



## **Module 2** **List of Issues**

### **Introduction**

This List of Issues ('Lol') provides an indicative guide to the topics and areas that it is proposed Module 2 should explore within its investigation. It is not intended to be an exhaustive or prescriptive document. Inevitably, issues may come into greater or lesser focus as the Module 2 investigation progresses - some may drop away or others may emerge. It follows that not all indicative areas will be addressed to the same degree or explored by the same mechanisms; some will be explored with witnesses, others within the relevant documentary material. Core documents to be relied upon as part of the evidential matrix will of course be published.

Module 2 will examine the extent to which UK core political and administrative decision-making should have had, and did have, regard to the impact or potential impact of Covid-19 on vulnerable and at risk groups and the impact or potential impact on those groups of government policies responding to Covid-19 (NPIs etc). As part of that analysis, Module 2 will consider whether appropriate regard was had to pre-existing inequalities (including structural racism). Reference to "vulnerable and at risk groups" will be interpreted broadly, and will include those from black, asian and minority ethnic backgrounds, women, older people, those suffering from health inequalities (including mental health illness), disabled people and children.

Set out below in bold are paragraphs of the [Provisional Outline of Scope](#), followed by a sub-set of related questions and issues which are intended to be explored in evidence. The way that these questions and issues are framed does not indicate, of course, that any finding of fact has been made on a particular issue. The Lol will continue to be kept under review.

**4 August 2023**

## Issues

### **1. The central government structures and bodies concerned with the UK response to the pandemic and their relationships and communications with the devolved administrations in Scotland, Wales and Northern Ireland and regional and local authorities.**

#### **a. General nature of UK Government structures and core decision-making**

- i. What were the central UK Government structures and bodies involved in the core decision-making and management of the UK response to Covid-19 in January 2020? Particular consideration will be given to the role of the Prime Minister, the Cabinet, COBR, Cabinet sub-committees, Ministerial groups, the Ministerial 'quad' committee, and to their links with SAGE, other expert advisory groups, senior civil servants, special advisers, the Department for Health and Social Care, NHS England and Public Health England.
- ii. How did the role of these structures and bodies develop between January 2020 and February 2022? What were the reasons for those developments?
- iii. Did the UK central government structure for dealing with emergencies enable key decisions to be taken efficiently and speedily?
- iv. Did the UK central government structures and processes at Prime Minister, Cabinet, Cabinet Office and Ministerial levels work effectively? Who made the key strategic decisions?
- v. Was there adequate access to clear and sustainable advice and relevant expertise generally?
- vi. Were key decisions taken in a timely way and after a proper process of advice/consultation?
- vii. Did decision-makers follow advice from SAGE and other relevant advisory groups when key decisions were taken? If not, what were their reasons for rejecting that advice and was this properly documented?
- viii. To what extent did informal communication (such as WhatsApp messaging) contribute to key strategic decision-making? Were the mechanisms and safeguards for considering and recording key decisions adequate or appropriate?
- ix. Was the SAGE structure appropriate for dealing with a pandemic of this nature?
- x. Did the composition and diversity of SAGE and its sub-groups sufficiently reflect experience from past epidemics and outbreak management, the experiences of other countries and real-time events, and was the membership of those groups properly revised to meet evolving understanding of the virus?
- xi. Was the advice from SAGE and its sub-groups transparent, clear and open to challenge both by Ministers and also within the group(s)?

- xii. What structures and core-decision making processes did the UK Government have and use to consult those it identified as vulnerable and at risk groups? How effective were they?

b. How did the UK central government work with the devolved administrations, regional and local authorities?

- i. How did the UK Government liaise with devolved administrations, regional and local authorities over UK core decision-making between January 2020 and February 2022?
- ii. Was there proper communication with the devolved administrations and regional and local authorities by the UK Government on its decision-making?
- iii. Were key decisions taken by the UK Government after a proper process of advice/consultation with the devolved administrations, regional and local authorities?

**2. Access to and use in decision-making of medical and scientific expertise, data collection and modelling relating to the spread of the virus, including the measuring and understanding of transmission, and infection, mutation, re-infection, morbidity and death rates, and long-term sequelae (long Covid); the certificate system and excess mortality; the relationship between and operation of systems for the collection, modelling and dissemination of data between government departments and between the government, the NHS and the care sector.**

a. What data and modelling did the core decision-makers rely upon?

- i. What were the key sources of data and modelling information?
- ii. Did key decision-makers have adequate access to reliable data, statistics and modelling information, including in relation to excess deaths, and on the potential long-term effects and chronic health impacts of Covid-19?
- iii. To what extent did data collection consider the impact of Covid-19 on vulnerable and at risk groups, in particular in relation to infection and mortality rates based on race/ethnicity and disability?
- iv. Did the systems for the collection and dissemination of data between UK government departments and between central government, the devolved administrations, the NHS and the care sector work effectively?
- v. Was there sufficient coordination and communication about data collection, dissemination and analysis between the UK Government and devolved nations?
- vi. Was the mathematical modelling of epidemiological outcomes sufficiently reliable? Was its purpose and capacity properly understood?

- vii. To what extent were other factors, such as economic, societal, educational and mental health impacts, modelled?
- viii. What was the role of the Behavioural Insights Team?

**3. The initial understanding of, and response to, the nature and spread of Covid-19 in light of information received from the World Health Organization and other relevant international and national bodies, advice from scientific, medical and other advisers and the response of other countries. This will include the government's initial strategies relating to community testing, surveillance, the movement from 'contain' to 'delay' and guidance and advice to health and social care providers.**

a. Basic understanding of the virus and the disease

- i. Methodology for calculating rates of infection, hospitalisation.
- ii. The UK initially classified Covid-19 as a High Consequences Infectious Disease. When and why was it declassified?

b. UK Government core decisions from January 2020

- i. Did the UK Government react appropriately to the news of the epidemic in China?
- ii. Were the essential features of the virus and disease (especially its asymptomatic nature, means of transmission, severity, reinfection rates, antibodies and long-term health impacts) properly understood? What was the timeline for this information being available?
- iii. Did the UK Government properly appreciate the seriousness of the position concerning the spread of the virus?
- iv. What regard did the UK Government have to the structures utilised and decisions made in other countries to limit the spread of the virus?
- v. What initial decisions were taken in relation to the test and trace of infected persons?

c. UK Government core decisions from February 2020

- i. Did the UK Government appreciate the degree to which the virus was spreading through the UK?
- ii. What key strategies did the UK Government adopt in response to the spread of the virus?
- iii. In light of the spread of the virus beyond China, did the UK Government take adequate precautionary measures?
- iv. What was the concept of 'herd immunity'? To what extent did it form part of the UK Government's strategy (for example, as part of a belief that it would prevent a second wave following the lifting of social restrictions)? To what extent was the concept of 'herd immunity' founded upon scientific or academic research?

**4. The core decision-making relating to the imposition of UK-wide and, later, England-wide non-pharmaceutical interventions (NPIs), including the national**

lockdowns in March-July 2020, November-December 2020 and January-April 2021, local and regional restrictions, circuit breakers, working from home, reduction of person to person contact, social-distancing, the use of face-coverings, school closures, and border controls; the timeliness and reasonableness of such NPIs, including the likely effects had decisions to intervene been taken earlier, or differently; the development of the approach to NPIs in light of the understanding of their impact on transmission, infection and death; the identification of at risk and other vulnerable groups and the assessment of the likely impact of the contemplated NPIs on such groups in light of existing inequalities.

a. The use of Non-Pharmaceutical Interventions (NPIs)

- i. How did medical, scientific and economic advice and data, including expertise on the potential impact of the NPIs, inform the UK Government core decision-making in relation to NPIs?
- ii. Did the UK Government consider in a timely fashion the use of NPIs to limit the spread of the virus?
- iii. Were appropriate NPIs considered in the period from January to March 2020?
- iv. Did the UK Government coordinate effectively with the devolved administrations, and regional and local authorities, on the use of NPIs?
- v. To what extent was it considered that the UK's border should be closed (ie a general travel ban), and/or that restrictions should be imposed on travel in and out of the four nations?

b. March 2020/first lockdown

- i. Did the UK Government act fast enough to minimise the transmission of Covid-19 prior to the first lockdown, for example, in relation to mass gatherings held in England in early March 2020?
- ii. Did the UK Government adopt the most appropriate strategy in initially seeking to manage rather than suppress the virus, by 'flattening the curve', and by imposing restrictions incrementally? Why did the strategy change?
- iii. Was a lockdown necessary?
- iv. Should the decision to impose a lockdown have been taken before 23 March 2020? If so, when?
- v. Is it possible to say what the likely effects of earlier or different decisions to intervene would have been (the counter-factual position)?
- vi. To what extent was the closure of schools considered separately from the imposition of a lockdown?

c. Events during and after the first lockdown 23 March 2020 (legally in force 26 March) to 4 July 2020

- i. Was the first lockdown effective in controlling the transmission of Covid-19 in England?
  - ii. Was the lockdown lifted at the most appropriate time and communicated in the most appropriate way?
  - iii. Should national restrictions of any kind have been maintained after the first lockdown was lifted?
  - iv. What lessons were learned from the first lockdown in terms of the impacts on vulnerable and at risk groups, four-nation working, communication about the virus, and compliance with enforcement laws?
  - v. In what ways did the UK Government seek to promote the opening up of the economy after the lifting of the first lockdown?
  - vi. Were the economic schemes (such as 'Eat Out to Help Out') based on scientific advice? Did they contribute to the spread of the virus? To what extent did the government weigh up the risks of such schemes?
- d. Local restrictions and UK-divergence
- i. How effective were the local restrictions that were introduced in England after the first national lockdown?
  - ii. Were the local restrictions and the differences between them the most effective and fairest way to manage the virus?
  - iii. Why did the UK Government take a different approach from the devolved nations following the first national lockdown?
- e. Second lockdown (5 November 2020 to 2 December 2020)
- i. Should the UK Government have imposed a 'circuit breaker' or other lockdown in mid-September, or thereafter?
  - ii. How effective were the 'tier' restrictions that were imposed on 12 October 2020?
  - iii. Was a second national lockdown necessary?
  - iv. Should the decision to impose a lockdown from 5 November 2020 have been taken before 31 October 2020? If so, when?
  - v. Is it possible to say what the likely effects of an earlier decision to lockdown would have been (the counter-factual position).
  - vi. Did the second lockdown achieve its purpose?
  - vii. Was it lifted at the most appropriate time?
  - viii. How effective were the 'tier' restrictions that were maintained thereafter?
- f. Events during and after the third lockdown (5 January 2021 to February 2022)
- i. To what extent did the availability of vaccines inform government decision making on the use of NPIs?
  - ii. Was a third national lockdown necessary? To what extent were lessons learned from the first and second lockdowns?
  - iii. Should the decision to impose a lockdown from 5 January 2021 have been taken before 4 January 2021? If so, when?

- iv. Is it possible to say what the outcome would have been if the decision had been taken earlier?
- v. Was it lifted at the most appropriate time?
- vi. Following the emergence of the Omicron variant in or around December 2021 and the implementation of 'Plan B' restrictions, should a fourth national lockdown or any other stringent restrictions have been imposed?
- vii. Was the decision to end all Covid restrictions on 24 February 2022 taken at the right time?

g. Vulnerable and at risk groups

- i. To what extent did the UK Government recognise and define "vulnerable and at risk groups" throughout the course of the pandemic, and take appropriate account of pre-existing inequalities when considering the imposition of NPIs?
- ii. To what extent was the Public Sector Equality Duty complied with?
- iii. To what extent did the UK Government assess the likely impacts of contemplated NPIs upon people and communities falling within such groups, and seek to mitigate them?
- iv. To what extent was the possibility of serious long term health consequences arising from the imposition of NPIs foreseen and addressed?
- v. How was the danger to health posed by the virus weighed up against the perceived danger of societal and economic damage (to include risks of increased mental-health issues, domestic abuse and the impact on children's wellbeing, development and educational attainment) caused by the imposition of social restrictions?

**5. Public health communications in relation to steps being taken to control the spread of the virus; transparency of government messaging; the use of behavioural management and the maintenance of public confidence in the UK government, including the impact of alleged breaches of rules and standards by Ministers, officials and advisers.**

a. How did the UK Government communicate?

- i. How effective were the key public health communications in relation to the steps taken to control the spread of the virus in the UK between January 2020 and February 2022?
- ii. To what extent was there a four-nation approach to communication? Was this effective?
- iii. Was the messaging accessible to vulnerable and at risk groups? Was this effective?
- iv. To what extent did breaches by UK Ministers, officials and advisers of social restrictions and lockdown rules and guidance, and the associated public debate at that time, damage public confidence and the maintenance of observance of those rules by the public?

**6. The public health and coronavirus legislation and regulations that were proposed and enacted: their proportionality and enforcement.**

a. Public health and coronavirus legislation and regulations

- i. What processes were adopted for the review and scrutiny of the Coronavirus laws and regulations? Were they sufficient?
- ii. To what extent were equality impact assessments carried out appropriate and sufficient? Were their conclusions taken into account when passing laws and regulations?

b. Enforcement

With a focus on civil liberties:

- i. Why were criminal sanctions considered necessary and proportionate?  
In general terms, was the enforcement of the Coronavirus laws and regulations proportionate and effective?

**7. What lessons can be learnt and what possible recommendations can be identified at this stage to support appropriate and effective decision-making in the event of a future pandemic?**