

IN THE MATTER OF THE INQUIRIES ACT 2005

AND IN THE MATTER OF THE INQUIRY RULES 2006

The UK Covid-19 Inquiry

**NHS England's Note re:
First Preliminary Hearing in Module 2 of the Inquiry,
31 October 2022**

A. Introduction

1. Through its short written submissions filed for the purpose of Module 1, NHS England (“*NHSE*”) stated that it welcomes this Inquiry and its valuable work. NHSE does not repeat those sentiments, but they apply equally to this Module.
2. Again, NHSE is grateful for being designated a Core Participant in Module 2 of the Inquiry.
3. NHSE has a small number of comments to make about the topics identified in CTI’s Note of 21st October 2022.

B. The Commencement of the Inquiry/Scope of Module 2

4. The narrative account given in §§3-27 of CTI’s Note of the history of the Inquiry and the definition of the scope of Module 2 at §§35-39, taken together with the information about the scope of Module 3 at §§24-25, highlight the scale of the investigations to be conducted by the Inquiry, in relation to Module 2 and more generally.
5. From the perspective of NHSE, at times it may be challenging to define the parameters of Module 2, and to establish appropriate boundaries between them and the matters to be explored in Module 3. For example, a topic such as hospital capacity data, which is relevant to decision-making on the introduction

of non-pharmaceutical interventions (“NPIs”), is also likely to be relevant to Module 3.

6. NHSE looks forward to working closely with the Inquiry to ensure that the preparation of its evidence, both in terms of disclosure and witness evidence, is targeted at and responsive to the scope of Module 2, at this stage. Its understanding, at present, is that the focus of Module 2 is upon scrutiny of the decision-making at the heart of government and upon communication with the devolved administrations; and thus, on NHSE’s input into the same. It considers that it is important that there should be clarity as to the level of detail required as to NHSE’s internal operational activities and its leadership of the wider NHS. It hopes that this can be achieved, and outlined in NHSE’s evidence. This should ensure that as the work of the Inquiry progresses, Module 2 evidence can be linked to the broader perspectives of Module 3 and other relevant Modules.

C. Rule 9 Requests

7. NHSE acknowledges the receipt of a R9 request from the Inquiry (§40, §45 of CTI’s Note). As CTI acknowledges at §43, its requests have been lengthy, complex and wide-ranging; the challenge in providing timely and appropriate disclosure and evidence will be real, notwithstanding the helpfully focussed approach outlined by CTI at §44.
8. NHSE notes that for it, as well as for many CPs and members of the public, the pandemic is not over. NHSE is currently planning for what is expected to be a challenging winter and is implementing a recovery programme to reduce the backlogs that have built up since March 2020. Many of the witnesses from whom the Inquiry will wish to hear, not only in Module 2 but also in Module 3 and potentially Module 1, as the work for these Modules also gets under way, will also be figures who are central to these ongoing activities. NHSE is wholly committed to prioritising the work of the Inquiry and the timetable of hearings for Module 2 in the summer of 2022 (CTI, §77). But it hopes that there will be dialogue with the Inquiry to ensure that these practical time pressures, which

bear upon the management of the disclosure exercise and upon potential witnesses, can be managed effectively and fairly.

Eleanor Grey KC
Jason Beer KC
Alice Meredith
26 October 2022

DAC Beachcroft
Blake Morgan