



Module 1

List of Issues

Introduction

The purpose of this List of Issues ('LoI') is to provide a guide to the topics within the scope of the Module 1 investigation during the relevant period, which is focused primarily but not exclusively on the period between 11 June 2009 and 21 January 2020, and to set out the areas that it is proposed to explore within each part of the investigation. It is obvious that some issues will require greater scrutiny than others.

The LoI sets out the relevant paragraph of the Module 1 scope in bold text, followed by a sub-set of questions about the key issues relating to that paragraph which will be explored in the evidence. The way that these questions are framed does not indicate, of course, that any finding of fact has been made on a particular issue.

The Inquiry will examine in Module 1 whether and the extent to which pre-existing inequalities (the nature of which will be examined but which will include structural racism) were properly taken into account by the relevant structures and specialist bodies in planning, preparing and building resilience for a pandemic. Inequalities will be given a broad definition, including: (a) those with protected characteristics under the Equality Act 2010 (discrimination based on age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation) as it applies in England and Wales and in Scotland, and those falling within the scope of the equalities provisions of the Northern Ireland Act 1998 and other equalities legislation that applies in Northern Ireland; and (b) other types of inequality and vulnerability.

The LoI is not intended to be an exhaustive document. Issues may come into greater or lesser focus as the Module 1 investigation and preparation progresses. The LoI will continue to be kept under review throughout the investigation.

Issues

1. The basic characteristics and epidemiology of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS CoV-2) and Coronavirus disease (COVID-19).
 - (a) Pathogens:
 - i. History of infectious disease pandemics/epidemics in the UK and factors relevant to their impact.

- ii. High Consequence Infectious Diseases (HCID).
- iii. Zoonotic pathogens.
- iv. Influenza virus; types and outline of previous flu pandemics/epidemics.
- v. Coronaviruses: general characteristics; 2002/2003 SARS CoV-1 China; 2012 MERS Saudi Arabia; 2015 MERS South Korea; the discovery of other novel coronaviruses: locations, emergence, transmission and control.
- vi. Other major pathogens of concern.

(b) Characteristics of SARS CoV-2:

- i. Virology.
- ii. Background to its emergence in 2019.
- iii. Epidemiology: transmission, incubation period and severity.
- iv. Early development of epidemiology.
- v. Differences between SARS CoV-2 and other viruses, including influenza.
- vi. Reproductive number (R0).
- vii. Probability of mutation and the effects of any mutations.

2. UK Government and devolved administrations structures and specialist bodies concerned with risk management and civil emergency planning, and their adequacy; historical changes to such structures and bodies as well as the structures in place as at January 2020; inter-organisational processes and cooperation.

- (a) History of the structures and specialist bodies concerned with risk management and civil emergency planning.
- (b) The Civil Contingencies Act 2004 and the associated framework in England, Wales, Scotland and Northern Ireland.
- (c) Pandemic preparedness bodies and structures.
- (d) Scientific Advisory Group on Emergencies (SAGE) and other scientific and advisory bodies and groups, their membership and diversity of expertise.
- (e) Funding of risk management and civil emergency structures.
- (f) The identification of Emergency Preparedness, Resilience and Response ('EPRR') as an expert specialism; capabilities within government and training.
- (g) Allocation of responsibility for EPRR between government departments, including at Ministerial level.
- (h) Did all key government departments have an effective system for receiving a range of internal advice in relevant expert disciplines?
- (i) Did the systems and culture of government properly allow for external advice and thinking?
- (j) To what extent were there adequate networks and links between government and wider civil society, including the private and voluntary sectors?

- (k) Did the UK government, the devolved administrations and local government have in place suitable risk management and resilience systems for a non-influenza pandemic, such as a coronavirus pandemic?
 - (l) Did the specialist structures concerned with risk management and civil emergency planning allow for proper consideration of societal, economic and health impacts in light of pre-existing inequalities?
 - (m) What are the lessons which have been learnt in respect of the preparedness and resilience structures in the UK and in the devolved administrations?
 - (n) What was the extent of the UK's data readiness, including the adequacy of national data governance structures, digital and data infrastructure, data availability and quality, analytical capability and skills?
 - (o) To what extent were there adequate systems for information and data sharing in civil emergencies between: local government and both the UK Government and devolved administrations; between Northern Ireland and the Republic of Ireland; and the international community?
- 3.** The planning for a pandemic, including forecasting, resources, and the learning from past simulation exercises (including coronaviruses, new and emerging high-consequence infectious diseases and influenza pandemic/epidemic exercises); the emergency plans that were in place; international comparisons and the history of, and learning from, past policy-related investigations.
- (a) Were pandemic plans clear, resilient, adaptable and effective?
 - (b) The UK Government's approach to risk assessment, including the systems and processes concerning the National Risk Assessment (NRA) and National Security Risk Assessment (NSRA) (including the National Resilience Planning Assumptions) and the public-facing National Risk Register (NRR).
 - (c) The approaches of the Welsh Government, the Scottish Government and the Northern Ireland Executive to risk assessment, risk registers and relevant policies.
 - (d) Was the system of subsidiarity effective in relation to risk assessment and emergency planning?
 - (e) To what extent was the national pandemic planning overly focused on a novel influenza virus pandemic and/or insufficiently focused on a 'disease X' scenario? To what extent did the UK Government and devolved administrations plan for a coronavirus pandemic?
 - (f) Learning lessons from past high consequence infectious diseases, epidemics and pandemics in the UK and overseas as well as simulation exercises and training conducted across the UK. In particular:

- i. What lessons were learnt from past high consequence infectious diseases, epidemics and pandemics in the UK and overseas and to what extent were they acted upon, including SARS, MERS and the 2009-2010 Swine Flu pandemic?
 - ii. To what extent were simulation exercises adequate in terms of scope, frequency and those responders invited to participate?
 - iii. To what extent were pre-existing inequalities considered?
 - iv. To what extent were lessons acted upon and incorporated into pandemic planning?
 - (g) To what extent was the level of UK emergency planning and preparedness for a pandemic impacted by the decision to exit the EU?
 - (h) To what extent was the level of Northern Ireland emergency planning and preparedness for a pandemic impacted by the collapses of the power sharing agreement?
 - (i) To what extent did the UK Government and devolved administrations engage sufficiently with external professional bodies in the development of national pandemic policy, planning and guidance.
 - (j) Was there sufficient consultation and training in respect of the draft Pandemic Flu Bill?
 - (k) What provisions were in place to ensure effective surge diagnostic testing capacity and capabilities in terms of: clinical testing and mass public testing?
 - (l) Did the pandemic planning include adequate consideration of border and port controls or restrictions on international travel?
 - (m) How did the UK Government and the devolved administrations assess and define pre-existing inequalities and vulnerabilities of different groups in the UK?
 - (n) To what extent were pre-existing inequalities and vulnerabilities considered and accounted for as part of the UK Government's, and regional, local and devolved administrations', risk assessment processes?
 - (o) To what extent were pre-existing inequalities and vulnerabilities considered and accounted for as part of the UK Government's, and regional, local and devolved administrations', emergency planning procedures?
 - (p) To what extent did those involved with emergency planning engage sufficiently with the voluntary and community sectors in developing and communicating emergency plans?
4. Public health services, including the structure of national, regional and local public health bodies, their development over time and readiness; public health capacity, resources and levels of funding; any impact arising from the UK's departure from the European Union; the way in which relevant bodies monitored and communicated about emerging disease.

- (a) The history and pre-pandemic structure of the public health bodies of the UK and devolved nations, including public laboratories.
 - (b) To what extent, if at all, did changes in those structures affect the UK's state of pandemic readiness and preparedness?
 - (c) In practice, what was the state of pandemic readiness and preparedness of the UK's public health bodies, in particular was there adequate surge capacity in terms of resources and personnel?
 - (d) Were pandemic plans for the public health sector clear, resilient, adaptable and effective?
 - (e) Did the UK and devolved public health bodies plan adequately for a novel high-consequence infectious disease pandemic?
 - (f) To what extent did the levels of resources and funding of public health bodies affect their state of readiness and preparedness for a pandemic?
 - (g) To what extent did preparations for exit from the EU impact on pandemic preparations and the readiness in practice of public health bodies?
 - (h) What was the state of preparedness of the availability of PPE and clinical countermeasures, including by way of stockpiling and surge capacity?
 - (i) What was the state of preparedness of surveillance, microbiology and research services?
 - (j) To what extent were pre-existing inequalities and vulnerabilities considered and accounted for by public health bodies as part of their pandemic planning?
 - (k) To what extent were there adequate systems for the standardisation of data concerning infections, fatalities and casualties across the UK?
- 5. Economic planning by relevant Government bodies, including capacity and spending commitments, and efficiency and anti-fraud controls, in the context of emergency planning.**
- (a) To what extent was funding ring-fenced for civil contingencies within the UK Government and devolved administrations?
 - (b) How, and to what extent, were the specific economic and fiscal consequences of a new and emerging infectious disease pandemic considered by the UK Government and devolved administrations in the context of emergency planning?
 - (c) To what extent did UK Government departments and devolved administrations have regard to the need for anti-fraud provisions as part of their emergency planning?

- (d) To what extent did pandemic planning have regard to the economic consequences of a pandemic and the UK Government and devolved administration's response?
- 6.** Planning for future pandemics; international surveillance and alert systems; the risks of new variants of Covid 19 and other viruses of concern including of a zoonotic origin.
- (a) What are the current surveillance, alert and response systems of international structures in respect of pandemics?
 - (b) What are the current surveillance and alert systems in the UK in respect of pandemics?
 - (c) What are the risks of new variants of concern relating to SARS CoV-2?
 - (d) What are the risks of a pandemic affecting the UK in the foreseeable future?
 - (e) What recommendations can be made, at this stage, in relation to the issues above?

6 April 2023