**Counsel to the Inquiry's Note for the first Preliminary Hearing in Module 4 of the UK Covid-19 Inquiry on Wednesday 13 September 2023**

Introduction

1. The purpose of this Note is threefold. First, it introduces the agenda for the Preliminary Hearing in Module 4 on 13 September 2023. Second, it sets out, in overarching terms, the background to the UK Covid-19 Inquiry. Third, it sets out, primarily for the benefit of Core Participants, information concerning the nature of the Inquiry's work so far, to enable them to file written submissions if they wish, in advance of the Preliminary Hearing and to prepare for that hearing. Any brief written submissions should be received by 4 pm on 5 September 2023.

2. The agenda for the Preliminary Hearing in Module 4 is as follows:

    i) Introductory remarks from the Chair.

    ii) Update from Counsel to the Inquiry, including:

    a. Designation of Core Participants
    b. Provisional Outline of Scope for Module 4
    c. Evidence gathering
    d. Disclosure to Core Participants
    e. The Listening Exercise - Every Story Matters
    f. Future hearings dates

    iii) Submissions from Core Participants

The Commencement of the Inquiry

3. On 12 May 2021 the then Prime Minister, the Right Honourable Boris Johnson MP, made a statement in the House of Commons in which he announced that there would be a public inquiry under the Inquiries Act 2005. He stated that it would examine the UK's preparedness and response to the Covid-19 pandemic and learn lessons for the future.

4. On 15 December 2021, the Prime Minister, as the sponsoring Minister, appointed the Rt Hon Baroness Heather Hallett DBE as Chair of the Covid-19 Inquiry.

5. In the written appointment letter the Prime Minister confirmed that he would be consulting with Ministers from the devolved administrations. Such consultation is required by section 27 of the Inquiries Act 2005 to enable the inclusion in the terms of reference of an inquiry, for which a United Kingdom Minister (including the Prime Minister) is responsible, of anything that would require the Inquiry to determine facts wholly or primarily concerned with a Scottish matter or a Welsh matter or a transferred Northern Ireland matter.

6. Draft terms of reference were drawn up making clear that the Inquiry would consider and report on the UK's preparations and response to the pandemic, and would consider reserved and devolved matters relating to all four nations.

7. On 10 January 2022, Baroness Hallett wrote to the Prime Minister recommending certain amendments to ensure greater clarity in the Inquiry's remit and enable it to be conducted at an appropriate pace. She also sought an express mandate to publish interim reports so as to ensure that any urgent recommendations could be published and considered in a timely manner.

8. In addition, given her view that the Inquiry would gain greater public confidence and help the UK to come to terms with the pandemic if it was open to the accounts that many people - including those who have been bereaved - would wish to give, she suggested adding explicit acknowledgement of the need to hear about people's experiences and to consider any disparities in the impact of the pandemic.

9. On 4 February 2022, the Prime Minister responded, accepting, with three caveats and a small number of clarificatory textual refinements, the detailed changes that had been proposed.

10. On 10 March 2022, having consulted with Ministers from the devolved administrations, the Prime Minister wrote to Baroness Hallett to inform her of certain further changes to the draft terms of reference which had been made in response to comments from the devolved administrations.

11. The same day the Inquiry's draft terms of reference were published. On 11 March 2022 the Chair wrote an open letter to the public in which she announced the launch of a public consultation process on the Inquiry's draft terms of reference so that public

concerns could be reflected in the final terms of reference and inform the scope of the Inquiry's investigations.

12. The Inquiry issued a consultation document seeking the public's views on whether the Inquiry's draft terms of reference covered all the areas that they thought should be addressed, and on whether the Inquiry should set a planned end-date for its public hearings. The consultation was open to everyone, and the public could contribute on the Inquiry's website, by email or by writing.

13. Baroness Hallett consulted widely across all four nations, visiting towns and cities across England, Wales, Scotland and Northern Ireland and speaking, in particular, to a number of the bereaved. In parallel, the Inquiry team met with representatives of more than 150 organisations in 'roundtable' discussions, covering themes such as equality and diversity, healthcare, business, and education and young people, among others.

14. In total the Inquiry received over 20,000 responses to the consultation, of which 19,903 were received through an online consultation form. An independent research consultancy was commissioned to analyse the responses and produce a comprehensive independent report, summarising respondents' views and the key themes that emerged from the consultation process: https://covid19.public-inquiry.uk/documents/analysis-of-consultation-responses-from-alma-economics/.

15. In light of the views expressed, the Inquiry recommended a number of significant changes to the draft terms of reference. Baroness Hallett wrote to the Prime Minister on 12 May 2022 recommending her changes to the terms of reference.

16. In his response on 28 June 2022, the Prime Minister accepted her proposed changes in full. The 'set up date' was confirmed to be 28 June.

17. On 21 July 2022 the Inquiry was formally opened. Baroness Hallett announced the decision to conduct the Inquiry in modules, which would be announced and opened in sequence. Those wishing to take a formal role in the Inquiry were invited to apply to become Core Participants, within the meaning of Rule 5 of the Inquiry Rules 2006, for each module, rather than throughout the Inquiry as a whole. The Inquiry also published a Core Participant Protocol, a Protocol for the Transfer and Handling of Documents, and a Costs Protocol on 21 July 2022, 28 July and 21 March 2022, respectively.

18. Module 1, which concerns the preparedness for the pandemic, was opened on 21 July 2022. The public hearings in Module 1 began on 13 June 2023 and concluded on 19 July 2023.

19. Module 2 concerns core political and administrative decision-making in relation to the pandemic, with Modules 2A, B and C addressing the strategic and overarching issues from the perspectives of Scotland, Wales and Northern Ireland respectively. Module 2 was opened on 31 August 2022. The public hearings in Module 2 will commence on 3 October 2023.

20. Module 3, which concerns the impact of the pandemic on healthcare systems, was opened on 8 November 2022. The public hearings in Module 3 are expected to begin in Autumn 2024.

21. Module 4, this module, concerns vaccines and therapeutics. The public hearings in Module 4 are expected to take place over four weeks in the summer of 2024. More details about the scope of Module 4 are set out below.

22. Modules 5 and 6 of the Inquiry concern Government procurement and the care sector respectively. Later modules will address, very broadly, 'system' and 'impact' issues across the UK. The system modules will include testing and tracing, and the Government's business and financial responses. The impact modules will look at health inequalities and the impact of Covid-19; education, children and young persons; and other public services, including frontline delivery by key workers. In due course the Inquiry will provide further detail about the order and provisional scope of those modules.

23. This Inquiry is obliged under section 27 of the Inquiries Act 2005 and its Terms of Reference to consider both reserved and devolved matters in respect of Scotland, Wales and Northern Ireland. However, because an Inquiry has been established in Scotland to look at matters devolved to the Scottish government, this Inquiry's intention, in relation to Scottish matters, is to seek to minimise duplication with that Inquiry's handling of investigation, evidence gathering, and reporting.

Designation of Core Participants

24. The applications for Core Participant status in Module 4 have been considered by the Chair in accordance with Rule 5 of the Inquiry Rules 2006, which provides that:

*"5.—(1) The chairman may designate a person as a core participant at any time during the course of the inquiry, provided that person consents to being so designated.*

*(2) In deciding whether to designate a person as a core participant, the chairman must in particular consider whether—*

*(a) the person played, or may have played, a direct and significant role in relation to the matters to which the inquiry relates;*
*(b) the person has a significant interest in an important aspect of the matters to which the inquiry relates; or*
*(c) the person may be subject to explicit or significant criticism during the inquiry proceedings or in the report, or in any interim report.*

*(3) A person ceases to be a core participant on—*

*(a) the date specified by the chairman in writing; or*
*(b) the end of the inquiry."*

25. In making determinations, the Chair considered whether, in each case, the application fulfilled the criteria set out in Rule 5(2) in relation to the issues set out in the Provisional Outline of Scope for Module 4.

26. The Chair exercised her wide discretion and took into account a number of factors. First, the obligation to run the Inquiry as thoroughly and as efficiently as possible in light of the Inquiry's wide-ranging Terms of Reference and the need for the Inquiry process to be rigorous and fair. Given the vast numbers of people who were involved with, or adversely affected by, the Covid-19 pandemic, very many people may have an interest in the Inquiry. That, however, is not the relevant test, and the Chair was obliged to assess very carefully whether, in reality, applicants could assist the Inquiry in Module 4 as a Core Participant. Second, it is not necessary for an individual or organisation to be a Core Participant in order to provide evidence to the Inquiry. Third, the Inquiry will also be listening to and considering carefully the experiences of those who have suffered hardship or loss as a result of the pandemic, through the Inquiry's 'listening exercise': Every Story Matters.

27. By way of overview, the Inquiry received 40 applications for Core Participant status in Module 4 from individuals, organisations, and groups of individuals and organisations. Of these 40 applications, 32 applicants have been designated as Core Participants in Module 4. They are:

a. Covid 19 Bereaved Families for Justice UK (CBFFJ UK)
b. Covid 19 Bereaved Families for Justice (CBFJ Cymru)
c. Scottish Covid Bereaved
d. Northern Ireland Covid 19 Bereaved Families for Justice (NICBFJ)
e. Clinically Vulnerable Families (CVF)
f. Migrant Primary Care Access Group (MPCAG)
g. Traveller Movement
h. UK CV
i. Scottish Vaccine Injury Group
j. Vaccine Injured and Bereaved UK (VIBUK)
k. Disability Rights UK, Disability Action Northern Ireland, Disability Wales and Inclusion Scotland
l. Cabinet Office
m. Scottish Ministers
n. Welsh Government
o. The Right Honourable Baroness Arlene Foster of Aghadrumsee DBE and Paul Givan MLA
p. Department for Health and Social Care (DHSC)
q. Department for Science, Innovation and Technology (DSIT)
r. Secretary of State for Foreign, Commonwealth and Development Affairs
s. HM Majesty's Treasury
t. Medicines and Healthcare Products Regulatory Agency (MHRA)
u. National Institute for Health and Care Excellence (NICE)
v. Northern Ireland Department of Health
w. NHS England
x. Scottish Health Boards
y. Office of the Chief Medical Officer
z. UK Health Security Agency
aa. Public Health Agency Northern Ireland
bb. Public Health Scotland
cc. Public Health Wales
dd. British Medical Association (BMA)
ee. National Pharmacy Association (NPA)
ff. Federation of Ethnic Minority Healthcare Organisations (FEMHO)

28. A number of unsuccessful applicants re-applied for Core Participant status. Renewed applications for Core Participant status were considered in writing and determined in advance of the Preliminary Hearing, thereby allowing those who were successful in their renewed application to participate in the Preliminary Hearing.

29. For the avoidance of doubt, the determinations which have been made by the Chair in relation to Module 4 in no way prejudice the ability of any applicant to apply in another, later, module which may in any event be more suited to the application.

30. It is also, of course, unnecessary for an individual or organisation to be a Core Participant in order to provide information or evidence to the Inquiry. All applicants may have relevant information to give in relation to matters being examined in the Inquiry and the Inquiry will be approaching, in due course, a range of individuals, organisations and bodies to seek information, to gain their perspective on the issues raised in the modules and, where appropriate, to ask for witness statements and documents.

Outline of scope of Module 4

31. Module 4 is concerned with Covid-19 vaccines and therapeutics. The Provisional Outline of Scope for Module 4 states:

> *"This module will consider and make recommendations on a range of issues relating to the development of Covid-19 vaccines and the implementation of the vaccine rollout programme in England, Wales, Scotland and Northern Ireland. Issues relating to the treatment of Covid-19 through both existing and new medications will be examined in parallel. There will be a focus on lessons learned and preparedness for the next pandemic. Thematic issues relating to unequal vaccine uptake will be examined, to include the identification of groups which were the subject of unequal uptake, potential causes of such unequal uptake and the Government response. The module will address issues of recent public concern relating to vaccine safety and the current system for financial redress under the UK Vaccine Damage Payment Scheme.*
>
> *In particular, this module will examine:*
>
> *1. The development, procurement, manufacture and approval of vaccines during the pandemic, including the effectiveness of UK-wide decision-making, in particular, the role of the UK Vaccine Taskforce. What lessons can we learn*

*from innovative practices that were successfully introduced during the pandemic for future pandemic preparedness?*

*2. The development, trials and use of new therapeutics during the pandemic, in addition to the use of existing medications.*

*3. Vaccine delivery in England, Wales, Scotland and Northern Ireland, including roll-out procedures such as: arrangements on the ground and public messaging; Joint Committee on Vaccination and Immunisation recommendations on eligibility / prioritisation and decisions taken by policy makers; the ethics of prioritisation decisions and impact on particular groups such as those with comorbidities.*

*4. Barriers to vaccine uptake, including vaccine confidence and access issues and the effectiveness, timeliness and adequacy of Government planning for and response to inequalities relevant to vaccine uptake.*

*5. Vaccine safety issues including post marketing surveillance, such as the Yellow Card monitoring and reporting system and a suggested correlation between Covid-19 vaccines and cardiovascular issues.*

*6. Whether any reforms to the UK Vaccine Damage Payment Scheme are necessary."*

32. This scope, while ambitious, is necessarily provisional. Although it introduces a wide range of topics, it is neither practical nor advisable to identify at this stage all the issues that will be addressed at the Module 4 public hearing. Much will depend on the evidence and material obtained under the Rule 9 process, which has been designed to obtain documentation from which the issues can be further distilled.

33. The Inquiry considers that the provisional outline of scope provides an overarching framework for the issues and matters that the Inquiry is likely to investigate to enable Core Participants, and individuals and organisations likely to have relevant evidence, to commence their preparations. As set out above, the issues will be further developed in light of in particular the responses to Rule 9 requests.

34. Some of the questions that the Inquiry in Module 4 is likely be considering include the following:

    a. Was the UK suitably prepared for the rapid development of a 'Disease X' vaccine in early 2020? What lessons can and have been learned for the rapid development of vaccines for future pandemics?

    b. What obstacles were encountered in relation to the rapid development, procurement, manufacture and approval of vaccines during the pandemic? How could these be avoided in the face of a future pandemic?

    c. Did the regulatory regime for vaccines and therapeutics strike the appropriate balance between speed and safety?

    d. What lessons can be learned about the development and approval of therapeutics during the pandemic?

    e. Was enough done to ensure fair and adequate access to vaccines and therapeutics, including for those from marginalised groups and communities?

    f. How should vaccine misinformation and disinformation be addressed during a future pandemic?

    g. Is the UK Vaccine Damage Payment Scheme fit for purpose?

Rule 9 Requests for information

35. The process of issuing Rule 9 letters seeking documents and statements relevant to this module has begun. An update on Rule 9 requests will be provided at the preliminary hearing.

36. Documents and information provided to the Inquiry will be analysed and may then be the subject of further focused requests. Organisations have been asked to ensure that their staff have the opportunity to flag particularly important materials so that the most crucial materials are identified and reviewed by the Inquiry as soon as possible.

37. For the reasons set out in the determination of [date] made in Module 1, Core Participants will not be provided with copies of the Rule 9 requests made by the Inquiry in relation to Module 4.

38. However, to ensure the Core Participants are kept properly informed, the Inquiry will ensure that the Module 4 lead solicitor provides monthly updates to Core Participants on the progress of Rule 9 work. Such updates include a summary of who has received Rule 9 requests, the topics those requests cover, what categories of documents have been requested, when the request was made and by when a response is expected.

39. The Chair declined, for the purposes of Module 1, to order that position statements be made by state and organisational Core Participants and material providers. Following the Preliminary Hearings in Module 2 and Modules 2A-C, the Chair directed that if the monthly updates and the provision of disclosure do not provide Core Participants with necessary information then the issue will be revisited.

Disclosure to Core Participants

40. The purpose of disclosure is to enable the Core Participants to participate effectively in the public hearings. This Inquiry will be as open as possible with the Core Participants and with the public in relation to the disclosure of documents.

41. The information and documents received through the Rule 9 process will be assessed for relevance and then redacted in line with the Inquiry Protocol on the Redaction of Documents that has been prepared and published (https://covid19.public-inquiry.uk/documents/inquiry-protocol-on-the-redaction-of-documents/), so as to remove sensitive material, such as personal data.

42. It is neither necessary nor proportionate for the Inquiry to disclose every document that it receives, or every request that it makes, or every piece of correspondence it conducts.

43. Each document provider is being asked to provide (amongst other matters) details of the key individuals who were involved in issues relevant to the Module 4 Provisional Outline of Scope, the key meetings and events and a summary of the categories of other material held and/or already provided to the Inquiry relating to the Module 4 Provisional Outline of Scope.

44. This information will allow the Inquiry to understand the nature of relevant material held by the document provider and make targeted requests for further material if necessary. Where, as a result of the information provided, the Inquiry has any concerns about a provider's processes for providing relevant documents, it will raise

and pursue them and, of course, as documents are reviewed and gaps identified, further documents will be sought.

45. Disclosure of relevant, redacted documentation will take place in tranches. All Core Participants in the same Module will receive all the disclosable documents for that Module.

46. In light of the above approach, the Chair has determined, and made a determination to this effect in Module 1, that she does not consider it appropriate for the Inquiry to publish a schedule setting out an itemised list of documents and other material that is not intended to be disclosed to the Core Participants.

47. The electronic disclosure system which will be used to provide documents to Core Participants will be Relativity. Details of how to access and use the system will be provided to Core Participants shortly before disclosure commences. Only those who have provided a signed undertaking to the Chair will be permitted access to the material that the Inquiry discloses to Core Participants.

48. The Inquiry is working to begin the process of disclosing materials to Core Participants as soon as possible. The process of disclosure to Core Participants is anticipated to begin in late Autumn 2023.

Expert material and the instruction of expert witnesses

49. A number of experts across different disciplines are likely to be appointed as experts to the Inquiry. They will assist the Inquiry, either individually or collaboratively, by way of the provision of written reports (including the answering of specific questions asked of them by, or through, the Inquiry) and, where appropriate, by giving oral evidence at the public hearing.

50. Such evidence will inform and support the Inquiry's work in preparation for and during the public hearings, as well as assist the Chair in making any recommendations.

51. The experts will be suitably independent and subject to an overriding duty to assist the Inquiry on matters within their expertise.

52. The identity of the expert witnesses and the questions and issues that they will be asked to address will be disclosed to the Core Participants before the expert reports are finalised. Core Participants will therefore be provided with an opportunity to

provide observations. Where there are significant differences of view or emphasis among the members of a group, these will be made clear on the face of the reports and, of course, these can be addressed during oral hearings.

Listening exercise - Every Story Matters

53. The listening exercise, Every Story Matters, has been established to enable people in the UK to tell people how the pandemic has affected their lives. Everyone's contribution through Every Story Matters will be collated, analysed and turned into themed reports, which will be submitted into each relevant investigation. These will be anonymised, disclosed to the Inquiry's Core Participants and used in evidence. The reports will identify trends and themes and include illustrative case studies which may demonstrate systemic failures. Details of the listening exercise are set out in the Notes from the Solicitor to the Inquiry (STI), copies of which have been shared with Core Participants.

54. Every Story Matters aims to obtain insights and information from anyone who wishes to contribute, i.e. from anyone who was impacted by the pandemic and wishes to share their experience. It has been designed so that anyone and everyone aged 18 or older in the UK can contribute if they wish to do so. For example, for Module 4, the Inquiry is particularly interested to hear from: people who felt they were unable to access the vaccines and/or therapeutics in a timely manner; those who were hesitant about receiving Covid-19 vaccines; those who believe they may have suffered damage as a result of a Covid-19 vaccine; and those who had positive experiences connected with vaccines and therapeutics.

55. These experiences will be analysed and reviewed by the Inquiry's research specialists based on Key Lines of Enquiry (KLOEs) for Every Story Matters produced by the Inquiry team. The KLOEs are an important tool for setting out the way in which the Inquiry will gather and analyse experiences shared with Every Story Matters, in particular through the targeted research.

56. The Inquiry's research specialists will conduct targeted qualitative research in relation to particular topics and particular groups of people based on the KLOEs. It is proposed in Module 4 that this research will focus on, among other things, listening to people from different communities and backgrounds where there was a relatively low uptake of Covid-19 vaccines.

57. The experiences shared with Every Story Matters will be collated into themed reports. The resulting reports, which will synthesise and amalgamate the individual accounts, will be aligned with and fed into Module 4 and the Inquiry's later modules. They will be disclosed to Core Participants. The reports will be formally adduced in evidence so that they can form part of the Inquiry's written record.

58. In the coming weeks, the Inquiry legal team will work with its research specialists to identify research questions and priority audiences in relation to the following proposed KLOEs:

    a. Experiences receiving information on the Covid-19 vaccines, including:

        i. The key sources of vaccine-related information obtained by participants;

        ii. Experiences of receiving useful information or mis/disinformation;

        iii. The clarity, consistency and ease of understanding of public messaging;

        iv. The quality (e.g. clarity, appropriateness, persuasiveness, sufficiency and timeliness) of targeted messaging for specific groups;

        v. Perceptions surrounding whether public messaging was sufficiently inclusive and culturally sensitive;

        vi. Experiences of whether public messaging appropriately communicated the benefits and risks of vaccines including efficacy, safety and adverse effects;

        vii. Drivers of trust / mistrust in government public messaging; and

        viii. Views on how to improve public messaging.

    b. Public trust in the safety of Covid-19 vaccines and the importance of being vaccinated, including:

        i. Confidence: Drivers and barriers to trust in safety of Covid-19 vaccines;

        ii. Complacency: Perceptions of the purpose, value and necessity of Covid-19 vaccines;

        iii. Other drivers of vaccine hesitancy and unequal uptake, including how

these differ for different groups, and the causes of such disparities;

iv. How these factors affect vaccination decisions; and

v. What reassurance people want to encourage them to be vaccinated and what could have been done to improve vaccine confidence and/or increase uptake.

c. Practicalities of vaccine roll-out, including:

i. Convenience and barriers in relation to vaccine roll-out;

ii. Experiences and particular barriers to accessing vaccines for those from vulnerable or marginalised groups;

iii. Perceptions of whether there was fair and equitable vaccine distribution and access across different parts of the country and/or devolved nations;

iv. How accessibility and convenience factors affected vaccination decisions / uptake; and

v. Which Government measures people felt encouraged their vaccination uptake and which measures counterproductive in the feeling that they increased/exacerbated hesitancy or otherwise discouraged uptake.

59. Potential audience groups that it is proposed are included in the sampling for qualitative interviews include those categorised by:

a. Residency in particular geographical locations with relatively low uptake of vaccines;
b. Ethnicity;
c. Socioeconomic circumstances, including level of education and homelessness;
d. Particular health concerns, such as amongst the immunosuppressed, pregnant and/or breastfeeding women, and/or those with fertility concerns.

60. It is unlikely that the targeted research will be able to cover all the areas listed above and Core Participants are therefore invited to file written submissions **by 4pm on**

**Tuesday 5 September 2023** making suggestions in relation to the KLOEs for targeted qualitative research, in particular, on:

a. Whether there are any specific areas listed in paragraph 58 above that Core Participants consider to be of particular importance for targeted research;

b. Whether there are any further topics that Core Participants consider important for targeted research and why (including whether or not this evidence could otherwise be obtained through the Rule 9 process or by another method); and

c. Any views on the proposed target populations for the targeted research, either in relation to the above three topics or further proposed topics.

Commemoration

61. Given the scale of the tragedy brought about by the pandemic, and the grief and loss suffered by the bereaved, the Inquiry wishes to provide opportunities for those who were lost to be commemorated as part of the Inquiry's process.

62. The Chair wishes to recognise the human suffering arising from the pandemic, including the loss of loved ones, by ensuring that it is reflected throughout the Inquiry's work. The Inquiry has used an Impact Film at the start of the Module 1 hearings and used images and artwork to try to represent the loss and suffering caused by the pandemic. More commemorative work will be announced in due course.

63. There will be an Impact Film broadly connected with the issues set out in the Module 4 Provisional Outline of Scope aired at the public hearings next year and the Inquiry will be in touch with Core Participants to discuss filming opportunities.

Approach to evidence of circumstances of individual death and 'pen portrait' material

64. In the course of the Preliminary Hearing in Module 1, the Inquiry received submissions to the effect that the Inquiry should allow evidence of the circumstances of individual deaths and pen portrait material to be heard at the public hearing.

65. Although the Chair will keep the issue under review, she has ruled that evidence of the circumstances of individual deaths and pen portrait material will not, as a general rule, be admitted.

66. Some evidence regarding individual deaths and circumstances may well be relevant, however, where it relates to possible systemic failings. For example, bereaved family members, clinically vulnerable individuals and those who have experience of the Vaccine Damage Payment Scheme may well have relevant evidence to give on issues that affected them. Such evidence would naturally be provided in the course of Module 4 so as to introduce systemic issues, in keeping with the Inquiry's express intention to keep those affected by the pandemic at the heart of the Inquiry.

Future Hearings

67. A further Preliminary Hearing for Module 4 will be held at Dorland House in Paddington in early 2024. The specific date will be confirmed in due course.

68. The public hearing in Module 4 is expected to take place over four weeks in the summer of 2024. The hearing will be held at Dorland House in Paddington.

**22 August 2023**

**Counsel to the Inquiry**

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**Georgina Blower**
**Daniel Mansell**
**Marie-Claire O'Kane**