuing to have to work very closely with each other, despite the guidance around social distancing, and everything else around that.

The other one would be construction: construction did not pause as a result of the pandemic. And construction sites continued. And again, we experienced huge issues in respect of our members being in close proximity to each other throughout the pandemic, which did result in

disproportionate numbers of individuals contracting Covid, becoming seriously ill from Covid, and also, unfortunately, dying as a result of Covid.

Passengers are another area in terms of the impact, particularly on bus drivers, and here again we saw a large number of our members experiencing death and serious illness because, again, they operated throughout the pandemic right from the beginning. And there are issues that link into other parts of the pandemic – other parts of the public inquiry around PPE, the advice to employers, which we think are really, really important. Going back to your point about Baroness Hallett wanting to hear from those individuals directly impacted or those families of the bereaved, certainly there would be people who would be keen to be heard through the auspices of the trade union, in relation to the wider public inquiry.

**Samantha Edwards:** [00:26:56] Thank you very much, Stuart. I'm going to go to Bill online next.

**Bill Taylor:** [00:27:03] Thanks very much. So just from a CWU point of view. I mean, we very much welcome the Inquiry. It's really important that the Inquiry looks at the pandemic and the government's response, and that lessons are learned for the future. I'd like to echo what Matt from the TUC said, in terms of areas missing from the Terms of Reference around workplaces, and the importance of including more focus on workplace issues.

And so we at the CWU represent many frontline workers who have been in some of the highest risk categories for death and illness from Covid. That includes security guards, cleaners, postal workers and telecoms engineers, who were very much on the frontline in public-facing roles. And the main point I think we would like to make today is that we think it's important that workplace health and safety is included as a sort of broad encompassing category in the Terms of Reference. At the moment, that doesn't seem to be the case.

So within that, we'd want to see provision of statutory sick pay, for example, the availability of PPE in the workplace. And from our experience that wasn't well organised in the beginning. So in Royal Mail, for example, we had to put a lot of pressure on to get sufficient levels of PPE in the workplace, and also social distancing, particularly in the first few weeks of the pandemic. And then after that it was fairly inconsistent in terms of the provision.

And also the importance of carrying out workplace risk assessments, and making sure those were done. So, I think within workplace health and safety, there's all of those issues that need to be covered. I think workplace health and safety should be a category kind of on its own within the Terms of Reference. Thanks.

**Samantha Edwards:** [00:29:02] Thank you very much, Bill. I'm going to go to Dan next. But before I do, I did misspeak at the beginning of the session where I said that the transcript would be anonymised. It won't be anonymised. So it will have your name and the organisations that you represent. So if anybody does have any worries about that, just please do speak to us. But my apologies. Let's go to Dan next.

**Daniel Shears:** [00:29:31] Thank you, Samantha. GMB, like our sister union Unite, is a general union; we have half a million members, the vast majority of whom were key workers through the pandemic. So again, we welcome the opportunity to contribute today and to the Inquiry more widely. This is something very close to our hearts. We had members that suffered severe

hardship. We have members that died due to Covid-19. So we have quite a profound experience through the pandemic.

There are four brief areas I'd like to touch on. The first is the role or indeed lack of role of the Health and Safety Executive as the workplace occupational health and safety regulator, particularly during the early stages of the pandemic. One of the strong experiences that we had was a focus particularly from the Westminster Government that this was a public health issue rather than an occupational health issue. And that very much put the early stages of pandemic response through a prism of non-workplace interventions. That had consequences for regulation and indeed, the way regulation was enforced, particularly in terms of social distancing in workplaces.

So we do think that's something that the Inquiry does specifically need to look at. And I would echo the point from Bill, about possibly having a strand specifically related to workplace health and safety. Certainly, for the first phase and the first wave of the pandemic, there were very severe concerns about actually getting both guidance and movement from employers around Covid management.

The second point is slightly more specific; it relates to the second area of the Terms of Reference. And you asked for specific examples of differences between the different home Governments. One we think very specific needs to be looked at is the vaccine mandates for care home workers in England: it is very difficult to understand why our members in England were expected to have mandatory vaccination when those in Wales, Scotland and Northern Ireland were not. And we do think that again, that specifically needs to be looked at both in terms of why there are differences between the home nations, and also then why there are subsequent policy changes made, where mandatory vaccination was pursued more widely for NHS workers. So that is something we would like to see specifically related to this.

The third point is more of a query. And that relates to the references to Long Covid. There is a specific reference in terms of the health and social care sector to Long Covid. It's unclear to our mind whether that relates only to workers and the experience of that sector, or whether it relates to the whole population. And we certainly feel given the explosion of long Covid in the UK, that there's something that the Inquiry needs to look at across the board. We again have seen very different experiences, very different responses by both employers and regulators, to long Covid. So we do think that's something that needs more consideration.

And the final point from a general sectoral view is around transport. I think other colleagues may well speak around the importance of public transport; we would simply ask that if the Inquiry is to look at transport it looks at transport in the round. We have very specific experiences in taxis and private hire, and very particularly in aviation. Not only in terms of border control – we know there's a reference in the Terms of Reference to looking at borders – but there were specific issues there in relation to how airports and aviation were managed, the role of furlough or not in the aviation sector. And perhaps something which isn't really referred to at all in the Terms of Reference, which was the rollout of the quarantine hotels, and the management of that particularly in terms of infection control. So those are all areas that we think usefully could be included. Thank you.



**Samantha Edwards:** [00:32:53] Thank you very much, Dan. I'll go to Adam, then Joe, then Jonathan.

**Adam Creme:** [00:33:01] Hi, I wasn't able to hear all of what Matt said at the beginning. But the bits that I could hear, I agree with. So I imagine that I agree with the stuff at the beginning. There's a danger of getting repetitive about things. So I'm going to try to avoid doing that. We welcome, obviously, the deep dive into the health and social care sectors where we have a great many members who were on the frontline. We note, though, that there doesn't seem to be any specific emphasis on local government workers who are also carrying out key jobs at the time.

And just some examples, social workers, social services, refuse workers, if you like. So we would ask that they be considered. We think other sectors should be involved but I'm going to leave that to colleagues from the unions that represent those areas.

We'd like to see some form of focus on schools and further and higher education. Maybe that could be made explicit in the Terms of Reference. Because we think it's important not only actually in relation to the staff and the workers there, but also the views of young people who have been caught up in the middle of all of this and who have been greatly affected.

My second point is about Northern Ireland. My colleagues in Northern Ireland have asked me to say that they think there should be a specific Inquiry relating to Northern Ireland. I'm not sure if this is the relevant place to raise that, whether you have the power to do that. And I don't intend to go into detail, but we will be feeding something in writing in due course. So I won't dwell on that.

The third area where we'd like to see some emphasis relates to migrant workers. And obviously, I don't want to get political but there were migrant workers, especially in the healthcare sector, who were struggling to do their jobs, whilst at the same time they were dealing with post-Brexit immigration rules, and I think that should be looked into. And finally there's been a general point made about the lessons learnt from this and whether they should simply be applied to future pandemics or whether there's something broader that we can learn from all of this. And you know, I would just draw out an example of, say, procurement.

**Samantha Edwards:** [00:35:18] Thank you very much Adam. I will answer your Northern Ireland point before we move on. That is for the devolved Governments to decide and appoint if they choose to have separate inquiries as Scotland has done. So it is not something that we have influence over. I'll go to Jo next.

**Jo Galbraith-Marten:** [00:35:39] Thanks. In relation to the Royal College of Nurses perspective, it won't surprise you to hear that our focus is on the health and care sector. And our position is that there should be a separate stream of work, solely for healthcare workers. And then I just had two points, one in relation to section one, and one in relation to section two of the Terms of Reference. In relation to section one we will provide you with a list of issues that we say are absent from the terms, but one in particular stands out to us. And that relates to the accountability and response of the governments across the UK, and the Health and Safety Executive to monitor and protect the safety and welfare of health and care staff in both the NHS and the independent sector.

In relation to section 2 and the lessons learnt, whilst not wanting to create a blame culture, we say it would be critical if we are truly to learn the lessons from this Inquiry to pin down the causes and

to say clearly where mistakes were made. We think that that clarification would be critical to inform the Inquiry's work, but also to command the confidence of the public and our members going forward. Those are my two points.

**Samantha Edwards:** [00:36:48] Thank you very much, Jo. Jonathan.

**Jonathan White:** [00:36:52] Thanks. At the risk of repetition, I support what my trade union colleagues have been saying about the need for a wider emphasis – a wider sort of examination of the impact on the workplace, like USDAW – and the impact on public transport workers was massive.

There were disproportionate levels of fatality, as my colleagues in Unite and GMB have said, disproportionate levels of fatality among bus and taxi drivers. For example, there were very high levels of infection among wider transport staff, public transport staff in particular. And I think public transport staff also gained a kind of a new role in enforcing public health regulations around mask wearing and social distancing, which has led to, as my USDAW colleague mentioned earlier, rising levels of aggression. You know, their workplace is now a far more stressful place, and they've seen very high levels of aggression, violent assaults, being spat at, and things like that.

So it's really important that we think that that's going to be an enduring legacy of the pandemic, and it will certainly be a feature of any future one. But I wanted to make one other point, which is slightly related, which takes us off in a slightly different direction. I want to echo something I think Matt said at the beginning about the need to look at the interaction of policy - of Government decision-making with the industries in which those decisions are made, and the interaction of those things.

Because the fact is that, you know, if the Terms of Reference are just looking at Government decision-making, well, Government decision-making can't be understood or assessed without having a look at the wider context of the industries within which those decisions are made. Government decisions in transport were shaped by a deeply fragmented and privatised sector. DFT guidance for travel operators was always advisory in a sector composed of scores, if not hundreds, of transport operators.

And then any kind of guidance that was issued from Government then needed to be translated into agreed guidance with scores of employers and then policed by the unions, against contradictory imperatives to collect revenue and return to profit making as soon as possible.

Now in the rail industry, for example, that just about worked, with the Rail Industry Coronavirus Forum. But even then, we had revenue collection staff facing the pressure to get back to collecting revenue for their operators, in crowded carriages, and didn't always feel that they could invoke dynamic risk assessments, for example. We had BAME staff who tended to be concentrated in the lowest paying employers. 76% of them said that they had never been offered by their employer an individual risk assessment. We had outsourced cleaners without any access to occupational sick pay. And that was in the more regulated sectors. When you look at ferries and buses, it was harder, much harder.

So the basic point, I think, is that we need the examination of Government decisions to be – and any lessons about the resilience or fit for purpose of Government in terms of future pandemics to look at the way that interacted with the industries in which those decisions were being made.

**Samantha Edwards:** [00:40:59] Thank you very much, Jonathan. And I think we've got Chaand as well.

**Chaand Nagpaul:** [00:41:11] Hello. So obviously, in representing the medical profession mine will also focus on the health sector. And we're not going to be rehearsing the details of your Inquiry, but just what might need clarity on what could be in the Terms of Reference, if it's not clear already.

I think one thing we would say is we want the Inquiry to look at the state of the public health system that – within the UK, England, at least - when the pandemic hit, on a backdrop of what had been, I think, in real terms, £815 million of cuts in public health funding. And we believe that starting point disadvantaged us in the way we were able to respond when the virus first hit us, and why there needed to be the sort of level of outsourcing that occurred. So we think that should be looked at.

And also a comparison between the public health response from the established public health system, the local government system, and the public health efficacy of the outsourced laboratories and outsourced testing and tracing. So leave the politics out. But just to look at the starting point, the outsourcing and how effective was that compared to the established way in which we have normally used our public health system to manage viral infection outbreaks.

Similarly, to look also at the state of the NHS at the onset of the pandemic, and the infrastructure we had, because, in fact, I remember doing an interview before the pandemic hit, we said the NHS was in crisis. So it's not as if we were not in crisis, and something happened; I think it's important to recognise what was our starting point.

There's a lot of mention made, of course, on hospitals, care sector, but we think that there should be also, within the health sector, provider sector, a focus also on the impact on general practice. It's been said before, but within the health sector, occupational health – it will be good to also look at the role of occupational health for those in the health sector.

In terms of PPE, I just want to be sure that we won't just be looking at the issues around procurement, but also in terms of the guidance around PPE in the health sector, and how that compared to the guidance in other parts of the world, because there was a disparity or, rather, the standards in the UK were lower than WHO standards during the first wave. Part of that, or the latest is, to look also at the role of an independent public health voice in a situation of a pandemic and did the public, did the health service, feel it had proper independent public health advocacy. Were we being led by the science, effectively? And I think there's something very important about that, as opposed to perhaps public health at the moment is structured to be accountable to ministers.

I hope the Inquiry will also look at the impact of the pandemic for patients without Covid. Today, for example, are now talking about this backlog, but in fact, there was considerable impact on patients without Covid throughout the pandemic, in fact very much so during the first wave, and

the health consequences and mortality in fact, that resulted for that, so there's the knock-on effect. And on that note, I don't know what the Inquiry is going to be looking at the mortality statistics and the toll, and not just mortality, but you know, Covid illness and mortality in the UK or in England, and to look at how that compares to other parts of the world with comparative healthcare systems, or comparator nations in a wider sense, and just get some understanding of whether, if there is a disparity, then what was it about the UK that resulted in that disparity. A disparity meaning if we had a worse toll on health and deaths, thank you.

**Samantha Edwards:** [00:45:57] Thank you very much. And then Adrian, sorry to have come to you last.

**Adrian Prandle:** [00:46:01] That's not a problem. The National Education Union also supports the cases made by others today for the Inquiry looking at workplaces explicitly. And for the context of the sector, at the start of 2020. I'm going to make the case for the Terms of Reference addressing education in more explicit detail, which is partly about education settings, and them being workplaces. But by no means entirely.

I'm not sure the nature of the tour that you've described as part of this consultation beyond today's roundtable. But I hope you've had the chance to meet teachers, support staff, head teachers, parents, pupils, and understand the scale of the impact on them professionally and personally. And that impact is ongoing, not least for people who've been taking their qualifications in the last couple of years.

So I think the wording in reference to education is brief. And I think it's narrow, as well. So that's in the first section of the factual narrative around decision-making. And it says restrictions on attendance at places of education. I think expanding this is in the interests of the 450,000 education workers that we represent. I think it's also important to say that NEU also wants to represent the interests of the children and young people that our members work with.

So there's wider interest in expanding what the Inquiry looks at in terms of education for parents and pupils most specifically. But I think there's a wide public interest in understanding exactly what happened in education and is still happening in education settings, regarding the pandemic.

So we'd like to see a kind of deep dive represented in the term Terms of Reference, akin to the bullet points that are there for the health and care sectors; we'd like to see something similar for the education sector. I want to give you a few examples of the sort of things that I don't think the current draft Terms of Reference wording represents, and we wouldn't want to be out of scope.

So I've referred already to the context of the sector at the start of 2020. So resilience issues here as we went into the pandemic included underfunding of schools. The quality of the school estate, and most relevant to the pandemic is the size and ventilation capabilities of classrooms. Teacher recruitment and retention, which has been in a crisis for most of the last decade, high workloads of teachers, pupil mental health crises, child poverty and inequality, and an over-reliance on exams, all those qualifications that I mentioned.

I think we'd also want the Terms of Reference, and the Inquiry to be looking at the timing, the quality, the relevance and the communication of Government guidance, which has been found

wanting throughout the pandemic, including this week. But in a most heightened sense in those in those first few months, of course.

I think the wording in the Terms of Reference, because it is narrow, doesn't do enough justice to the plight of vulnerable children. And we know that there were huge difficulties in terms of free school meals, particularly in that first year of the pandemic and very public rows between Government and other interested parties in that. The provision of laptops to disadvantaged pupils during periods when they weren't able to access face to face education, learning loss at that time, and the recovery of the learning since.

Obviously, as I've alluded to, the health and safety mitigations in relation to education settings. And I think it's important there that that isn't just about education settings but it's the relationship between transmission in school and virus transmission in the community and vice versa. And the impact on overall prevalence and spread at different points of the pandemic. And that's changed and looked different at different points, but I think is highly relevant.

We've got the introduction, removal, management of at-school asymptomatic testing sites, again, that remains an issue at the moment, as well. We had Government threatening legal action against a local authority. So Government decisions and changes and investment in relation to health and safety, such as ventilation, which was flagged very early by SAGE, I think, in the early months of the pandemic as being a big issue and hasn't really received Government investment – significant Government investment, even to this day.

Debate around circuit-breakers and slightly longer school holidays, and so on. And right now, in 2022, the issues that we're looking at most particularly around the loss of free testing, to those in education, and the deployment of staff. This relates back to what I said about teacher recruitment or retention crises and huge teacher shortages during the pandemic over the last few months. And I could go on; I won't do that today. But you know, there's a lot there.

**Samantha Edwards:** [00:51:35] Thank you very much. And if it gives you any comfort, we had a focused children and education roundtable last week, actually. And we learned a lot more and understood a lot more perspectives, and I think very similar feedback was raised about the narrow definition of education. Matt, I know you've got a point to raise. I'm really conscious of time. I've got three other questions. So if I can ask you to keep it brief.

**Matt Dykes:** [00:52:03] I will, Chair. I just wanted to make the point that there's an awful lot we're asking to be included. And I think we're open for discussion about how that's included. So I just wanted to make that point.

Just a few other little specific things that have come up. I mean, the bit on health and social care talks about preparedness, initial capacity; we're hoping that that offers an opportunity to look at the preceding decade of government policy and its impact on the preparedness and resilience of public services. So health and social care, but other public services as well. So the point that Chaand and others have made about the impact of cuts and outsourcing and fragmentation across public services, and how that affected capacity and capability.

Second point is on the provision and procurement of PPE. I think we need to talk about supply, we need to talk about guidance, we also need to talk about quality, it's an obvious point, but that word in there about quality of PPE would be helpful.

On workforce, on a deep dive on social care, in health it mentions impact on staff, it doesn't say the same in social care. And again, I think that needs to be explicitly referred to about the impact on the workforce in social care. Likewise, in the bit on healthcare, it talks about the management of the pandemic in hospitals; I think we would want to look at the wider health ecosystem, and the role played by the Department of Health and arm's length bodies, as well. So it's not just a focus on tackling individual trust.

On inspection, enforcement of workplace safety is a really key point others have raised; we need to talk about the role of the HSE. We also need to talk about the role of local authority enforcement. And also the underreporting through RIDDOR of workplace infection. We know that about 15,000 people died of working age, and yet the HSE only investigated workplace deaths of 216 people and RIDDOR was widely underreported and I think that needs to be picked up.

And the last thing I'd say is on workforce, I think we'd also like to – I think Jonathan made the point about the interaction of Government policy and health guidance with the nature of those industries. And I think insecure employment and the prevalence of agency work has been a factor in transmission. And so we saw that the use of agency labour in social care was a factor in both the transmission of the infection, but also high rates of infection. And our own research has shown that insecure workers, people on zero hours contracts, did suffer higher level and disproportionate levels of infection compared to workers with more secure employment status.

**Samantha Edwards:** [00:54:46] Thank you very much, everybody. Very, very valuable. And I think to try to sum up would do an injustice because I think there's so many different areas, but I'm hearing a lot about the definition of key workers being read as too tight. Did you want to come in again, Stuart?

**Stuart Davis:** [00:55:06] I'll be brief. Sorry, it was really just to comment on some of the other areas that were mentioned, those are endorsed by Unite. But the one area we're really keen to look at is a lot of this is about looking at the impact on frontline workers and key workers during the pandemic itself. What we think is missing is around the level of Covid situations.

So around, well, from 1<sup>st</sup> April, the removal of the requirement for Covid to be part of risk assessments moving forwards. People have mentioned long Covid, people have mentioned the removal of the support around SSP and everything else, and we've also got the stuff around to remove all of testing. Obviously those individuals with underlying medical reasons have still got those underlying medical conditions. And are obviously going to be exposed to Covid in the workplace and going around their day-to-day duties as a worker. So we do think that there's a very specific miss there in terms of level of Covid, and how we move forward, the fact that there's now no legal requirement to self-isolate, and how that works in the context of workers.

And just very briefly, as well, I know, it's covered in relation to bullet point three under section one. But we do think in terms of looking at the Government support the CJRS – looking at employment practices as well, which I know are kind of a hot topic at the moment with P&O, but looking at how

employers acted during the pandemic, particularly around things like fire and rehire, but also in terms of the way in which they applied, and used, the Government support in terms of their own employment practices and job losses and everything else.

**Samantha Edwards:** [00:56:45] Thank you very much. Yes. So something around, who are we talking about in terms of key workers and have we captured everybody or is there a risk of excluding people, whether it's construction workers, etc. Guidance, protection, PPE quality, decision-making, the role of the Health and Safety Executive has come up an awful lot. Inequality and disparity in the NHS, and the state of the UK at the time has come through as quite a big theme.

So, you know, the kind of the cuts mentioned to the health services, you know, the impact of immigration, etc., I think comes through. Borders, and then obviously, travel, and various other parts. So a hugely helpful section. Here is a really hard question now. So based on all of that, what should we do first? Does anybody have any strong views on what do you think should be investigated first? It's a real 'how long is a piece of string' question for you.

**Matt Dykes:** [00:57:56] Sorry, I don't want to hog this, but no one else had a hand up. I think it would make sense sequentially, but also logically, to start with preparedness and capacity. I think we can't look at this, without examining the impact of ten years of austerity, outsourcing fragmentation, different kinds of employment practice in different sectors, all of which had a massive impact on the way the pandemic landed, both in terms of the delivery of public services, but how it landed within different groups of workers. So I think that I would start with that.

We want to avoid – I think the Grenfell Inquiry made a mistake on that, it focused on the immediate response on the night – at the start of the Inquiry, as opposed to looking at the contributing factors around the estates and the cladding and all those kinds of issues. So I think we should start at the beginning. And that's about the state of play when the pandemic hit.

**Samantha Edwards:** [00:58:56] Thank you very much – next – online.

**Daniel Shears:** [00:59:11] I completely endorse and agree with everything that Matt said there; I put a comment into the chat function just to make two very quick points, which is that the UK Government ran 11 separate preparedness exercises between 2011 and 2019. Looking at various types of pandemic response, most of those were not published. Many of them were not shared even with SAGE or NERVTAG. And we do think there's probably critical information in there that could usefully have been deployed in the early stages of pandemic response. So we do think that it's something that should be specifically looked at in terms of the kind of emergent background to the pandemic.

The second point then would be the more general points around the logistics of how we got to a lockdown, but also why things weren't in place to manage the process for that lockdown. Very specific there in terms of the quality, supply numbers of PPE, where that PPE was located, the arrangements that were in place to get the PPE where it was needed to.

Certainly from a GMB point of view, we were meeting the central Government in February 2020 to discuss what might happen in terms of a pandemic; that planning should have been happening at

that point, it was very apparent soon after that wasn't the case. So we do think that does need to be looked at.

And the only other point, we think in terms of preparedness is, again, the role of the Health and Safety Executive. As I mentioned earlier, when it was very clear that decisions were taken, that this was a public health issue rather than an occupational health issue. Well, clearly, with hindsight, it was both. And I think it'd be very useful to understand with real clarity, exactly why that decision was taken, who took that decision, when there had, again, been 11 different exercises, looking at preparedness around pandemics more generally.

So we do think a sequential approach is the right one, as Matt said; we do think an awful lot of detail needs to be looked at in terms of determining exactly what was happening before the decision was taken to lock down.

**Samantha Edwards:** [01:01:04] Thank you very much. I'm going to go to Ade in the room.

**Ade Adeyemi:** [01:01:08] Thank you, Chair. So the Federation of Ethnic Minority Health Organisations believes, I think like colleagues have said, that logic should dictate order. Firstly, we think that we should look at what was known, and what risks existed at the outset of the pandemic, not necessarily in terms of that wider ten years of public sector investment, and outsourcing, but how prepared were we to deal with those risks in the National Health Service and independent sector? And how soon was action taken when we knew the risks?

Secondly, at what stage in the pandemic did it become apparent that ethnic minority communities were being disproportionately affected? And, how was the evidence collected? Not only just at trust level, but at Department of Health and Social Care level and associated ALB and executive agency level? Particularly with access to PPE, PPE fit, with religious and cultural dimensions. How was this evidence generated? How was it communicated to decision-makers and when was action taken?

Thirdly, and I think this speaks to procurement, but also it affects other factors, how this engaged with legal consideration under the Equality Act and the public sector equality duties, particularly for the Department of Health and Social Care. How was consideration of that – how did it emerge within its commercial procurement actions and opportunities? And what was done in response to mitigate these risks and adverse events when this information was known? Particularly again, some of the decision-making arms of government within the health and social care sector, for example, were trusts mandated, encouraged to involve ethnic minority staff in decision-making, particularly PPE fits? How was that evidence handled and communicated back to those at the kind of frontline level for management? Thank you.

**Samantha Edwards:** [01:03:13] Thank you so much. I will go to Adam and then Chaand online.

**Adam Creme:** [01:03:22] I agree with virtually everything that's already been said about preparedness and everything else; I'm not going to go through it again. We have one practical suggestion, which possibly will be dealt with elsewhere, but I'm going to raise it now anyway. Which is because you asked about issues. And I think one of the issues with public inquiries is the length of time they go on for. So we're going to talk about that, I think after this, but also, you know, the length of time, and the lack of output from an inquiry is important as well.



So this is a very long way of saying that we would like you to consider, once you have identified what you see as the primary areas, the most immediate areas, to consider doing interim reports, rather than going through a massive great big process that takes a very long time and wait until the end and then let it all out. The difficulty with doing that is the public confidence starts to wane as time goes on and so that's my input on this bit.

**Samantha Edwards:** [01:04:24] Thank you very much and you stole my thunder from my interim reports point next. But it's alright, we'll move on to that and –

**Adam Creme:** [01:04:30] People keep stealing my thunder. So I've returned the favour.

**Samantha Edwards:** [01:04:41] Chaand, do you want to come off mute?

**Chaand Nagpaul:** [01:04:47] Yes, thank you. So, again, because we've only got headlines it might well be that some of the things we're saying would be considered anyway, but one specific I think we would be really helpful is to look at what the Government did before the pandemic properly hit the UK when we had advanced notice of what was going on, for example, in Italy.

You know, this was very acute for me as a doctor. In fact, I wrote a letter to the Italian Medical Association, you know, sending condolences for doctors who died. And before this had become fully embedded here. So we did have weeks where we knew this was coming. And it's important to look at how did they respond, knowing what was likely to happen. And I think that's a specific. We had – in some ways, we were lucky, we had advance notice compared to Italy and Spain. The other – again, maybe you're going to deal with this, but it's about public messaging. It's not so much public health policy, but the actual policy as well as messaging to the public, because the way in which public behaviour occurs in terms of preventing infection spreads, using non-pharmaceutical interventions will be determined by the clarity of the message and the coherence of the message.

And I believe that there's quite a lot that could be looked at there. And in fact, SAGE has done some very good work. For example, I think, August of the first year, looking at how culturally competent Government messaging was for ethnic minorities. But I'm not saying just for ethnic minorities, I think for the population at large, they will follow what they're told. I mean, there's a lot of confusion about mask wearing policy that was to-ing and fro-ing. So I think that bit about communication of public health policy, as well as the public policy itself.

You may well be looking at this already. But in terms of the health service, there is something about NHS culture. Now the same culture might be in other organisations, but that culture, and how that culture impacted on some sectors of the workforce differently to others. And when I say culture, I mean a negative culture. And that that did play a part, we believe, in the disproportionate numbers of doctors who had actually died. In fact, 85% of all doctors who have died, came from an ethnic minority.

And I'm sure you'll be doing this as well within the health service, but also other sectors, is the impact on wellbeing of staff. It's just that, because the headings don't have every sub-detail, it may well be you're doing these things anyway. But I just thought I'd put it out there. Thank you.

**Samantha Edwards:** [01:07:32] Thank you very much. I think just from the different views, it just goes to show how challenging this will be for us to figure out which should come first. And preparedness, of course, is such a big area. So it is going to be hugely challenging, which sort of moves me on, and I'm very happy to take other points.

**Matt Dykes:** [01:07:50] Sorry, I do have a quick question on that.

**Samantha Edwards:** [01:07:51] Yes.

**Matt Dykes:** [01:07:52] Do you have an indication now, if the Inquiry is likely to be sequential, and will you be having a modular approach? So is it likely that the question about what comes first is less paramount? If you've got the power for the Inquiry to go on at the same time?

**Samantha Edwards:** [01:08:07] It's a really, really good question. I can't give you a precise answer. Because actually, we are so early in this sort of set-up. We're appointing legal teams and working through the different options. The thing that Baroness Hallett is absolutely minded is that people want it to be thorough, but also fast. And of course, you have to make some big choices about how you can actually achieve that. And it does come on to the question around length of time and whether we should set end dates.

So there are different options that are being considered exactly for that point to see if you can do this where you could actually run parallels, for example. But moving into that sort of timescale question. Do people believe that we should set an end date for public hearings as part of this Inquiry? Ade?

**Ade Adeyemi:** [01:09:06] Thank you, Chair. 'Yes', is the short answer but caveated with the fact that it should be realistic and flexible, where possible, acknowledging the things that you've just mentioned about trying to be as thorough as possible. Obviously, it's going to draw on the public purse, so you don't want to be too open ended or to drag on. But also, if there are moments of slippage, making sure we don't cut things out, just to try and reach the end goal. So how we could possibly do that. I also like the question of the interim report, and I wonder if we could potentially address that. Thank you.

**Samantha Edwards:** [01:09:48] Great reminder for me, so yes. So the other thing that Baroness Hallett has made clear is she wants to run this with producing interim reports throughout rather than wait until the very end. Fourth question I'd actually like to focus on is about how we actually bring with us those interim reports, will be really useful points at which you kind of test whether recommendations are right, etc. So we can touch on that a little bit. Online, I've got Adam and Dan who've got their hands up.

**Adam Creme:** [01:10:20] We think that the answer to that question is, yes, but you know, clearly, the actual period of time is going to be very dependent on what arises from all these conversations that you've had. So you know, to some degree, obviously, we're in your hands about what you think is a realistic timescale to deliver this, but certainly, the last thing anybody wants is to see it drag on for years. That's a message from us, that it needs to be thorough, but it needs to be fast.

**Samantha Edwards:** [01:10:55] Thank you very much, Adam. And then Dan.

**Daniel Shears:** [01:10:58] Thank you Samantha; we have a slightly different take, which is not to say this should be completely open-ended and run for infinity. But the scope of this Inquiry is frankly enormous. It takes four different nations, it takes every sector of the economy, it must look, we think, in some granular detail about huge numbers of decisions taken by both central and local Government. And therefore we think it is completely appropriate, and we welcome the recommendation for interim reports, we do think they should take as long as is needed.

And the crucial element for us is that, you know, 168,000+ people have died in the last few years during this pandemic. And to give justice to that, to take the time necessary to give a very accurate report, given that we are likely in three to five years' time to still be going through a Covid pandemic, we think the due consideration should be taken.

So just to reiterate, we don't see this happening for another ten years. But we do think if it takes a degree of time to let you get the right level of response, the right level of lessons to be learned, we think that it's completely appropriate. You know, we are still living with the consequences of the Spanish Flu that came into these shores more than 100 years ago; we do think it's appropriate to take the time needed to make sure we learn the correct lessons from this one.

**Samantha Edwards:** [01:12:09] Thank you very much. I've got Jo also online, and then I've got Stuart in the room.

**Jo Galbraith-Marten:** [01:12:15] So we agree that there should be an end date for the public hearings and one of the points I was going to make was around interim hearings. But Adam beat me to it. But we also think there should be a need for early consideration of inquiry implementation.

We would ask that there be any recommendations mid-term in the Inquiry's work if it would be possible to have a particular select committee or a Government department that could take responsibility for implementation, on whether that group could also have representation from the trades union movement, and that any recommendations made by the Inquiry have specific timelines attached to them? So more of a process point. And I think it's important that if there are going to be interim reports and recommendations that we're involved in that process.

**Samantha Edwards:** [01:12:58] Thank you very much, Jo. I'll go to Adrian next and then to Matt.

**Adrian Prandle:** [01:13:03] I think it's a difficult question to answer. And I totally agree with the case for fast and thorough. I think today, sitting here, having spoken to you about the narrow scope, in general, that we've heard from colleagues, and specifically for the sector that I'm here representing, I'd be worried about an end date. And the consequence of that, cutting out or narrowing the scope. So I think probably what you're going to be able to say is that the Terms of Reference will come first, and then a view on the timing of the public hearings. I certainly hope it would be that way round.

**Samantha Edwards:** [01:13:49] Baroness Hallett has just been working through timing. And so the Terms of Reference, and then looking at core participants, and then actually starting to then set the overall scope of the Inquiry. And actually, that's the kind of chronological order that these inquiries take. Matt?

**Matt Dykes:** [01:14:11] Yeah, obviously, a temptation for an end date, because no one wants an endless inquiry. But we would have concerns about coming up with an end date. I think the Inquiry needs to look at what needs to be looked at and actually be the overriding factor behind how it's structured and how long it takes. I think that can be managed through a modular approach. I think we certainly welcome the publication of interim reports. We think that's good, both in terms of reading out from the Inquiry, but also producing recommendations that Government can start acting on as soon as possible and that the Baroness will be able to oversee as well, to see if the Inquiry has been followed through at a Government level. But I think on reflection TUC would oppose an end date because we think once you put an end date out there: a) it is arbitrary, and b) it will dictate the pace, which won't be helpful.

**Samantha Edwards:** [01:15:07] Thank you very much. I noticed that Chaand, you had your hand up and popped it down again; perhaps somebody has already covered your point. But do put it back up if you wish to.

**Chaand Nagpaul:** [01:15:20] Yes, I put it down. I just wanted to echo, it was in such an unenviable position, we thought maybe after the public hearings, you might have a greater idea of the timescale rather than try and set it out before you even start. And the other point that was made that I would echo is, you know, this is only, I believe, a public inquiry when lessons that might be learned. But for the purpose of some pandemic in ten years' time, there may be some lessons learned that could make a real difference to us in real time.

And because some of the lessons aren't actually about the pandemic, more that a pandemic has exposed other issues. And if those recommendations come to light, I hope the interim reports can also make those recommendations. So we actually, you know, improve for the better, rather than just wait for the outcome, right at the end.

**Samantha Edwards:** [01:16:13] Thank you very much. Very, very helpful. And it's nice to hear that everybody appreciates the scale and breadth of what we're facing and how challenging it is going to be once the scope is set, and whether or not you try to set a challenging timetable as well.

The thing I'd like to move us on to is how we want to run this in a very open and transparent way. And we're really mindful that this Inquiry has affected, I think it would be appropriate to say, every single person in the UK, to some scale or other, obviously, some far, far more than others. And what we want to do is to create an inquiry and create the ability for people to absolutely share their experiences with the Inquiry, both with a view of actually being able to kind of help us inform different parts of the Inquiry, but also as to kind of flow into evidence gathering as well.

In particular, we do want to make sure that we hear from bereaved families and people most impacted, be it workers, as you've talked about so much this morning. Do you have any advice for us, I suppose, on how we might bring people into this Inquiry, what we could do to make sure that organisations such as yourselves continue to be heard. Are there public forums that you think should be run? Do you think we should put interim reports out and consult widely on them, etc.? This is just the first part of this Inquiry in terms of a consultation on the Terms of Reference. And this is small compared to our ambition for making it a lot more accessible.

**Stuart Davis:** [01:17:58] Thank you, Chair. I think just in terms of the ability to access those that have been impacted in the bereaved families, I think that, you know, all the unions have got a very crucial role to assist the public inquiry in terms of the wealth of individuals that we, the TUC, represents, obviously Unite is part of, 6.5 million members and workers, and obviously, they have families and people who are impacted.

So I think there's a real opportunity, once we know what the Terms of Reference are, and what sectors are going to be focused on for us to be able to really assist the public inquiry and some of the bringing forward people to submit written and verbal evidence to the Inquiry. I guess the key thing is about how that is facilitated, which is why Unite also would feel it'd be problematic to have a deadline on those public hearings, because the breadth and range of experiences that our members can bring to the public inquiry. So I think the ask from the unions would be that we're kept in the loop and we're able to actually provide those individuals to come forward, whether they're actual union professionals, representatives of unions, rank and file members, or indeed, unfortunately, bereaved families of our members who've lost their lives during the pandemic.

**Samantha Edwards:** [01:19:16] Thank you very much. I'm going to go to Dan online. And then back to Matt.

**Daniel Shears:** [01:19:21] Thank you, I just wanted to slightly expand on the point around those that suffered harm through the pandemic. We think there are two particular groups that need to be looked at, and I completely support everything that Stuart has just said. But in particular, the definition of harm, we think, needs to extend beyond the obvious and profound loss of people who've suffered very severe ill health or have friends and family members who died during the pandemic, to extend to those groups that are, and have been, clinically extremely vulnerable and shielding, because we know there are still profound issues about their ability to work safely and to live safely with the changing restrictions at the present time. We think this is very important testimony to be captured.

But the other point really is about the definition of harm in terms of also economic harm. We know there are an awful lot of people that have had to change careers, sometimes at very short notice during the pandemic, because they weren't able to access furlough. So self-employed people, who work in the gig economy, were particularly affected by that. I referred earlier to members of the care sector union - they were forced out of employment in care homes, because they were unable to be vaccinated or did not feel they were willing to be vaccinated, and we think their testimonies need to be captured as well.

I think for us, the most important point, though, Samantha, is that there's a degree of catharsis in being able to let people have their stories. But the one thing we've heard very strongly, particularly we have members that are involved in the Grenfell situation, and their view very much was that they wanted this to be on the record, they wanted it to be captured, and they wanted it to actually count. So we would have real concerns if this is just a chance for them to speak. It needs to be taken onto the record, as it were; it needs to have some weights and standing. That was a very strong, certainly, feeling for both members that we have that were impacted by and were in Grenfell at the time. So I think for us, that's paramount.

**Samantha Edwards:** [01:21:06] Thank you. That's a really powerful point that is absolutely right. I've got Matt in the room. Bill online.

**Matt Dykes:** [01:21:15] Thanks. So we're not averse in principle to the idea of sort of public forums and outreach and parallel processes. Nor am I particularly averse to consultation around recommendations, although, you'd have to be careful how you manage that if you're also seeking to expedite things rapidly. But the key point is that while those processes may be helpful, we have to make sure that those voices are heard within the evidentiary hearings as well. And we need to have representation in the Inquiry.

So I think the best way to make sure that the testimonies and the experience of people at the sharp end are heard is through ensuring that those organisations that represent those people are granted core participant status. And we get a disclosure of documents and all of the privileged access that core participant status provides. But also, I would add that the funding and resources are put in place to enable those representative bodies to do a thorough and good job.

And you know, there's going to be huge demand on those organisations. But there are organisations like ours that can be there to help the Inquiry in bringing those people forward. So hopefully, we have a productive relationship. And not just with unions, but with other organisations representing the bereaved and people who were at the sharp end of the experience. But I think all participants' status is a fundamental means to achieving that.

**Samantha Edwards:** [01:22:49] Thank you very much Matt. Alright, Bill online, and then we'll come back to the room.

**Bill Taylor:** [01:22:56] Thanks. Just to echo what other people are saying, I think it is going to be really valuable if the Inquiry can hear directly from trades union members, workers that were at the sharp end of the pandemic, on the front line and their experiences of dealing with the challenges of not being able to access PPE, or the lack of social distancing or the effects on their health, or having to isolate and the effects on their families. I think that's all going to be important.

And I think the sooner you can help to facilitate that from our members' point of view. And I think, you know, I've just got to agree with what Dan said on the basis that all of this should be on the record. But the point I wanted to make was, I think it may also be helpful to have a facility for people to give evidence anonymously, because it might help make people feel comfortable in coming forward if they can do that. Particularly if they're still employed by the same employers, they're kind of giving me evidence in relation to so that might help in encouraging more people to come forward.

**Samantha Edwards:** [01:24:13] Thank you very much, Bill. I'll go to Joanne, next.

**Joanne Cairns:** [01:24:15] Thank you Chair. I agree with the comments that have been made about, you know, that having the direct testimony of workers, I think would be very helpful to the Inquiry. I think it's also important – and this goes a little bit back to the scope question at the beginning – to remember that not everybody who had to carry on going to work throughout the pandemic was a key worker and would be classed as a key worker.

So, for example, there were a lot of people working in logistics in online retail, who had to continue going into work in warehouses, which didn't close during the pandemic. And in fact, had huge demand because people couldn't go to the shops, as an example. So I just think if we're hearing people's stories, obviously, you know, those key worker stories are really important. But people who were heavily impacted at work by the pandemic were not all key workers.

**Samantha Edwards:** [01:25:24] Thank you very much, Joanne. Ade.

**Ade Adeyemi:** [01:25:27] Thank you. I've got a couple of points to make. But before I do, I just wanted to tie some things together that I've already heard. And it's quite difficult to do so because it's speaking to something that I think is quite personal and affects a number of people in our group as well.

You know, I look around the room and online, and there is a director of legal services within unions, people at the top of their professional advocacy representation. I'm a civil servant who had to take time off work and who had to get advice from a friend of a friend, who's at CQC, about, can I actually be here? What are the whistleblowing policies about that? And we know that's been true for lots of ethnic minority staff in terms of speaking truth to power and feeling like they can address issues.

So I wonder if there's something within this as you set up, and try to engage members of the public. Public forums and things sound good, but encouraging groups like ours, or supporting groups like ours to engage, when we don't necessarily have the resource, time, understanding of the framework and infrastructure about how to address things. I mean, I definitely love that Martin's there. Because even already, it's been quite interesting for me to be here, but I definitely need to decompress afterwards.

I think moving on. Well, and just, you know, just to colour the point really, our federation, we have Afghan doctors' associations, Somali nurses, people that haven't come together in this way, but they really see an opportunity and the support to keep us all together, make sure we're making the right contributions, either through directly ourselves, which will feel empowered to do so or through our recognised legal representatives, I think would be really powerful. So some idea about how to get that core participant status would be useful.

The other point to make now is making sure that not just racial inequalities, but all inequalities aren't necessarily kind of ghettoised and put into a box. But we look across the whole lens of inequalities, or it's applied across the whole of the Inquiry, and not just in one, you know, box, so to speak. But it's embedded throughout the Inquiry process. And particularly, and maybe just the last point, say, again, from an ethnic minority point of view, members in our communities have some issues and distrust with the government. So I think that opportunity to speak direct, and to avoid any appearances or optics of a whitewash or cover up, I think would be useful to recognise and remember. Thank you, Chair.

**Samantha Edwards:** [01:28:28] Thank you; really, really valuable points. And even some of the basic things that we need to think about such as, I think public hearings would be really intimidating if I was a member of the public going along. How do we help people prepare? How do people feel okay, when they walk in, they go, 'Oh, my gosh, there's a Baroness there,' etc. And we

experience it, as we see bereaved families, we'll see them later on today, it can be really quite intimidating and scary for people. And we have to make sure that we create something that is accessible, and that we help people through it, and that their contributions are valid, and appreciated and contribute to something as well. So really, really helpful points. Thank you, Adrian, I want to come to you.

**Adrian Prandle:** [01:29:09] Thanks. Yeah. As others have said, the NEU will be happy to help you to reach education staff and their pupils and parents and carers as well. I agree that this should be part of the evidence sessions and not a separate add-on. I support the option of anonymity being possible for some of these people, and a broad definition of what suffering harm is beyond bereavement and Covid illness.

So the example that comes to my mind most immediately is young people and the mental health impacts. Now the Government wants to say that this is just about periods out of school when schools were closed to a majority of pupils. It absolutely is about that, but it's more than that as well. So the mental health impact of the uncertainty of the award of your qualification, whether you're going to be sitting exams, whether you're going to be awarded your qualification fairly. And also once back in school – so for a broader age range than those sitting qualifications – the access to support services and mental health services. And this goes back to the point that I and others have made about the context in which we arrived in the pandemic, and widespread cuts across the public sector. And schools have done their absolute best to support these pupils, but have very limited access to other expert services as well.

**Samantha Edwards:** [01:30:44] Thank you very much. I've got Adam who I think has probably got the final comments online.

**Adam Creme:** [01:30:51] I think you can tell from the positivity, that I think that this meeting has had, that the trades union movement and individual trade unions can be very helpful to this process. And I just want to add, as everybody else who said to me, we have, I think approaching 1.4 million members now and their families. So it's a very wide range of people. And we will be very happy to help to find people because we cover a very large number of sectors in the same way as Unite does, we'll be very happy to help to find people to give a voice. But I also agree very strongly with the idea that there will be various people who do not want their identities to be disclosed.

**Samantha Edwards:** [01:31:42] Thank you very much, Adam. And I can't see any more hands up online. And I don't think there's any more in the room. So I think all that remains is to thank you for your attendance. I have learned an awful lot. And I know that Chris and Lizzie have been beside me taking huge amounts of notes, and we will have the transcript published at the end of the period on the website.

So I hope that that has equally been useful to you. And we will absolutely be in touch to talk about what next for different relationships with organisations like yourselves, because we do want to work very closely with people to understand how we can create an Inquiry that's accessible for people as much as possible.



My final point is, I wish I could promise you that everything that we've talked about will end up in the Terms of Reference. You know, I can't tell you that. I suspect, you know, there is a real balance to strike between having something that is high level enough so that you don't - but also making sure that you haven't left something out at the start. So Baroness Hallett will be working with her set-up team and making sure that she's really clear about that. And then we move on to the next phase and also thinking about the scope. And the scope is a really important part of the Inquiry. It's not just about the Terms of Reference; this is then about scope. So there is more to come.

Just a reminder that Martin is here: he has sat and listened to myself and colleagues for endless weeks now so, he is very much living the experience with us and is able to talk to anyone who would like to speak to him either over the phone or in person or at a later point. So please do take him up on it. Thank you so much everybody for coming. I'm sorry that we've run a couple of minutes over, but I hope that's okay for you all and I'm very sorry that a couple of our microphones cut out and some people missed a little bit at the beginning, but hopefully it's been okay from here. And thank you, and we will see you again another time. Thanks everybody.

[END OF TRANSCRIPT]