Witness Name: Clara Swinson
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UK COVID-19 INQUIRY

FOURTH WITNESS STATEMENT OF CLARA SWINSON

MODULE 2 SUPPLEMENTARY CORPORATE STATEMENT CONCERNING THE IMPACTS OF LEGISLATION

1. I, Clara Swinson, Director-General for Global Health and Health Protection at the Department of Health and Social Care, 39 Victoria Street, London SW1H 0EU, will say as follows:

SECTION 1: INTRODUCTION

2. I make this statement in response to the supplementary request from the UK COVID-19 Public Inquiry (the Inquiry), dated 27 January 2023, requesting further information on the impact of legislation and regulations on various sectors of the population, including those with protected characteristics and/or otherwise vulnerable groups, including the advice given, assessments undertaken, and the impact on civil liberties, along with details of steps taken to monitor and mitigate the potential impacts that had been identified. This supplementary request was in relation to Sir Christopher Wormald's Third Witness Statement to the Inquiry, dated 29 March 2023 (covering the 1 January 2020 – 31 July 2020 period). Throughout this statement I will refer to that witness statement as the First Witness Statement for Module 2. Since the request for further information was received, it was agreed with the Inquiry in June 2023 that this statement will cover the entire Module 2 period.

3. The Department of Health and Social Care (The Department) has already exhibited a large number of relevant documents to the First Witness Statement for Module 2 dated 29 March

2023. Relevant documents will also be exhibited to subsequent Witness Statements for Module 2 (covering the 1 August 2020 – 31 July 2021 and 1 August 2021 – 24 February 2022 periods); and further documents to this statement. Given the large number of documents and extensive analysis undertaken throughout the period of time covered by this statement, I have not attempted to provide an exhaustive list of *all* relevant advice, assessments and impacts, but I have drawn out a number of impacts analyses and mitigations to give specific examples of the way in which advice was given and assessments undertaken with regard to the impact of the various measures.

4. As set out above, I am the Director General for Global Health and Health Protection at the Department of Health and Social Care. I have been a civil servant since 1997 and a Senior Civil Servant since 2006, holding a number of roles in the Department. I have been a Director General covering international health and domestic public health issues in the Department since November 2016. Since that appointment I have reported to the Permanent Secretary, Sir Chris Wormald, and I have been a member of the DHSC Executive Committee which oversees the management of the Department.

5. My responsibilities as Director General have changed slightly between 2016 and the pandemic, depending on government priorities and the organisation of work with the Department, as set out in my First Witness Statement to the Inquiry, dated 28 April 2023. During the pandemic I was the Director General responsible for much, but not all, COVID-19 legislation, including the Coronavirus Act 2020 (CVA) and many Statutory Intruments under the Public Health (Control of Disease) Act 1984. I am also the head of the Policy Profession for the Department.

6. As this is a corporate statement on behalf of the Department, it necessarily covers matters that are not within my own personal knowledge or recollection. This statement is, to the best of my knowledge and belief, accurate and complete at the time of signing. Notwithstanding, it is the case that the Department continues to prepare for its involvement in the Inquiry. As part of these preparations, it is possible that additional material will be discovered. In this eventuality, the additional material will of course be provided to the Inquiry, and a further supplementary statement will be made if need be.

7. The duties and approach set out below are part of the Department's normal decision-making processes, even where the emergency nature of the issues being tackled at the time, meant they could not always be undertaken to the usual standard or in the usual manner.

SECTION 2: SUMMARY OF KEY STATUTORY DUTIES AND RESPONSIBILITIES

8. The following section sets out the four acts which determine the Department's approach to assessing impacts set by its statutory responsibilities. Two of these acts are governmental wide statutory responsibilities (the Equality Act 2010 and the Human Rights Act 1998) and two are specific to the functions and responsibilities of the Secretary of State for Health and Social Care (The National Health Service Act 2006 and the Care Act 2014). The statutory duties are set out below in more detail.

National Health Service Act 2006

9. Section 1C of the NHS Act 2006, encompasses the Secretary of State's functions in relation to both the NHS and public health. Section 1B also places a duty on the Secretary of State to have regard to the NHS Constitution in exercising his or her functions in relation to the health service. Further, and as set out at paragraph 6 of the First Witness Statement for Module 2, dated 29 March 2023:

> "*The Secretary of State also has a statutory duty under s. 2A of the* [NHS Act 2006] *to take steps he considers appropriate to protect public health in England and a power under s. 2B to support public health improvement... The principal route for the discharge of these responsibilities was through Public Health England (PHE), with both the Department and PHE having responsibilities for planning for and managing the response to emergencies and health protection incidents and outbreaks in an extended team working across Government.*"

10. Furthermore, and as set out in paragraph 6 of the same statement:

> *"The Department's purpose is to support and advise the Government's health and social care Ministers by shaping policy and assisting in the setting of the strategic direction for the health and care system. Through this the Department fulfils the Secretary of State's statutory duty under section 1 of the* [NHS Act 2006] *to continue the promotion in England of a comprehensive health service designed to secure improvement in the physical and mental health of people in England and in the prevention, diagnosis and treatment of physical illness. The Department secures funds for the NHS and remains accountable for this funding, which is allocated to the most appropriate local level."*

The Care Act 2014

11. In relation to adult social care, the Care Act 2014 places the duty to plan and secure adult social care services on 152 local authorities in England, and includes local authority duties to promote wellbeing when providing care and support services.

Equality Act 2010

12. Pursuant to Schedule 19 of the EA 2010, the Department is subject to the Public Sector Equality Duty (PSED), found at section 149(1), which states that in the exercise of its functions, it must have due regard to the need to:

    (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

    (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

    (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

13. The Department, in some circumstances, as a "service-provider" to the public, is also subject to section 29 of the EA 2010 which imposes a duty not to do anything, in the exercise of a public function, that constitutes discrimination, harassment or victimisation. More specifically, it is not to harass, victimise or discriminate: as to the terms of the service provided; by terminating the provision of the service; or by subjecting a person to any other detriment.

Human Rights Act 1998

14. Under section 6 of the HRA, the Secretary of State is required to act in a way that is compatible with the European Convention on Human Rights (ECHR), except in limited circumstances. Under section 19 of the HRA, the Secretary of State has a duty to provide a statement confirming that the provisions of any Bill laid before Parliament are compatible with the ECHR.

SECTION 3: THE POLICY- AND LEGISLATION- MAKING PROCESS

15. The following section sets out the policy making and legislative process undertaken by the Department. This covers, with reference to previous statements, how the Department approaches policy making including the process of advising ministers, how it dispenses its responsibilities under the 'Family Test' and how it works with the Devolved Administrations.

16. In line with the scope of this statement, the below does not purport to speak to how *all* impacts of *all* policy decisions made at the time were assessed but rather only those which related to the legislative decision-making process within the Department. The legislative decisions below were giving legal effect to an earlier policy decision and the above legal duties were also considered when undertaking assessments and providing advice

throughout the policy-making process. I have, therefore, provided an overview below of how these assessments and advice informed policy decisions which, in turn, informed legislative decisions.

Overview

17. At paragraphs 26-28 of his Fourth Witness Statement to the Inquiry, dated 10 May 2023, Sir Christopher Wormald provides an explanation as to how the above legal duties, particularly those under the EA 2010, are taken into account through the policy-making process:

> *26. As indicated above, the Department has a template for submissions to ministers where a decision is required on a policy issue. The template includes a checklist that highlights the PSED as something that must be considered by the team developing the policy. A further section in the template concerns legal duties and reminds teams that they need to provide advice on legal duties, including under the EA 2010, and that they should be working with the Department's lawyers on this.*
>
> *27. In addition to the submissions template the Department undertakes bi-annual assurance meetings (or 'BAM') with each Director General Group. These are chaired by me and attended by the Director General and Directors for that Group. The BAM process ensures that where issues arise during the year, they are appropriately reported and discussed. The BAM process also contributes to the arrangements in place to address identified weaknesses and drive improvements.*
>
> *28. In 2018, following a Government Internal Audit Agency internal audit on equalities assurance, the BAM slides were updated to include a field to report on PSED matters (CW5/18). In March 2020 the PSED field in the BAM slide pack was updated following the Government Internal Audit Agency follow up report on equalities assurance (CW5/19). The amended slides improved the comprehensiveness of the returns on PSED from each group and the revised approach remains in force to-date.*

18. At paragraph 73 of the First Witness Statement for Module 2, dated 29 March 2023, an explanation is provided of how policy decisions were developed and fed into the general legislative decision-making process as follows:

> *73. "The various legal restrictions, as set out in Section 6, were the product of the collective decision-making process outlined above. In general, Ministers would collectively decide on the policy for restrictions, with advice co-ordinated by the CO. Those collectively made policy decisions would then be developed into draft regulations. Once the regulations were drafted, a signing submission accompanying the draft regulations was sent to the Secretary of State, who would determine whether to make the regulations and thus give legal effect to the policy decision(s). The decision whether to make a particular set of regulations was always being made in the context of the prior policy decision, but was in itself always a separate decision and subject to*

the usual decision-making processes. Whilst the Secretary of State for the Department generally made the regulations, under the [Public Health (Control of Disease) Act 1984 (1984 Act)] *any Secretary of State could have signed them, which is explained further below, and regulations were laid before Parliament. Most of the regulations were made using the emergency procedure in section 45R of the 1984 Act (the 'made affirmative' procedure). I have provided more detail on this in section 6."*

19. Further details on the decision-making process are provided at paragraphs 249-252:

249. "The decision-making processes that led to the development of the key legislation and regulations set out below are covered in section 1 of this statement, with further information on NPIs *detailed in section 2. The paragraphs above in which I have endeavoured to 'set the scene' as to the difficulties faced by the Department (and wider Government) at the time – as to there being no easy decisions – should be borne in mind when considering the necessity and proportionality of the legislative measures the Government implemented in response to managing COVID-19.*

250. Some of the regulations in the early stage of the pandemic detailed below were prepared by officials in DLUHC; the Secretary of State provided the final approval of those regulations upon their advice.

251. Following the initial involvement of DLUHC, the Department took over responsibility for preparing submissions and advice for the remainder of the legislation and regulations detailed below in chronological order. I have sought to reference the supporting ministerial submissions and other documents (including assessments in accordance with the public sector equality duty) prepared for each such decision.

20. In the particular case of social restrictions, the decision-making process essentially therefore involved two separate stages. The first was a decision made collectively across Government to introduce restrictions, the nature of those restrictions, and timings and other related matters (including, for example, the time period for reviewing the necessity of those restrictions). The second decision was then about enacting that policy decision, by making the specific set of regulations (under section 45C of the 1984 Act) to give the policy its legal form. The second decision is therefore separate from the policy decision, but gives practical effect to it."

Equalities

21. Equalities and improving health and wellbeing are at the heart of the Department's functions. In line with the principles and values that guide the NHS and sets the framework for the delivery of social care, the Department is committed to ensuring that resources are maximised for the benefit of the whole community, making sure that nobody is excluded,

discriminated against or left behind. This approach is reinforced by the duties set out in the Equality Act 2010 (EA 2010) and the Human Rights Act 1998 (HRA).

22. These principles and values, which are reflected in the World Health Organization's (WHO) August 2008 Commission on Social Determinants of Health report, 'Closing the gap in a generation: health equity through action on the social determinants of health' (the 2008 Report) (CS4/1 - INQ000184077) and the February 2010 Sir Michael Marmot review, 'Fair Society, Healthy Lives' (the Marmot Review) (CS4/2 - INQ000184071), can be seen, for example, in the medical practice of clinical prioritisation, i.e., identifying who is most vulnerable and taking the necessary steps to protect them, and are perhaps best illustrated in the context of the pandemic by the prioritisation of the giving of vaccines to those most in need first.

23. The Department's approach to its equalities duties is not just limited to those requirements set out in the EA 2010 but also includes, for example, the duty in section 1C of the National Health Service Act 2006 (NHS Act 2006), as inserted by the Health and Social Care Act 2012, which in part reflects the 2008 Report and the Marmot Review, to reduce inequalities between the people of England with respect to the benefits that they can obtain from the NHS. Section 1 of the Care Act 2014 expressly provides that all local authorities, when exercising functions under Part 1 of Act, as with the requirement to plan and secure adult social care services set out above at paragraph 11 are to promote wellbeing, which includes personal dignity, health and emotional wellbeing, protection from abuse, and control over their day-to-day life and being able to participate in society in as full a way as is possible.

24. During the formation and implementation of policies, potential impacts are taken into account and routinely assessed. Advice and supporting assessment(s) are provided to Ministers in the form of submissions and official documentation.

25. Health inequalities are the systemic, avoidable differences in health which exist between different social groups. The evidence shows that health inequalities exist between different socio-economic groups, measured using indicators such as income, education, occupation or area level deprivation, by ethnicity, and by reason of someone's sex, gender, sexual orientation or other LGBTQIA plus groups, disability and age, but also other "inclusion health groups". NHS England (NHSE) describes "inclusion health groups"as those who are "socially excluded", which encompasses those "who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex

trauma" (CS4/3 - INQ000236078). These groups include those who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Traveller and Roma communities, sex workers, people in contact with the criminal justice system and victims of modern slavery.

26. Social care is provided, subject to means testing, to those who are vulnerable by reason of age or disability by local authorities, with the legislative framework and statutory guidance provided by the Department. A witness statement is being prepared in respect of adult social care for Module 2 which contains further details about the provision made, but as set out above, the general duties of those assessing the need for social care and making such provision is to provide services to diminish inequalities in the way that those who need additional support can live their lives.

Family Test

27. Where appropriate, advice was provided in relation to the 'Family Test'. The objective of the test, as set out in guidance published by the Department for Work and Pensions, is to *'…bring a family perspective into policy making. It helps ensure impacts on family relationships and functioning, both positive and negative, are recognised in the process of policy development…'.* The Family Test should therefore be carried out:

    i. *Where sensible and proportionate to do so; may not be necessary where impacts on families are small, indirect and/or temporary in nature.*

    ii. *Remembering that indirect impacts of policies on families are not always obvious.*

    iii. *Where policy officials may be in doubt as to the impact of a proposed impact on families. In such circumstances, officials should address the relevant consideration and carry out further analysis.*

28. The focus and scope of the test is on strong and stable family relationships including (but not limited to):

    a. Couple relationships (including same-sex couples) including marriage, civil partnerships, co-habitation and couples not living together.

    b. Relationships in lone parent families, including relation between the parent and children with a non-resident parent, and with extended family.

    c. Parent and step-parent to child relationships.

    d. Relationships with foster children, and adopted children.

    e. Sibling relationships.

    f. Children's relationship with their grandparents.

g. Relatives or friends looking after children unable to live with their parents.

h. Extended families, particularly where they are playing a role in raising children or caring for older or family members with a disability.

Devolved Administrations

29. I am asked to provide evidence about what difficulties, if any, the Department faced with regard to legislation, given that health is a devolved matter. CO led on coordination between the four nations at government level, and they may be better placed to provide evidence on this issue. I set out below what I am able to say on this matter.

30. Consideration was given to the potential impacts and risks of divergent rules for those living at the borders. For example, in Department advice to the Secretary of State on 11 September 2020 about Tiers, it was stated:

"There are risks in the framework if this is an England only approach as it could cause problems and confusion for people living or working on the border. We propose working proactively with the devolved administrations to achieve as much alignment as possible between the measures, with the ultimate aim of a UK-wide approach with full DA buy-in to the tier framework."

31. The Secretary of State agreed to this approach on the same date. A Department paper for COVID-O on 18 September 2020, concerning the approach to Tiers, also set out:

"There are risks if we do not align across the four nations particularly in border areas, where individuals may be being asked to comply with different sets of restrictions."

32. I have provided further detail in relation to work with devolved governments in paragraphs 13 to 16 of my Third Witness Statement to the Inquiry, dated 4 September 2023:

13. *"The existing powers that were used by the UK Government and Devolved Governments to combat COVID-19 were largely, but not exclusively, contained in the Public Health (Control of Disease) Act 1984 (as amended) (the 1984 Act), which extends to England and Wales (with such powers exercisable independently by those in England and Wales), the Public Health etc. (Scotland) Act 2008 and the Public Health Act (Northern Ireland) 1967. These powers were used by the UK and Devolved Governments to make regulations that applied to each nation in order to implement non-pharmaceutical interventions, such as the closure of non-essential retail and social restrictions.*

14. *The Coronavirus Act 2020 (the CVA) conferred new powers on Ministers in each of the UK nations to take actions in areas including health and was passed with the consent of the devolved legislatures in accordance with the Sewel Convention.*

15. *Each of the UK nations has its own public health agency charged with responding to health protection issues identified within its own geographical area. In England this was Public Health England (PHE) which was replaced by the UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparities (OHID) in October 2021. In Scotland the body is Public Health Scotland, in Wales it is Public Health Wales, and in Northern Ireland it is the Public Health Agency.*

16. *Where a response is required to a UK-wide public health emergency, the UK Government and the Devolved Governments are therefore required to take responsibility for their own areas and to coordinate their actions, insofar as possible. There were existing arrangements through EPRR programmes to facilitate this coordination between Devolved Governments, the Department, PHE and NHS England (NHSE) and NHS Improvement (NHSI) (together NHSE and NHSI are referred to as NHSEI reflecting that they operated under a single leadership model)."*

33. I have provided further detail on areas of divergence with devolved governments including in relation to legislation in paragraphs 39 to 43 of my Third Witness Statement to the Inquiry, dated 4 September 2023:

39. As set out in the legislative framework, the Devolved Governments had autonomy under the devolution settlements to take different approaches to their health protection responses, and this did mean there was divergence at times. This section provides details on non-pharmaceutical interventions, test and trace, contact tracing and the covid pass.

40. On NPIs, the exact restrictions and system of levels were sometimes different in different parts of the UK. For example, in England the use of face coverings in enclosed spaces, such as on public transport was recommended on 11 May 2020, while guidance on the use of face coverings in enclosed spaces had been introduced in Scotland on 28 April 2020.

41. Each of the Devolved Governments were responsible for their respective test and trace strategies and operations. Whilst the Department and UKHSA pursued a collaborative approach in respect of testing procurement and processing (as set out above in paragraph 34) there was divergence in how tests were used. For example, in some points of the pandemic there were different testing policies in each of the UK nations for release from self-isolation

42. There was divergence between the approach of the UK Government and of the Devolved Governments in Northern Ireland and Scotland in respect of the creation of different contact tracing applications. The Department engaged all the Devolved Governments in the creation of a UK-wide application the Department, but the approach was only agreed with the Welsh Government. The Northern Ireland Executive announced its decision to create its own application on 21 May 2020 (to facilitate interoperability of contract tracing applications around the island of Ireland by using the same technology and provider as the Republic of Ireland) whilst the Scottish

Government announced on 31 July 2020 that it also would be developing its own application. A degree of interoperability between applications was achieved, which enabled the different applications to work together.

43. There was divergence between the approach of the UK Government and the Devolved Administrations in respect of certification policies and the COVID-19 pass applications. The Department and the then NHSX (a joint team between the Department and NHSE, the 'X' standing for user experience) offered the English COVID Pass Service to the Devolved Governments. This was on the basis of a recommendation put to the Prime Minister in April 2021 (CS3/129 – INQ000279834; CS3/130 – INQ000279835) but noted that it would not be possible to implement without the Devolved Governments' consent, as health is a devolved matter.

SECTION 4: DEMONSTRATING DUE REGARD FOR VULNERABLE GROUPS AND/OR PROTECTED CHARACTERISTIC GROUPS

34. The following section sets out how due regard for vulnerable and or protected characteristic groups was shown within the departmental policy making and legislative process. This covers the departmental duties under the NHS Act 2006, the 'Family Test', the PSED, departmental compliance with the ECHR, assessments undertaken and advice given over the time period in question including both the direct and indirect health impacts of the virus and measures implemented to reduce transmission, mitigations implemented and impact assessments conducted.

NHS Act 2006 Duties

35. As part of the analyses provided and annexed to submissions on the regulations and legislation to the Secretary of State below, any interaction with the overarching general duties under sections 1-1G and 2A of the NHS Act 2006 was considered. As part of the assessment on each of the relevant provisions, consideration is given as to whether, on balance, the measures can be justified on public health grounds and are compliant with the Department's duties under the NHS Act 2006. Within the advice, an explanation of the policy and provision is provided, and any relevant legal duties as identified are analysed in further detail.

36. An example of this advice can be found within the suite of documents provided to the Secretary of State seeking his clearance on the draft Coronavirus Bill on 15 March 2020 (CS4/4 - INQ000106233). The document sets out the Secretary of State's general duties under the NHS Act 2006, then looks at the proposals within the Bill that relate to health and public health and whether any of the duties are engaged by those proposals. The advice then provides, for each policy and provision, a general explanation of the policy

along with any specific duties engaged. How each of these legal duties will be discharged is then analysed. For example, with the temporary powers conferred upon the Registrars of the Nursing and Midwifery Council and the Health and Care Professions Council to register fit, proper and suitably experienced persons in professions such as nursing, under section 1, the following specific duties are identified:

- *The duty to continue to promote in England a comprehensive health service (s. 1);*
- *The duty to exercise his functions with a view to securing continuous improvement in the quality of health services provided to individuals (s. 1A);*
- *The duty to have regard to the NHS constitution (s. 1B); and*
- *The duty to have regard to the need to reduce health inequalities between the people of England (s. 1C)*

37. These are then analysed in turn with reference to the purpose of the provision, as with the section 1C duty, for example:

> *By increasing the workforce capacity within the health service and its ability to respond to patient needs during a Coronavirus pandemic it is likely that health inequalities that might otherwise arise will be reduced (s. 1C duty). A Coronavirus pandemic is most likely to have a greater impact on vulnerable people such as the long term unemployed due to health, those unable to work due to disability and people in receipt of social security benefits or state pensions who have an underlying health condition.*

Compliance with the European Convention on Human Rights

38. Analysis of potential or actual interference with human rights arising from developing legislation was conducted and communicated to the Secretary of State through legal briefing and explanatory human rights memorandums. This then formed the basis on which the Secretary of State was able to discharge his duty under section 19 of the HRA through the explanatory notes to the Coronavirus Bill as introduced to the House of Commons on 19 March 2020 and published on the GOV.UK website (CS4/5 - **INQ000236174**). At paragraphs 547-548, the explanatory notes confirmed that the Secretary of State made a compatibility statement and said that the Government were to publish a separate ECHR memorandum to explain its assessment of the compatibility of the Bill's provisions with Convention rights (CS4/6 - **INQ000236172**). Based on this advice, compatibility was then confirmed by the Secretary of State in a statement within the associated explanatory memorandum.

Assessments undertaken and advice given

39. In the early stages of the pandemic, non-pharmaceutical interventions (NPIs) – including social distancing, face coverings, restrictions on gatherings and travel restrictions – were the only effective mitigations available to the Government. More information on NPIs, including a summary of NPIs used and the evidence relied upon by the Department, can be found at Chapter 8 of the independent 'Technical report on the COVID-19 pandemic in the UK' (the Technical Report) (CS4/7 - INQ000087225). The Technical report urges caution when seeking to interpret the evidence and understand the wider impacts of NPIs, given that they were implemented in packages that became increasingly sophisticated as the pandemic developed, having *'complex combined effects*' on the population. It notes that *'[w]hen considering the impacts of NPIs, it was important continually to bear in mind the possible counterfactual that they enabled us to avoid'.* In short, where the introduction of some measures had negative impacts on an individual or at a societal level, this had to be balanced against the significantly harmful impacts of unmitigated transmission.

40. Evidence on the direct and indirect health impacts of COVID-19 were part of the research analysis that informed the policy-and-legislation-making process throughout the pandemic This is demonstrated through the publication of six reports, drawing on data on mortality, morbidity, health-seeking behaviour, healthcare activity, and on wider impacts such as health-related behaviours and healthcare, considering the impacts on patient wait times and hospital activity, for example. These reports also considered the indirect impacts of COVID-19 on the wider population in the long-run such as the health impacts from changes in employment or loss of education (CS4/8 - INQ000220215; CS4/9 - INQ000220213; CS4/10 - INQ000220206; CS4/11 - **INQ000074959** CS4/12 - INQ000220212, CS4/13 - **INQ000220222**). The papers, as with the Technical report above, warned against drawing over simplified conclusions from the data on impacts from behavioural, economic and health service change. For example, in the paper published on 17 September 2021, where it was found that primary care consultations fell significantly after the start of the pandemic and only fully recovered by May 2021, it notes the complexities in identifying whether this fall in activity is the result of changes to underlying need, changes to health-seeking behaviour or adaptations put in place in the health system to respond to COVID-19. The Equalities Hub in the Cabinet Office (CO) also undertook a significant amount of work on inequalities during the pandemic, and was tasked by the Prime Minister to; improve disability data; assist with vaccine certification and exemptions; provide advice on PSED and Equality Impact Assessments (EIA), understanding the impact on women in particular; and provide general, ad hoc advice. The Equalities Hub submitted quarterly reports, to both the Prime Minister and the Secretary

of State, on progress in addressing COVID-19 health inequalities in ethnic minorities and other groups (CS4/14 - INQ000236063), as identified by Public Health England (PHE) in their June 2020 report, 'Covid-19: review of disparities in risks and outcomes' (CS4/15 - INQ000101218).

41. Throughout the policy-and-legislation-making process, Departmental officials and lawyers identified and analysed potential and actual impacts of COVID-19 policies and legislation and considered potential mitigations seeking input from officials in other departments where relevant. This analysis was recorded and brought to the attention of ministers prior to relevant legislation being made; for example, through equality impact assessments, NHS duties and Family Test assessments which accompanied secondary legislation and were annexed to signing submissions. These impacts were duly considered by ministers in accordance with their legal duties prior to COVID-19 legislation being made. Potential impacts on civil liberties and human rights associated with COVID-19 legislation were also assessed during the policy- and legislation-making process, primarily through advice from policy officials and lawyers to ministers. These impacts were mitigated in a number of ways, as evident in various COVID-19-related primary and secondary legislation, including through statutory reviews, such as the two-monthly reviews of the CVA referred to below.

42. An example of this mitigation of impacts can be seen with the impact assessment annexed to the signing submission for The National Health Service (Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.) Regulations 2020 (CS4/16 - INQ000109189) as referred to below. This assessment identified that patients of services that had been deprioritised using powers contained within the provisions could potentially experience negative health impacts due to delayed access to services. In direct contrast, positive health impacts to patients of prioritised services were identified and assumed to significantly outweigh the negative health impacts on those patients of deprioritised services. Further, by allowing the decisions on prioritisation to be taken at an operational level, as this Statutory Instrument was designed to do, this would likely lead to more effective allocation of resources and therefore minimise the net negative health impacts.

43. A further example of such mitigation within secondary legislation can be seen with The Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) Regulations 2020 where, following a PSED impact assessment, risks to pregnant women and those with disabilities, in particular those that rely on lip reading or facial expressions for communication, were identified. Appropriate exemptions were then

provided to overcome any difficulties that those individuals may face as a result of the regulations. (CS4/17 - INQ000234411).

44. Additionally, mitigations in response to identified impacts may also have been delivered through non-legislative means, such as updates to existing guidance. For example, in respect of the impact of the social distancing policy on those with a specific health condition that required leaving home in April 2020, Government guidance on social distancing was updated to clarify that those with a specific health condition that required them to leave the home for an evidenced health benefit were allowed to do so. This applied to those, for example, with learning disabilities or autism who required specific exercise in an open space on multiple occasions each day (CS4/18 - **INQ000236029**).

45. By way of further example of the kinds of impacts identified the equalities analysis which was conducted in April 2020 after the implementation of the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020. This referred to evidence of a disproportionately high number of fixed penalty notices (FPNs) being issued to black people prior to the regulations being implemented, together with the potential risk for higher enforcement towards ethnic minorities, males and young people (CS4/70 - INQ000106306). By way of further example, the equality impact assessment which accompanied the signing submission for the Health Protection (Coronavirus, Restrictions) (Steps etc.) (England) (Revocation and Amendment) Regulations 2021 referred to the disproportionate impact of FPNs on disabled people as they may be economically disadvantaged and less able to afford these costs (CS4/18A - **INQ000111577**).

46. Supplementary to the analysis of impacts undertaken by the Department on legislation generally, individual policies and provisions that fell within the scope of Other Government Departments (OGDs) will have been subject to separate, department-specific impacts analysis, which are the responsibility of those departments. There will have been ongoing work on impacts by the COVID-19 Taskforce within the CO and by other departments. I refer the Inquiry to the relevant OGDs should it have specific questions about the assessments of impacts that would have been undertaken in relation to their own policy decision-making. Some cross-departmental impact assessments were undertaken collaboratively. For example, the Home Office (HO) provided contributions to some of the Department's legal risk assessments in respect of potential interference with human rights arising from proposed sanctions. Whilst there was considerable input from the Department on impacts analysis, it nonetheless remained the responsibility of the Ministry of Justice

(MoJ) and the HO to provide input to discussions that touched on matters such as civil liberties, the rule of law, the constitution, and the justice system.

Impact Assessments

47. Assessments of impact are part of any policy development process (with the need for more formal recording if it leads to legislative change). This is partly to fulfil obligations, such as the Regulatory Impact Assessments (RIA) required as part of HM Treasury's "Green Book" guidance, and partly for setting out the case for action. The process includes consideration of impacts on different sectors – e.g., businesses, the public sector, or different demographic groups. The evidence base for such assessments is typically brought together by the Department's analytical team, drawing on inputs from their professional colleagues in other departments, as well as their own subject matter expertise.

48. The opportunity for documented and comprehensive assessment of likely impacts is necessarily limited in an emergency and therefore the breadth of such analyses was, at times, more limited in proportion to the timeframe within which we were working.

49. The Department for Business, Energy and Industrial Strategy (now the Department for Business and Trade) produced Better Regulation Framework guidance, which was updated in March 2020 and sets out how the better regulation system, under which RIAs are conducted, should work. Administrative exclusions from this framework are set out from page 30 (CS4/19 - INQ000236173) and section F provides that civil emergencies are excluded from the framework. Six RIAs were carried out by the Department and a list of the regulations with associated RIA's is exhibited as CS4/19A - **INQ000292591**; CS4/19B - **INQ000292592**; CS4/19C - **INQ000292593** CS4/19D - **INQ000292594** CS4/19E - **INQ000292595**; CS4/19F **INQ000292597**).

50. Although there were some of particular significance, all the regulations developed by the Department and signed by the Secretary of State were significant in terms of population impact. A comprehensive categorised list of the regulations imposed can be found at CS4/19G - **INQ000292598**.

51. As the intention was for regulations to be temporary, the instruments being in response to a civil emergency, formal RIAs were not required and this is explained in the explanatory memoranda (EMs). The EMs also included information about whether any impact assessment was undertaken in preparing the relevant instrument. For example, the EM to

the Health Protection (Coronavirus, Restrictions) (Entry to Venues and Events) (England) Regulations 2021 stated:

> *"An Impact Assessment has not been prepared for this instrument because it is a temporary measure which is part of the Government's response to Covid-19. As this instrument will cease to have effect in under 6 months, an Impact Assessment is not required and would be disproportionate. This extension falls under the Civil Contingencies Exclusion of the Better Regulation Framework and the Better Regulation Executive will not seek to enforce the current administrative requirement for validating impacts for temporary emergency COVID-19 legislation in advance of the wider reform of the Better Regulation Framework."* (CS4/19H - **INQ000292590**)

52. The need to put in place effective measures to combat the spread of the virus meant that a priority was placed on developing and implementing policy at pace. Impacts were always considered as part of policy making and balanced against other considerations as set out in advice to ministers, but the pace of work meant that formal RIAs were not always created. For example, an impact statement was produced in relation to the Health Protection (Coronavirus, Restrictions) (England) (No.4) Regulations 2020 (CS4/19I – **INQ000292587** ; CS4/19J - **INQ000292589**). This analysis was shared with the Secretary of State for Health on 3 November 2020. Equalities analysis was also conducted, on an ongoing basis, as policies and regulations were developed. A range of supporting analyses, including a comprehensive PSED analysis, were also published to support consideration of the CVA.

53. The requirements to keep legislation under review provided another opportunity to consider impacts. For example with the two-monthly reviews of the CVA, and The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 which were subject to review at least once every 21 days, as set out below.

54. Where applicable, the extent to which general impact is assessed is referenced under each of the legislation and regulations listed below. This may be as part of the summary detail within the body of the submissions themselves, as with the submission to the Health Protection (Coronavirus, Restrictions) (England) (No. 2) Regulations 2020, where the economic and social impact of lockdown is identified in relation to those sectors at particular risk (CS4/20 - **INQ000109485**).

55. The Secretary of State also has a duty to apply the "NHS Test": identifying any of the NHS Act 2006 duties set out above that are engaged and addressing how these will be discharged.

56. Where a more detailed sectoral breakdown of the impacts was required, as with the CVA and the NHS (Amendments Relating to the Provision of Primary Care Services During a Pandemic etc) Regulations 2020, the submission was supported by a 'Summary of Impacts' document. For each of the relevant powers, the document sets out: the rationale for intervention; which other policy options were considered; the anticipated timing of the measure; anticipated public reaction; and special considerations for Devolved Governments (CS4/21 - **INQ000236026**; CS4/ **16** INQ000109189).

Child Rights Impact Assessments (CRIA)

57. While there is no specific obligation to consider children's rights through a formal Child Rights Impact Assessments (CRIA), children's rights were considered through other assessments. The duty conferred on the Secretary of State by virtue of Schedule 19 to the EA 2010 continued to apply to the decision-making process relating to the development, implementation and review of COVID-19 legislation and regulations, as referenced in section 149 of the EA 2010, regarding PSED. Advice was also provided in relation to the 'Family Test', where appropriate. The PSED assessment includes consideration of age as a protected characteristic, which can include children and young people. The Family Test assessment considered the impact on children's relationships with family members. Both these assessments therefore gave specific consideration to the impacts of decisions on children.

Potential Interference with Civil Liberties

58. The relevant primary and secondary legislation provided the Department with the framework to respond to an unprecedented public health risk, but they also introduced some of the most extensive peacetime interventions into people's lives. Central to the decision-making process was an understanding that this extraordinary interference with civil liberties required careful and constant scrutiny, reflected through regular legal analysis and advice, parliamentary procedures, public debate and engagement with various sectors including in response to concerns.

59. The CVA, for example, introduced to Parliament as a set of largely temporary measures with an assurance that no provision would remain in place for longer than was necessary. I say more about the temporary and permanent provisions of the CVA in paragraphs 87 to

94 of this statement. From its inception, the active impact clauses in the CVA were planned to be permanently repealed after two years, and in the legislative management provisions in Part 2, the Department included measures to accommodate an enhanced level of accountability. These included the automatic two-year expiry, two-monthly reports to Parliament on the status of non-devolved provisions (as referred to and exhibited below), six-monthly parliamentary reviews, an annual 'approval' vote, and the power to suspend and expire early certain provisions under s90(1), should the course of the pandemic mean that they were not needed. The Department was mindful of the need to temper the potentially far-reaching impacts of the legislation with the need to be open about its operation, to be accountable to the public and to Parliament about its impacts, and to use its powers only when necessary.

60. For example, at the time of the first two-month statutory report on 29 May 2020 (CS4/23 - **INQ000237619**), although there was ultimately no case for suspending or repealing any provisions early, given the considerable risks remaining, the need to retain each provision was still subject to the same scrutiny. Where a provision was not yet in force but might still be needed, potential scenarios where that need may arise were identified. As with the powers related to food supply chain data under sections 25-29 of the CVA, the schedule identified that these provisions would be brought into force should the food supply be disrupted and the industry refuse to comply with information requests voluntarily.

61. Through the statutory review process, the proportionality of measures under the regulations was also regularly scrutinised. Policy and legal analysis and advice underpinned the decision-making process, identifying, where possible, whether such interference with civil liberties could be mitigated through statutory amendments. One such example of this was the Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020. This followed the Government's scaling back of national measures to enable as many people as possible to live their lives as close to normally as possible. To help achieve this, there was a move away from blanket, national measures to more targeted, local measures, recognising that local authorities may be best placed to know which actions were required to promptly take action to mitigate local COVID-19 outbreaks. There was regular engagement with local authorities as part of the use of these powers (led by the Joint Biosecurity Centre (JBC), which is now part of the UK Health Security Agency (UKSA) , and CO with the involvement of DHSC). Each direction that remained in place had to be reviewed by the local authority at least once every seven days, confirming that the direction continued to be necessary and proportionate.

62. The monitoring of impacts on civil liberties in particular, and how this shaped decision-making, can be seen most clearly in relation to exceptions to the restrictions, which were specifically made with civil liberties in mind. The general exceptions that existed from The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020, such as those to allow for participation in legal proceedings (Regulation 6(2)(h) and 7(d)(iv) therefore protecting the right to justice, are evidence of this. As with the general existence of a 'reasonable excuse' provision for the restriction on leaving home, introduced with the first set of regulations on 26 March 2020 and defined at Regulation 6(2) (and expanded upon with later amendments); this provision was designed to prevent the measure from being a compulsory confinement and to limit the potential negative impacts. For example, from the outset, the exception allowed for individuals to leave their home to provide care or assistance to a vulnerable person (6(2)(d)) or to access childcare and social services (6(2)(i)); and for separated parents or carers to continue with contact arrangements for their children between different households (6(2)(j)). Consideration of the impacts of domestic abuse and violence was given throughout the pandemic across government, and more extensive evidence might be provided by Departments that were responsible for this consideration at the time, such as CO and the Ministry of Housing, Communities and Local Government (MHCLG) (now the Department for Levelling Up, Housing and Communities). It is evident for example, in an early PSED collated by CO in April 2020. Mitigating steps mentioned in this included a £750m funding package for charities, including those that supported victims of domestic violence (CS4/23A - **INQ000292586**).

63. There was also an exception to the closure of premises and businesses to allow for suitable premises to host blood donation sessions under Regulation 4(5)(b); holiday accommodation was also allowed to remain open for this purpose, or to provide accommodation for the homeless, house movers and funeral attendees under Regulation 5(4). The 'reasonable excuse' criteria were expanded to further limit the negative impacts on individuals' liberty and mental health. For example, from 13 May 2020, the promotion of physical or mental health or emotional wellbeing constituted a 'reasonable excuse' for visiting a public open space (Regulation 6(2)(ba)).

64. The exception for single occupancy households to form 'support bubbles' with one other household, made on 12 June 2020 through The Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No. 4) Regulations 2020, is another example. This was introduced to lessen the impact on those living alone who needed personal support, particularly those with childcare needs. These regulations also recognised exceptions for significant life events, amending the limit on gatherings under Regulation 7(2) to allow

individuals to visit people in hospital (in certain circumstances, including to support a woman giving birth) or those believed to be dying. Further to the 'support bubbles', from 1 June 2020, separated parents with child contact arrangements and individuals fleeing domestic abuse fell within the 'reasonable excuse' exception to the restriction preventing people from staying overnight other than where they live.

65. Exceptions for religion and significant life events can be seen at all stages of the regulations. Although places of worship were initially closed to the public, from the outset, the exception under Regulation 5(6)(b) of the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 allowed their premises to be used to broadcast an act of worship which mitigated against the potential negative impacts of restricting religious gatherings. There were also exceptions for places of worship (5(6)(a)) and crematoria (5(8)) to remain open for funerals or burials. From 15 June 2020, places of worship were permitted to open for private individual prayer by the Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No. 4) Regulations 2020. On 14 September 2020, when gatherings were restricted again by the Health Protection (Coronavirus, Restrictions) (No. 2) (England) (Amendment) (No. 4) Regulations 2020 to no more than six people (following a relaxation of the restrictions over the summer), an exception was made for weddings and funerals where gatherings of up to 30 people were permitted (weddings were reduced to 15 people on 24 September 2020).

66. As highlighted in paragraph 61 of this witness statement, although the policy on the first lockdown was developed by CO, the Department was mindful of the impact on amongst others victims of domestic abuse/violence throughout the course of the COVID-19 pandemic and provided consideration of this at appropriate points. For example, on 3 November 2020, the signing submission for the Health Protection (Coronavirus, Restrictions) (England) (No.4) Regulations 2020 (the Second Lockdown Regulations) noted the risk of increased domestic abuse (CS4/23B - **INQ000292588**). On 30 November 2020, the Government published the paper *"Analysis of the health, economic and social effects of COVID-19 and the approach to tiering*" (CS4/23C - **INQ000136696**). This also referred to the incidence and trends of domestic abuse.

67. There was awareness that the gathering for protest may pose a particular risk to spread, but at the same time there was cognisance of the need to respect the right to protest. The regulations set out above were drafted with the aim of ensuring anyone who had a 'reasonable excuse' to gather was able to do so, albeit limited by the necessary restrictions required to control the spread of COVID-19. The regulations that included the 'reasonable

excuse' provision, covered various sized gatherings and all protests, including the Black Lives Matter protests. The lockdown regulations preceded the Clapham Vigil for Sarah Everard, and this specific event was therefore not considered. However, the general right to protest was considered, which the 'reasonable excuse' exemption provided for, and this covered all future protests under the regulations. Some of the regulations specified a non-exhaustive list of examples of what could constitute a reasonable excuse, while others did not. The opportunity to gather if there was a 'reasonable excuse' to do so was provided for.

68. The 'reasonable excuse' provision always provided an exemption for people to protest in accordance with Articles 10 and 11 of the European Convention on Human Rights. Some provisional advice from the Social Distancing Strategy Directorate on Tiers, provided on 11 September 2020 to the Secretary of State, included consideration of limiting protests to six people. However, after it was considered further, this was removed from the advice, as it conflicted with the Government's wider obligations. This is reflected in advice sent to the Secretary of State on 15 September 2020 (CS4/23D - INQ000234490).

69. The guidance flowed from the regulations, which set out some examples of 'reasonable excuses' that might be permitted, and then referred back to the legislation for a fuller list. These fuller lists were similarly non-exhaustive. Much of this guidance was drafted by CO. The Government always intended to make guidance consistent with legislation before commencement, in some circumstances there may have been a short time period to do so.

70. The powers in section 52 and Schedule 22 to the CVA empower the Secretary of State to prohibit either specific events or gatherings, however they were never used. Because the powers were not used, an impact assessment was not needed and therefore not conducted.

71. The intention was to use the 1984 Act, with Schedule 22 to the CVA only being used if the situation was out of the scope of the 1984 Act regulation-making powers, for example where it related to critical national infrastructure. Restrictions on gatherings were brought in through regulations made under the 1984 Act, which allowed regulations to include the provision "imposing or enabling the imposition of restrictions or requirements on or in relation to persons, things or premises in the event of, or in response to, a threat to public health" (under the power in section 45C).

The Family Test

72. Examples of how the Department conducts assessments through The Family Test are provided as supporting documents annexed to the submissions referred to below, which consider how the measures set out in the relevant legislation, regulation and surrounding policy impact on families in particular. For each of the relevant provisions being considered, the document sets out: an explanation of the policy and provision; and consideration of any Family Test and mitigating measure.

73. As with the analysis of the NHS Act 2006 duties above, an example of this advice can be found within the suite of documents provided to the Secretary of State seeking his clearance on the draft Coronavirus Bill on 15 March 2020 (CS4/24 - INQ000106232). The advice summarises the objective of the Family Test then sets out the measures proposed in two sections: those being taken forward by the Department that the Secretary of State must therefore actively consider before approving; and those being taken forward by OGDs that will be considered by the relevant ministerial lead. For each provision, any potential impacts on families are analysed, providing, where possible, justification for the impacts and identifying any mitigating measures to be taken. For example, with the quarantine powers of isolation and detention it identifies a potentially relevant impact on family members being able to play a full role in family life. This is then justified by the fact that the restrictions 'will only be imposed where necessary to protect public health and shall be for such period as is necessary to protect public health'. Further, positive impact on families is noted with an expectation that the quarantine powers will *'have a positive impact on other families and the wider general public, and especially on those families who have caring responsibilities, to individuals who may be elderly or have a long-term medical condition, by mitigating the risk of onward transmission of the Coronavirus.'*

74. These potential impacts were regularly considered and addressed through later regulations and amendments. This can be seen with the above example of the ability of family members to play a full role in family life when subject to quarantine powers of isolation, which was considered again within the suite of documents provided to the Secretary of State in consideration of The Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No. 4) Regulations 2020. Within the analysis of the NHS Act duties and the Family Test (CS4/25 - INQ000109442), this particular impact was again considered and mitigated for through allowing households to form 'support bubbles' (see below) and interact with each other without social distancing, therefore increasing the ability of those family members to play a full role in family life.

Public Sector Equality Duty (PSED)

75. With no exemption for a public health emergency, the duty conferred on the Secretary of State by virtue of Schedule 19 to the EA 2010 (as set out above) continued to apply to the decision-making process relating to the development, implementation and review of COVID-19 legislation and regulations. In the context of having to make urgent, time-critical decisions, a detailed equality impacts analysis was not always possible. In such situations, submissions to the Secretary of State asking him to agree to the making of the Statutory Instrument offered a summary view of any PSED impacts within the body of the submission, and, where applicable, identified where more detailed analysis would be provided at a later stage. One example of this is the submission sent to the Secretary of State on 5 March 2020 asking him to agree to make The Health Protection (Notification) (Amendment) Regulations 2020 (CS4/26 - INQ000049523). Further to the revised PSED assessment provided at Annex A, advice at paragraph 12 identifies how this provision will be further explored as part of the comprehensive analysis of the PSED duties for all provisions of the Coronavirus Bill which was then provided on 20 March 2020 (CS4/27 - INQ000106231).

76. The legislation and regulations below in Section 5 were accompanied by a submission advising the Secretary of State and relevant ministers on the purpose, effect, and impact of proposed regulations, with a range of evidence to support the recommended course of action. This advice was supported by a suite of documents, one of which was an analysis of PSED. Taking each protected characteristic in turn, the analyses identified the potential risks of differentially impacting on the protected characteristics of certain groups. Some went further, and for example, although not considered a protected characteristic, impact assessments (e.g., for the CVA) sometimes also included socio-economic status. For each of the relevant provisions being considered, the documents set out: an explanation of the policy and provision; consideration of any risk of equality impact and mitigating measure; how to monitor that risk; and, where applicable, other options that were considered but ruled out.

SECTION 5: EXAMPLES OF RELEVANT LEGISLATION

77. This section sets out examples of departmental legislation during the time period to support the response to the COVID-19 pandemic. This covers primary legislation (principally the Coronavirus Act 2020, and why we did not use the CCA) and secondary legislation (principally made under the Public Health (Control of Disease) Act 1984).

Primary Legislation

Background

78. As part of the legislative response to the COVID-19 pandemic, powers within the Civil Contingencies Act 2004 (CCA) to make secondary legislation were considered. Part 2 of the CCA allows the Government to make urgent, necessary, limited, temporary legislation to prevent, control or mitigate any aspect or effect of an emergency without prior scrutiny of Parliament. At the 2 March 2020 COBR meeting, a CO paper (CS4/28 - INQ000106140) considered the CCA as a means for making emergency regulations, which stated:

> *The Civil Contingencies Secretariat have considered the extent to which we could use the Civil Contingencies Act rather than introduce new primary legislation. Their advice is that the CCA is not appropriate in this scenario.*

79. The conclusion was that the most appropriate course of action to give effect to the content of the Coronavirus Bill would be with new primary legislation (the CVA). The Government recognised the strict tests of urgency and necessity in the CCA.

80. The CCA is designed to be used only as a last resort, where it is not possible to take primary legislation through Parliament, and thereby to allow Parliamentary scrutiny before measures pass into law. In this instance, although the measures in the CVA were urgent, the Government believed it was both important and possible in the timeframe to provide an opportunity for Parliamentary scrutiny. It provided an opportunity to make the legislation subject to such review as Parliament thought fit, with an agreed renewal of powers.

81. Powers within the 1984 Act were the other main legislative means, further to the CVA, by which the Government delivered its public health response to COVID-19. The Act was designed for the very purpose of protecting populations from communicable diseases including pandemics. The territorial extent of this Act is England and Wales, but the UK Government used it on an England only basis, as health is a devolved matter. It is generally preferable to use existing powers where possible and appropriate and so this is the reason the Government drew upon the powers set out in the 1984 Act. The fast-moving nature of the pandemic necessitated the use of the emergency procedure under s45R of the 1984 Act.The vast majority of health protection regulations made for England in response to the pandemic, including national restrictions and the Roadmap Regulations, were made under the 1984 Act.

82. The CVA enabled action in five key areas, where there were not powers under existing legislation:

1. *Increasing the available health and social care workforce*
   For example, removing barriers to allow suitably experienced people, such as recently retired NHS staff and social workers to return to work (and in Scotland, in addition to retired people, allowing those who are on a career break or who are social worker students to become temporary social workers). This was done under sections 2-4 and Schedules 1-3 (emergency registration of health professionals in England and Wales and Scotland), sections 6-7 and Schedules 5-6 (emergency registration of social workers in England and Wales and Scotland), sections 11-13 (indemnity for health and social care activity in England and Wales, Scotland, and Northern Ireland), and sections 45-47 (pension schemes in England and Wales, Scotland, and Northern Ireland).
2. *Easing and reacting to the burden of frontline staff*
   For example, by reducing the number of administrative tasks staff has to perform, enabling local authorities to prioritise care for people with the most pressing needs, allowing key workers to perform more tasks remotely and with less paperwork, and introducing a UK-wide power in section 50 and Schedule 20 to suspend individual port operations if necessary for the security of the border.
3. *Containing and slowing the virus*
   For example, by providing Public Health Officers (PHO) with powers to control the spread of COVID-19 in the UK under section 51 and Schedule 21.
4. *Managing the deceased with respect and dignity*
   For example, by enabling the death management system to deal with increased demand for its services, by for example simplifying the process for death registration of deaths and still births, reducing the need for face-to-face contact and removing the need for confirmatory medical certificates for cremations, under sections 18-21 and Schedules 13-14.
5. *Supporting people*
   For example, by setting up the Job Retention ('Furlough') scheme to support workers staying at home (relying on the new direction-making power under section 76), allowing people to receive Statutory Sick Pay (SSP) from day one (under sections 39-44), and supporting businesses, for example by providing powers that will ensure the governments of the UK are able to support the food industry to maintain supplies (under sections 25-29).

83. There were not powers under existing legislation to enable these functions, which is why the Department introduced new primary legislation.

84. The CVA provided greater legal certainty for the Government and other agencies who were responding to the pandemic than CCA regulations would have, as the latter would have required Parliamentary approval within seven days (if Parliament was still sitting) and would have had to be renewed every 30 days.

85. The Act was introduced with the agreement of the Devolved Governments; and where it legislated in areas of devolved competence, this was done with their consent. In doing so, it provided them with powers that they sought, and that put all four nations on a level footing.

86. The CVA aimed to ensure that the powers needed were available across the UK, so that the actions to tackle the threat could be carried out effectively across all four nations. As set out in the explanatory notes to the CVA:

> "*Each of the four nations of the UK has its own set of laws, and thus these tools and powers differ to varying degrees in each area. Consistency of outcome was achieved by making the range of tools and powers consistent across the UK.*"

87. Although the measures in the Coronavirus Bill were urgent, it was decided there was still time to use conventional legislation. This was, in part, due to the preparatory work under the draft Pandemic Flu Bill. The provisions, already drafted to either amend existing legislative provisions or introduce new statutory powers, formed the basis for the Coronavirus Bill. The CO paper set out an expedited timetable to take the Bill through Parliament to ensure that the powers would be in place in a small number of weeks prior to the peak of the pandemic, in a reasonable worst-case scenario. The CVA went through all the usual stages for primary legislation, allowing for as much time as possible for prior parliamentary scrutiny. This is further to the in-built parliamentary review process over the life of the CVA as set out below.

88. At paragraphs 253-254 of First Witness Statement for Module 2, dated 29 March 2023, a summary is provided of the parliamentary scrutiny through the 'affirmative procedure' of the regulations made by virtue of the 1984 Act, as follows:

252. [The 1984 Act] gives the Government powers in the event of a serious public health emergency. In particular, section 45C provides powers to make regulations for the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination in England and Wales. Section 45Q stipulates that regulations made under section 45C are subject to the affirmative procedure, which requires draft regulations to be laid and approved by each House of Parliament before they are made. Section 45R however allows the use of an emergency procedure under which regulations can be made using a "made affirmative" procedure, which means regulations are made and laid before each House of Parliament has approved them and would lapse after 28 days if not debated and approved subsequently. Due to the fast-moving, urgent and unpredictable nature of COVID-19, most of the regulations were made using the emergency procedure in section 45R. To use the emergency procedure, the Secretary of State needed to be of the opinion that, by reason of urgency, it was necessary to make the regulation without a draft having been laid before and approved by a resolution of each House of Parliament. Such regulations were subsequently debated and approved by each House of Parliament and were therefore subject to Parliamentary scrutiny, with the exception of a few instances where regulations were revoked before the approval motion was scheduled for debate.

253. It is important to recognise that the regulations detailed below, whilst made by the Secretary of State under powers set out in Part 2A (Public Health Protection) of the 1984 Act, could have been signed by any appropriate Minister, i.e. the power to make the regulations under Part 2A of the 1984 Act is non-specific and is a power exercisable by a Secretary of State or a minister there under delegated principles, rather than by the Secretary of State for the Department per se.

89. Every reasonable effort was made to ensure Parliament was able to scrutinise legislation prior to it coming into force, notwithstanding the urgency of the situation. Notably, on 30 September 2020, during the six-month review of the CVA provisions in Parliament, the Secretary of State set out his intention to consult Parliament, and where possible, hold votes, before new regulations came into force. Subsequently, this was largely upheld, and notably so with the more significant regulations such as with the Local Alert Level Regulations below, which were debated in the House of Commons on 13 October 2020 before coming into force on 14 October 2020 (and debated in the House of Lords, after having come into force on the same day). The Fourth Restrictions Regulations (The Health Protection (Coronavirus, Restrictions) (England) (No. 4) Regulations 2020) and the Tiers Regulations (The Health Protection (Coronavirus, Restrictions) (All Tiers) (England) Regulations 2020) below were also debated in both Houses the day before coming into force.

90. Against the background of the above legislative process, I have set out below the decision-making process for the introduction and review of the CVA, including its associated two-

monthly reports, with reference to the assessments undertaken and advice given at each relevant stage. Following this, relevant regulations below, made by virtue of the 1984 Act process (as set out above) have been grouped into those relating to: early response; social distancing; face coverings; international travel; and self-isolation, respectively. Taken in chronological order, for the decision-making process surrounding their introduction and review, I have set out the assessments undertaken and advice given with reference to the documents above, in Sections 3 and 4, as well as more specific advice and assessments where applicable.

91. It is worth pointing out again, that when it was passed through Parliament, the CVA was introduced as emergency, temporary legislation and a two-year lifespan was agreed for the temporary provisions. This was to ensure powers were available for a reasonable length of time, with an option for each national authority to extend, suspend or expire provisions.

92. There were a number of permanent provisions in the CVA, which did not have a sunset period. These related to matters including the emergency registration of healthcare professionals, temporary registration of social workers, health service indemnification, NHS and local authority care and support and the registration of deaths and still-births. Making these provisions permanent was required to provide legal certainty after the temporary provisions had expired; for example, changes to clinical negligence indemnity needed to be protected by being made permanent when they related to actions that took place using that indemnity during the two-year period of the CVA

93. The sunset clause for the temporary provisions within the CVA aimed to strike a balance between introducing necessary provisions to tackle the pandemic, whilst ensuring they remained in force for only as long as they were needed.

94. The Government stated that the temporary powers in the CVA would only remain in place for as long as they were needed. A 15 March submission to the Secretary of State set out that:

> *'There is provision in the Bill for it to 'sunset' after two years, or earlier, or it can be extended (in whole or in part) by Regulations. We have now also included in the Bill a provision for a one year debate. This is in addition to the sunsetting provision; and complements the provision in the Bill requiring you to lay a report before Parliament every eight weeks'* (CS4/28A - INQ000106229).

95. The CVA includes powers (Section 90 and Section 88) to enable temporary provisions to be expired or suspended before the sunset date. A submission on the 10 March 2020 (CS4/28B - **INQ000106177**) demonstrates the intention to provide flexibility to react once more was known about the virus. The Government removed temporary powers throughout the pandemic as and when they were no longer needed.

96. When the CVA was being drafted in March 2020, the future course and impacts of the pandemic were unknown and, therefore, it was not possible to predict the length of time the measures in the CVA might be needed.

97. Part 2 of the CVA provided powers to alter the expiry date of temporary provisions. Section 89 set out a 2-year automatic expiry date for temporary provisions and Section 90 allowed for the early expiry of provisions that were seen to be no longer necessary. While primary legislation would be required to reactivate a provision after sunsetting, Section 88 created a power to suspend provisions while they were not needed, with the option to bring them back if needed subsequently. This suspension and revival was introduced in the event of further waves of the pandemic, and in responding to the latest scientific and clinical advice on the most effective way to manage the virus' impacts, as was contemplated at the time and set out in the submission to the Secretary of State on 10 March 2020 (CS4/28B - **INQ000106177**).

98. Twenty of the non-devolved temporary provisions were expired early, and four non-devolved temporary provisions were identified as beneficial to retain permanently and were granted a 6-month extension to bridge the gap until the relevant powers could be made permanent through separate legislation.

99. In addition to the assessments undertaken as part of their introduction, most of the regulations discussed below (other than amendment regulations) imposed a legal duty on the Secretary of State to carry out a review (usually at least once every 28 days) regarding whether the restrictions in those regulations continued to be necessary for the purposes of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection in England with COVID-19.

100. The Department was confirmed as the lead Department on the development of the CVA in February 2020. The Secretary of State was first briefed on the draft Coronavirus Bill on 7 February 2020 (CS4/29 - **INQ000049346**), with the Department co-ordinating the

development of the Bill with active input from relevant OGDs, and regular consultation with the Devolved Governments. This included overseeing the legislative drafting and the parliamentary and governmental handing of the CVA, which received Royal Assent on 25 March 2020.

101. The overarching objective of the CVA was to enable the Government to respond to an emergency situation and manage the effects of the COVID-19 pandemic. A severe pandemic would lead to a reduced workforce, increased pressure on health services and death management processes. The CVA contained temporary measures designed to either amend existing legislative provisions or introduce new statutory powers which were designed to mitigate these impacts.

102. Further to the submissions already considered as part of the provisions to be incorporated into the CVA as set out above, the relevant submissions and related documents sent to the Health Ministers on the CVA are summarised below for the decision-making and review process:

a. Submission on possible additional measures to the Coronavirus Emergency Bill as sent to the Secretary of State on 12 February 2020 (CS4/30 INQ000049366; CS4/31 - **INQ000049364**) show how impacts on vulnerable sections of society were being considered from the earliest opportunity. The submission invited early steers regarding a potential rapid increase in demand for adult social care and primary care and a need for local authorities to have the authority to prioritise certain needs over others. This was to address the risks identified that family members who act as carers may become ill and no longer able to provide support, as well as increased care requirement within existing social care support plans or because of larger numbers of people needing care being discharged from hospitals. At the same time increased sickness absence rates in the workforce was expected to significantly reduce capacity in the system to respond to those needs. It also identified risks that the primary care system would come under extreme strain in a reasonable work-case scenario due to staff absence driven by sickness and the need to look after children due to school closures.
b. Submission seeking clearance on the draft Bill and accompanying documents as sent to the Secretary of State on 15 March 2020 (CS4/32 - INQ000106223; CS4/**28A** INQ000106229), identifying those specifically concerned with the Family Test, PSED, general duties under the NHS Act 2006 and how to comply with the relevant duties as part of the final decision on submission:
    i. Annex G PSED considerations (CS4/27 - INQ000106231);

ii. Annex H General Duties under s1 of NHS Act 2006 (CS4/4 - INQ000106233);

iii. Annex I Family Test Assessment (CS4/24 - INQ000106232).

c. Final version of the summary of impacts as approved by the Parliamentary Under Secretary of State for Prevention, Public Health, and Primary Care (PS(P)) on 18 March 2020 (CS4/34 - **INQ000236027**; CS4/21 - **INQ000236026**).

103. The CVA contained substantive powers under Part 1 to enhance the ability of public bodies to provide an effective response to tackle the pandemic. In consideration of possible impacts on civil liberties, the provisions were designed to be used temporarily, and only when necessary. As set out in the Explanatory Note to the Bill (published on the GOV.UK website on 24 March 2020 (CS4/5 - **INQ000236174**):

> *These are extraordinary measures that do not apply in normal circumstances. For this reason, the legislation will be time-limited for two years and it is neither necessary nor appropriate for all of these measures to come into force immediately. Instead, many of the measures in this Bill can be commenced from area to area and time to time, so as to ensure that the need to protect the public's health can be aligned with the need to safeguard individuals' rights. These measures can subsequently be suspended and then later reactivated, if circumstances permit, over the lifetime of the Act.*

104. To monitor their use, the Secretary of State was required to prepare and present to Parliament a two-monthly report on the status of the main provisions in CVA during its operation. The reports, published on the GOV.UK website, and exhibited below, provided transparency to the ongoing management of the use and/or suspension of the provisions. Within the reports, the Secretary of State was required to set out for each of the provisions: (a) whether it was in force at the end of each two-month period; and (b) whether ministers had, during that period, exercised powers under the CVA to change the status of any provisions.

105. Section 98 of the CVA obliged the Government to seek the House of Commons' agreement every six months to the continued use of non-devolved CVA powers that were in force. In September 2020, March 2021 and September 2021, Parliament provided its agreement in accordance with Section 98 to the continued use of the non-devolved CVA powers that were in force, as well as the early expiration of those powers identified within the reports below as being no longer necessary.

106. Each of the reports reiterated that the five key aims of the CVA were:

1. Increasing the available health and social care workforce
2. Easing and reacting to the burden of frontline staff
3. Containing and slowing the virus
4. Managing the deceased with respect and dignity
5. Supporting people

107. The reports set out the need for accountability and transparency and provided a summary of how the CVA had operated thus far and an appropriateness statement from the Secretary of State that he was *'satisfied that the status of those provisions of Part 1 of the Coronavirus Act 2020 which are my responsibility (within the meaning of section 97(6) of the Act) is appropriate'*.

108. Contained within each report was a table setting out the current status of each provision. If a provision had come into force, a summary was provided to explain the extent to which it had been successful in addressing the anticipated issue. For example, in the first of the two-monthly reports on the CVA as published on 29 May 2020 (CS4/23 - **INQ000237619**), under the provision to allow for emergency registration of nurses and other health care professionals to address the anticipated increased demand under Section 2 of the CVA, a significant increase in the placement of 2nd year, 3rd year and post graduate nursing and midwifery students was reported. Although the table noted that demand for retired professionals returning to practice was lower than expected, it set outs the continued need for the measure in preparedness for a potential increase in COVID-19 cases or in addressing the backlog of elective interventions as delayed procedures were restarted.

109. The table also provided a summary of the reasons why a provision may not have yet come into force. This may have been that the anticipated risk had not yet materialised, as with the provision for emergency volunteering leave under Section 8 of the CVA in the first of the two-monthly reports. The table noted that there had not yet been a significant enough risk to health services to require a surge in trained volunteers but that the provision may yet be triggered should there be subsequent, more aggressive waves.

110. A provision may not yet have come into force where the anticipated risk was addressed by other measures. For example, at the time of publishing the first of the two-monthly reports, the temporary modification of mental health and mental capacity legislation under Section 10 of the CVA was not yet needed. Service approaches were adapted to cope

with staff shortages (due to higher than usual staff illness), with the use of video medical assessments, for example.

111. Following this report, and further updating advice, the Secretary of State did not commence paragraph 9 of Schedule 8 of the CVA (under Section 10). The provision would have changed the way in which the Care Quality Commission (CQC) checked and approved medication administered to patients who were not consenting to treatment. On 7 April 2020, the Secretary of State received a submission advising him specifically *not* to commence the provision following concerns that it would remove an important safeguard for independent scrutiny of treatment decisions. Instead, the CQC modified their approach to allow for CQC-approved doctors to undertake video link assessments and send electronic, rather than paper, certificates authorising treatment (CS4/35 - INQ000109258). For these reasons, plans were put in place for the early expiration of section 10(1) of the CVA and relevant parts of Schedule 8 in relation to amendments to mental health legislation. These plans were set out in the November 2020 two-monthly report (published on 1 December 2020); that secondary legislation had been debated in both Houses of Parliament and was due to be approved. The provisions were not needed as 'other means of increasing capacity and resilience' had been intro.duced and had proven 'sufficiently effective' (CS4/36 - INQ000235011). This was also confirmed within the January 2021 two-monthly report which listed, in a separate table, those provisions whose status had changed within the reporting period. It noted that section 10(1) and relevant parts of Schedule 8 in relation to amendments to mental health legislation expired early (on 9 December 2020) through The Coronavirus Act 2020 (Expiry of Mental Health Provisions) (England and Wales) Regulations 2020 (CS4/37 - INQ000234721).

112. For each of the two-monthly reports below, I have set out a summary of its contents. For the March 2021 (12 months) and September 2021 (18 months) reports, where proposals were made to Parliament for some provisions to be expired early, a more detailed analysis was conducted as part of their preparation. This analysis would then be relied upon when Statutory Instruments to implement the changes to status were drafted. Before being provided to Parliament, the reports were preceded by a submission to the Secretary of State in relation to the proposals to expire certain provisions early. The submission was supported by a suite of documents, including an analysis of the PSED and an analysis of the NHS Act duties and a consideration of the Family Test.

113. I am asked about the impact of the powers in Section 51 of and schedule 21 to the CVA which came into force on 25 March 2020. As set out in the July 2021 two-monthly

report on the status of the non-devolved provisions of the CVA, from September 2020, the powers were used 10 times in total (CS4/49 - INQ000235014). These powers were expired early by the Coronavirus Act 2020 (Early Expiry) (No. 2) Regulations 2021. These regulations were were laid under the draft affirmative procedure on 27 October 2021 and debated and approved by both Houses, were made on 8 December, and came into force on 9 December 2021. The Department does not hold information on the use of these powers in the CVA by ethnicity. Any questions regarding their use by police and immigration officials should be directed to the HO.

First two-monthly report published on 29 May 2020 (CS4/23 - **INQ000237619**)

114. Further to the CVA's five key aims, the report also set out: the mechanism to change the status of provisions under Part 2; the reporting and accountability arrangements under Part 2; a summary of the progress to date; and an appropriateness statement. The status table set out, for each of the CVA's provisions, its current status and a summary of its use since Royal Assent.

Second two-monthly report published on 31 July 2020 (CS4/38 - **INQ000236054**)

115. The report followed the standard format as above. Further to the status table, there was a 'further changes to status' table which documented whether the status of any measure had changed within the reporting period, i.e., since the last report was published. It noted that some measures under Section 10 (temporary modification of mental health legislation) had come into force in the Devolved Governments but not in England. On 15 July 2020 the Department of Health Northern Ireland made The Coronavirus Act 2020 (Suspension) Order (Northern Ireland) 2020 which would suspend the modifications made under section 10(3) on 10 August 2020 (leaving the amendments made to the Mental Capacity Act (NI) 2016 under Section 10(4) under review).

Third two-monthly report published on 1 October 2020 (CS4/39 - INQ000234529)

116. The report preceded the six-monthly debate in Parliament on 30 September 2020 that led to the vote on the continuation of CVA powers and followed the standard format as above. With no changes to the status of any provisions reported, however, there was no 'further changes to status' table. Within the main 'status' table under Section 10, it set out that there were plans to revoke Section 10 (amendments to mental health legislation) insofar as it applied to England. An example of a substantive change made through powers under the CVA during this report is that of notice periods for claims made by landlords against tenants for possession of their property. Under Section 81, it was reported that on 29 August 2020, the notice period that landlords must give their tenants was extended

from 3 months to 6 months in all but the most serious circumstances, such as anti-social behaviour, recognising the need for 'additional protections during a difficult time'.

Fourth two-monthly report published on 1 December 2020 (CS4/36 - INQ000235011)

117. The report followed the standard format as above. It included the additional table of 'changes to status since the enactment of the Act' summarising all changes to the status of the CVA provisions to the end of the reporting period. The 'changes to status during the reporting period' table set out that section 10(1) and relevant parts of Schedule 8 in relation to amendments to mental health legislation had been debated in the House of Commons on 18 November 2020 and the House of Lords on 25 November 2020 and were due to be approved.

Fifth two-monthly report published on 28 January 2021 (CS4/37 - INQ000234721)

118. The report followed the standard format as above. Within the 'changes to status during reporting period' table, it set out that Section 10(1) and relevant parts of Schedule 8 in relation to amendments to mental health legislation expired early (on 9 December 2020) through The Coronavirus Act 2020 (Expiry of Mental Health Provisions) (England and Wales) Regulations 2020.

119. The report also introduced a further section which would form part of all subsequent reports, on Equality and Human Rights, which set out that 'Great care is taken in ensuring any action is proportionate, in place for as short a time as possible and has appropriate checks and balances.' Within the Section, consideration was given to the Government's duty under section 149 of the EA 2010. It summarises the findings of the PSED Impact Assessment published on 28 July 2020 (CS4/40 - **INQ000236053**) as follows:

> *It was found that, in some cases, the provisions could give rise to more significant impacts on certain protected groups. However, these impacts were considered to be justified and a proportionate means of achieving the legitimate aim of protecting the general public from the coronavirus by increasing the capacity of public service systems and mitigating the spread of infection. Furthermore, the Government felt that the provisions would have a positive impact on those with the protected characteristics of age or disability, compared to not introducing the provisions, due to the fatality rate of the virus being higher in the elderly and in those with pre-existing medical conditions, which could include some forms of disability. Nonetheless, many of the provisions, where possible, contain safeguards and mitigation measures to lessen the extent of any actual or perceived negative impacts.*

120. There is also reference to how concerns raised by the Joint Committee on Human Rights in their report published on 21 September 2020 (CS4/41 - **INQ000075367**) have been addressed:

> *One key concern the Committee shared was around access to justice with the expansion of technology being used, and the potential impact on those who are digitally excluded or who are vulnerable. The Government is clear that open justice remains a fundamental principle of the operation of courts and tribunals, so what happens during proceedings can be done transparently. Guidance has also been developed for staff on how to support service users with disabilities, with examples of potential reasonable adjustments. The Committee also raised concerns over the Government's ability to make changes to the Mental Health Act 1983 under the provisions of the Act. The Government's overall approach has always been to keep interventions as limited as possible and as such, the decision to expire these powers was made on 25 November, following debates in both Houses.*

121. In review of the above reports, it is concluded that, *"…the use of the powers contained within the* [CVA] *continues to be proportionate, in line with the ever-changing situation COVID-19 presents."* and specifically addressed equality concerns raised in respect of sections 15 and 51 of the CVA.

One year report published on 22 March 2021 (CS4/42 - **INQ000110770**)

122. The one-year report (updated on 19 April 2021 to correct an error), which doubled as the sixth two-monthly report, and was preceded by a submission to the Secretary of State (CS4/43 - INQ000060301). In relation to the in-depth assessment of the remaining temporary, non-devolved provisions in the CVA, it concluded that 12 sections of the CVA could be expired early (subject to the approval of Parliament). The submission was supported by a suite of documents, including a list of powers led by OGDs (CS4/44 - INQ000060299); an analysis of the PSED (CS4/45 - INQ000060314); an analysis of the NHS Act duties (CS4/46 - INQ000060300); and a consideration of the Family Test (CS4/47 - INQ000060295).

123. The report followed the standard format as above and set out that *"One year on from the Royal Assent of the* [CVA]*, through a continuous procedure of regular and careful reviews and parliamentary scrutiny,* [the Government is] *confident that the* [CVA] *has been fundamental to facilitating a fast and effective response to the pandemic.".* It also set out that:

> *In all phases of the pandemic, the* [CVA] *has enabled action in the five key areas outlined above* [see paragraph 78 above] *and the provisions have helped achieve a*

balance between the Government's social and economic priorities, while preserving the health and safety of the country and supporting public service delivery.

124. The report recognised that some of the provisions to be expired would have significant impacts on people with protected characteristics, but for the *'majority of those provisions*', that impact would be *'positive'*. It anticipated that the expiry of the provision under section 15 on the use of Care Act easements, for example, would *'have positive impacts on people with protected characteristics such as age or disability, who might be more likely to have care and support needs.'*

Seventh two-monthly report published on 27 May 2021 (CS4/48 - INQ000235013)

125. The report followed the standard format as above. It set out that the Statutory Instrument which sought to expire the 12 provisions identified within the 12-month report had been laid on 21 April 2021 and was before Parliament for consideration. A further three provisions, sections 22, 23 and 58 (parts 2 and 3), were suspended during the reporting period following the one-year review, as scientific advice showed they were not needed for the time being but could be revived again if that advice were to change.

Eighth two-monthly report published on 21 July 2021 (CS4/49 - INQ000235014)

126. The report followed the standard format as above. It set out that the Statutory Instrument which sought to expire the 12 provisions identified within the 12-month report that had been laid on 21 April 2021, came into force on 16 July 2020. It further set out how the Government was *'closely monitoring the remaining powers in the [CVA], and the impact that retaining the powers has on human rights. Equalities and human rights issues were considered in the move to step 4.'* It recognised how some groups had been *'disproportionately impacted by COVID-19 and COVID-19 has exacerbated pre-existing socio-economic and health inequalities',* and goes on to say that:

In the longer term, the Government is determined to address these pre-existing health inequalities which have contributed to the unequal effect of COVID across different segments of our society. The causes of these inequalities are deep-rooted and varied and will require a wide-ranging response with a longer-term outlook, encompassing levelling up, health, the economy, welfare and more.

Ninth two-monthly report published on 22 September 2021 (CS4/50 - **INQ000236175**)

127. The report preceded the six-monthly debate in Parliament on 30 September 2021 that led to the successful vote on the continuation of CVA powers. It followed the standard

format as above and was preceded by a submission to the Secretary of State (CS4/51 - INQ000066925) in relation to the in-depth assessment of the remaining temporary, non-devolved provisions in the CVA, concluding that a further seven provisions could be expired (subject to the approval of Parliament). The submission was supported by a suite of documents, including a list of powers led by OGDs (CS4/44 - INQ000060299); an analysis of the PSED (CS4/53 - INQ000112772); an analysis of the NHS Act duties (CS4/54 - INQ000112774); and a consideration of the Family Test (CS4/55 - INQ000112773). In relation to the PSED duties, the report noted that this had been considered as part of the six-month review in assessing the impacts of either retaining, suspending, or expiring provisions. It concluded that those proposed for expiry that have either been used sparingly or not at all, would have *'either no or limited equality and human rights impacts.'* It noted that further decisions made in relation to Schedule 17 of the CVA were also given full PSED consideration by the Secretary of State for Education.

128. The report also identified those provisions which were recommended for suspension rather than expiry, given the risk they may still be needed in the future. One such provision was the notice period for possessions claims by landlords, previously extended under Section 81. The report outlined the position that notice periods should revert to pre-COVID-19 levels from 1 October 2021. MHCLG were concerned that there may be a need to extend the notice periods again during the winter period to provide a safety net and prevent homelessness. The recommendation was therefore to suspend, rather than expire, the provision to allow the Government to act swiftly to reintroduce longer notice periods as a contingency measure without new primary legislation.

Tenth two-monthly report published on 25 November 2021 (CS4/56 - INQ000236176)

129. The report followed the standard format as above. It identified some provisions which had *'minimised disruption to important public services during the pandemic and will benefit longer-term reform'* which the Government was seeking to make permanent through new legislation. One such provision is Section 30, which allowed the suspension of inquests without a jury where COVID-19 is suspected as the cause of death. Other provisions under Sections 53-55 which enabled virtual court hearings were also expected to be made permanent. The report confirmed that the provisions under Section 58 in relation to the disposal of dead bodies, identified for suspension as part of the third six-month review, were suspended on 28 October 2021.

Eleventh two-monthly report published on 27 January 2022 (CS4/57 - INQ000236177)

130. The report followed the standard format as above. Within the 'changes to status during reporting period' table, it set out that the provisions identified for expiry as part of the third six-month review, expired through *The Coronavirus Act 2020 (Early Expiry) (No. 2) Regulations 2021*, which came into force on 9 December 2021.

Twelfth two-monthly report published on 24 March 2022 (CS4/58 - **INQ000236178**)

131. The twelfth report was published on 24 March 2022 and therefore falls outside the scope of this statement. It is to be noted, however, that consideration of an extension for a number of temporary provisions beyond the automatic two-year expiry had been considered in the preceding months and were recommended within the two-year report for extension. The provisions identified as being particularly helpful in reducing disruption to important public services during the pandemic, as noted above, in relation to related to: the suspension to hold inquest with a jury in England and Wales; the provision for remote hearings for courts and tribunals; and the suspension of the waiting days' rule for Statutory Sick Pay for absences related to COVID-19 were extended for a further six months to allow time for the Government to make the provisions permanent through legislation.

Secondary Legislation

132. This section gives examples of x pieces of secondary legislation, under the 1984 Act, providing the advice given to the Secretary of State and showing the consideration given to our statutory duties and the impacts of the legislation.

The Health Protection (Coronavirus) Regulations 2020

133. Made by the Secretary of State on 10 February 2020 and coming into force on the same day, the regulations enabled the Secretary of State or a registered public health consultant to impose a requirement to detain a person for screening or isolation purposes where they had reasonable grounds to believe the person was, or may be, infected with COVID-19 and might infect others.

134. This was preceded by a submission to the Secretary of State (CS4/59 - INQ000106100; CS4/60 - INQ000106101) asking him to agree to make the Statutory Instrument. The submission gave consideration to the PSED, NHS Act Duties and the Family Test in the assessment of legal duties within body of the document.

The Health Protection (Notification) (Amendment) Regulations 2020

135. Made by the Secretary of State on 5 March 2020 and coming into force on the same day, these regulations had the effect of making COVID-19 a 'Notifiable Disease' for the

purposes of Schedule 1 of The Health Protection (Notification) Regulations 2010 and 'SARS-CoV 2' a 'Causative Agent' in Schedule 2 of the same.

136. This was preceded by a submission to the Secretary of State (CS4/61 - **INQ000236025**; CS4/26 - INQ000049523) asking him to agree to make the Statutory Instrument. The submission is supported by a revised PSED assessment in relation to the isolation provisions, originally provided as part of the submission above. Advice at paragraph 11 considers that there are no additional equality impacts to the provisions proposed to those originally considered. Paragraph 12 identifies how this provision will be further explored as part of the comprehensive analysis of the PSED duties for all provisions of the Coronavirus Bill.

The NHS (Amendments Relating to the Provision of Primary Care Services During a Pandemic etc) Regulations 2020

137. Made by the Secretary of State on 26 March 2020 and coming into force on 27 March 2020, the regulations allowed commissioners to make decisions about service priority in primary care. On 17 March 2020, the Secretary of State received a submission identifying the need for such a policy, and exploring its practical operation and timetable for implementation (CS4/62 - **INQ000109168**).

138. The implementation of the Statutory Instrument that enacted this policy was preceded by a submission to the Secretary of State (CS4/63 - INQ000109186; CS4/64 - INQ000109194). The submission was supported by a suite of documents, two of which were an analysis of the PSED (CS4/65 - INQ000109191) and a more general impact assessment (CS4/**16** INQ000109189).

Social Distancing

The Health Protection (Coronavirus, Business Closure) (England) Regulations 2020

139. Made by the Secretary of State on 21 March 2020 and coming into force on the same day, these regulations required the closure of businesses selling food or drink for consumption on the premises, and businesses listed in the Schedule, to protect against the risks to public health arising from COVID-19. The Secretary of State was required to review the need for these restrictions every 28 days and to issue a direction terminating them if they were deemed unnecessary in controlling the spread of COVID-19. This version was superseded on 26 March 2020 by The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 below.

140. This was preceded by a submission to the Secretary of State (CS4/66 - INQ000106268; CS4/67 - INQ000106272) asking him to agree to make the Statutory Instrument. Within the submission itself was an analysis of the PSED.

The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020

141. Made by the Secretary of State on 26 March 2020 and coming into force on the same day. These regulations (the First Restrictions Regulations) required the closure of businesses selling food or drink for consumption on the premises; prohibited anyone from leaving the place where they were living without reasonable excuse; and banned public gatherings of more than two people. The Secretary of State was required to review the need for the restrictions and requirements imposed at least once every 21 days, with the first review required by 16 April 2020.

142. This was preceded by a submission to the Secretary of State (CS4/68 - INQ000106301; CS4/69 - INQ000106302) asking him to agree to make the Statutory Instrument. Within the submission itself was an analysis of the PSED; the NHS Act duties; a consideration of the Family Test; a summary of impacts. Provided with the submission was a further Home Office Policy Equality Statement (CS4/70 - INQ000106306).

143. The first statutory review took place on 16 April 2020 which resulted in amendments made through The Health Protection (Coronavirus, Restrictions) (England) (Amendment) Regulations 2020 below. This was preceded by a submission to the Secretary of State (CS4/71 - **INQ000236030**; CS4/72; **INQ000236032**) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/73 - **INQ000236031**) and the NHS Act Duties (CS4/74 - **INQ000236033**).

144. The second statutory review took place on 7 May 2020 which resulted in amendments made through The Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No. 2) Regulations 2020 below. This was preceded by a submission to the Secretary of State (CS4/75 - INQ000109344; CS4/76 - INQ000109348) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/77 - INQ000109345) and the NHS Act duties (CS4/78 - INQ000109347). There is also a consideration of the Family Test within the body of the submission.

145. The third statutory review took place on 28 May 2020 which resulted in amendments made through The Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No. 3) Regulations 2020 below. This was preceded by a submission to the Secretary of State (CS4/79 - INQ000109414; CS4/80 - INQ000109417) asking him to agree to make Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/81 - INQ000109415); an analysis of the NHS Act Duties and the Family Test (CS4/82 - INQ000109418); and a business impact analysis (CS4/83 - INQ000109420).

146. The fourth statutory review took place on 23 June 2020 which resulted in amendments made through The Health Protection (Coronavirus, Restrictions) (England) (No. 2) Regulations 2020 below. This was preceded by a submission to the Secretary of State (CS4/84 - INQ000106494; CS4/85 - INQ000106496) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/86 - INQ000106495); an analysis of the NHS Act duties and the Family Test (CS4/87 - INQ000106498); and a business impact analysis (CS4/88 - INQ000106497).

The Health Protection (Coronavirus, Restrictions) (England) (Amendment) Regulations 2020

147. Made by the Secretary of State on 21 April 2020 and coming into force on 22 April 2020, following the first statutory review, the instrument corrected an error in the First Restrictions Regulations and also made a number of other amendments allowing for more effective implementation.

148. This was preceded by a submission to the Secretary of State (CS4/89 - INQ000050138; CS4/90 - INQ000109289) asking him to agree to make the Statutory Instrument. Given the limited time, a full regulatory impact assessment was not prepared. However, a summary of the Office for National Statistics (ONS) data and predicted negligible effect of the amendments was given at paragraph 12.1 of the explanatory memorandum provided to Parliament (CS4/91 - INQ000109295).

The Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No. 2) Regulations 2020

149. Made by the Secretary of State on 12 May 2020 and coming into force on 13 May 2020, following the second statutory review, the instrument brought in amendments to the First Restrictions Regulations, implementing Step 1 of the roadmap to lift restrictions.

150. This was preceded by a submission to the Secretary of State (CS4/92 - INQ000106413; CS4/93 - INQ000106419) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/94 - INQ000106414); an analysis of the NHS Act duties and the Family Test (CS4/95 - INQ000106417); and a business impact analysis (CS4/96 - INQ000106420).

The Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No. 3) Regulations 2020

151. Made by the Secretary of State on 31 May 2020 and coming into force on 1 June 2020, following the third statutory review, the instrument brought in amendments to the First Restrictions Regulations, implementing Step 2a of the roadmap to lift restrictions.

152. This was preceded by a submission to the Secretary of State (CS4/97 - **INQ000236035** CS4/98 - INQ000050753) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/**81** **INQ000109415**); an analysis of the NHS Act duties and the Family Test (CS4/100 - **INQ000112943**); and a business impact analysis (CS4/**83** - **INQ000109420**)

The Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No. 4) Regulations 2020

153. Made by the Secretary of State on 12 June 2020 and coming into force in parts on 13 June 2020 and the remainder on 15 June 2020, following the fourth statutory review, the instrument brought in amendments to the First Restrictions Regulations, implementing Step 2b of the roadmap to lift restrictions.

154. This was preceded by a submission to the Secretary of State (CS4/102 - INQ000109437; CS4/103 - INQ000109438) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/104 - INQ000109441) and an analysis of the NHS Act duties and the Family Test (CS4/25 - INQ000109442).

The Health Protection (Coronavirus, Restrictions) (England) (No. 2) Regulations 2020

155. Made by the Secretary of State on 3 July 2020 and coming into force on 4 July 2020. The Secretary of State agreed, following advice on 29 June 2020, to revoke the first set of restrictions regulations and replace them with The Health Protection (Coronavirus, Restrictions) (No. 2) (England) Regulations 2020 (the Second Restrictions Regulations). They replicated some provisions and made several new provisions.

156. This was preceded by a submission to the Secretary of State (CS4/105 - **INQ000236042**; CS4/**20** - **INQ000109485**) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/107 - **INQ000109985**) and an analysis of the NHS Act duties and the Family Test (CS4/108 - **INQ000109987**).

157. The Secretary of State was required to review the need for the restrictions and requirements in the regulations at least once every 28 days, with the first review required by 31 July 2020 (CS4/109 - INQ000106514; CS4/110 - INQ000106515; CS4/111 - INQ000106516).

The Health Protection (Coronavirus, Restrictions) (No. 2) (England) (Amendment) Regulations 2020

158. Made by the Secretary of State on 9 July 2020 and coming into force on 11 July 2020, and the remainder on 13 July 2020, the instrument is the first amendment to the Second Restrictions Regulations. This was preceded by a submission to the Secretary of State asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/112 - **INQ000236043**) and an analysis of the NHS Act duties and the Family Test (CS4/113 - **INQ000109547**).

The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020

159. Made by the Secretary of State on 16 July 2020 and coming into force on 18 July 2020, these regulations (the Third Restrictions Regulations) introduced powers for local authorities to issue directions relating to premises, events and public outdoor places in their areas.

160. This was preceded by a submission to the Secretary of State (CS4/114 - INQ000106528; CS4/115 - INQ000106529) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis

of the PSED (CS4/116 - INQ000106531); and an analysis of the NHS Act duties and the Family Test (CS4/117 - INQ000106530). These particular regulations were being led by the JBC with cross-governmental policy support from the Ministry of Housing, Communities and Local Government. It was for those who developed individual policies to say how they made equalities considerations and what their analysis was for the PSED.

The Health Protection (Coronavirus, Restrictions) (No. 2) (England) (Amendment) (No. 2) Regulations 2020

161. Made by the Secretary of State on 22 July 2020 and coming into force on 25 July 2020, amending the Second Restrictions Regulations for the second time, these regulations enabled the reopening of indoor swimming pools, indoor fitness and dance studios and indoor gyms and sports courts and facilities. This was preceded by a submission to the Secretary of State (CS4/17 - INQ000234411) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, one of which was an analysis of the PSED (CS4/118 - INQ000109576).

The Health Protection (Coronavirus, Restrictions) (No. 2) (England) (Amendment) (No. 3) Regulations 2020.

162. Made by the Secretary of State on 14 August 2020 and coming into force on 15 August 2020, amending the Second Restrictions Regulations for the third time, these regulations enabled the reopening of further businesses and venues on 15 August 2020 (such as bowling alleys and conference centres). This was preceded by a submission to the Secretary of State (CS4/119 - INQ000109653; CS4/120 - INQ000109658) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/121 - INQ000109654); an analysis of the NHS Act duties and the Family Test (CS4/122 - INQ000109655); and an impacts assessment (CS4/123 - INQ000109656)

The Health Protection (Coronavirus) (Restrictions on Holding of Gatherings and Amendment) (England) Restrictions 2020.

163. Coming into force on 28 August 2020, these regulations imposed restrictions on the holding of gatherings of more than 30 people and provided that a FPN (£10,000) may be issued to those contravening the restrictions. The Government did not rely on enforcement as the primary driver of behaviour, but as complementary to other measures to encourage compliance. This included clearer and more consistent communications on the rules. This was preceded by a submission to the Secretary of State on (CS4/124 - INQ000109681; CS4/125 - INQ000109682) asking him to agree to make the Statutory Instrument. The

submission was supported by a suite of documents, including an analysis of the PSED (CS4/126 - INQ000058172); an analysis of the NHS Act duties and the Family Test (CS4/127 - INQ000109685); and, given the potential justice impact of such a significant fine, a justice impact test was also prepared and provided with the submission (CS4/128 - INQ000058175).

164. With regard FPNs, these were put into law as part of the measures to reduce transmission of the virus. They supported enforcement of the regulations and allowed for quick and appropriate action to be taken against people who were not following the rules. The £10,000 FPNs were introduced for people who organised a gathering contrary to the regulations, the most serious of breaches causing a significant risk to public health. This penalty was intended to communicate the public health risk and act as a deterrent.

165. Further data on the breakdown of issued FPNs by some protected characteristics was given by the National Police Chiefs' Council (NPPCC) in their report of 16 March 2022 "Fixed Penalty Notices issued under COVID-19 emergency health regulations by police forces in England and Wales" (CS4/128A - INQ000292596). This included data on ethnicity, sex and age. Although these regulations were made by the Department, enforcement of them was a matter for the HO.

The COVID-19 Local Alert Level Regulations

166. Three separate instruments, The Health Protection (Coronavirus, Local COVID-19 Alert Level) (Medium) (England) Regulations 2020; The Health Protection (Coronavirus, Local COVID-19 Alert Level) (High) (England) Regulations 2020; and The Health Protection (Coronavirus, Local COVID-19 Alert Level) (Very High) (England) Regulations 2020 were made by the Secretary of State on 12 October 2020 and came into force on 14 October 2020 (the Local Alert Level Regulations). These regulations established three Local Alert Levels of COVID-19 restrictions in England, leading to a tiered response. The Secretary of State was required to review the need for the restrictions in the regulations at least once every 28 days, and the areas allocated to Local Alert Levels High and Very High were also subject to regular statutory review. This was preceded by submissions to the Secretary of State (CS4/129 - INQ000109823; CS4/130 - INQ000109838; CS4/131 - INQ000109834; CS4/132 - INQ000109844) asking him to agree to make the Statutory Instruments. The submissions were supported by a suite of documents, including analyses of the PSED for each tier (CS4/133 - INQ000109827; CS4/134 - INQ000109828; CS4/135 - INQ000109841), an analysis of the NHS Act duties and the Family Test (CS4/136 -

INQ000109832; CS4/137 - INQ000109842), and an impacts statement (CS4/138 - INQ000109830; CS4/139 - INQ000109826; CS4/140 - INQ000109843).

The Health Protection (Coronavirus, Restrictions) (England) (No. 4) Regulations 2020.

167. Made by the Secretary of State on 3 November 2020 and coming into force on 5 November 2020, these regulations (the Fourth Restrictions Regulations) revoked all three Local Alert Level Regulations and imposed the second nationwide lockdown in England for a period of 28 days. They introduced a number of social restrictions and business closures, including a requirement that no person may leave or be outside the place they are living without reasonable excuse, restrictions on participation of gatherings, and required businesses listed in the Schedule to close. The regulations contained an expiry provision of 28 days after they came into force. This was preceded by a submission to the Secretary of State (CS4/141 - INQ000110008; CS4/142 - **INQ000110007**) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/143 - INQ000110009), an analysis of the NHS Act duties (CS4/144 - INQ000110014); a consideration of the Family Test (CS4/145 - INQ000110011), and a summary of impacts (CS4/146 - INQ000110010).

The Health Protection (Coronavirus, Restrictions) (All Tiers) (England) Regulations 2020.

168. Made by the Secretary of State on 30 November 2020 and coming into force on 2 December 2020, these regulations (the Tiers Regulations) revoked the Fourth Restrictions Regulations and introduced a revised tiering system. The Secretary of State was required to review the need for the restrictions at least once every 28 days, and to review whether each area that was part of Tier 2 or Tier 3 should continue to be part of that area at least once every 14 days. This was preceded by a submission to the Secretary of State (CS4/147 - INQ000110193; CS4/148 - INQ000110201) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/149 - INQ000110194), an analysis of the NHS Act duties (CS4/150 - INQ000110150); a consideration of the Family Test (CS4/151 - INQ000110199), and a summary of impacts (CS4/152 - INQ000110202).

The Health Protection (Coronavirus, Restrictions) (All Tiers and Obligations of Undertakings) (England) (Amendment) Regulations 2020.

169. Made by the Secretary of State on 20 December 2020 and coming into force on the same day, these regulations amended the Tiers Regulations to introduce Tier 4, which was more restrictive than Tier 3. This was preceded by a submission to the Secretary of State (CS4/153 - INQ000110212; CS4/154 - INQ000110223) asking him to agree to make

the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/155 - INQ000110214), an analysis of the NHS Act duties (CS4/156 - INQ000110219); a consideration of the Family Test (CS4/157 - INQ000110220); and a summary of impacts (CS4/158 - INQ000110215).

The Health Protection (Coronavirus, Restrictions) (No. 3) and (All Tiers) (England) (Amendment) Regulations 2021.

170. Made by the Secretary of State on 5 January 2021 and coming into force on 6 January 2021, these regulations imposed the third nationwide lockdown and moved all areas of England into Tier 4. This was preceded by a submission to the Secretary of State (CS4/159 - INQ000110290; CS4/160 - INQ000110301) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/161 - INQ000110296), an analysis of the NHS Act duties (CS4/162 - INQ000110298); and a consideration of the Family Test (CS4/163 - INQ000110297).

The Health Protection (Coronavirus, Restrictions) (Wearing of Face Coverings in Relevant Places and Restrictions: All Tiers) (England) (Amendment) Regulations 2021.

171. Made by the Secretary of State on 5 March 2021 and coming into force on 8 March 2021, these regulations amended the Tiers Regulations to implement Step 1A of the Government's Roadmap for exiting lockdown, which included permitting outdoor education as a reasonable excuse for leaving home. This was preceded by a submission to the Secretary of State (CS4/164 - INQ000060158; CS4/165 - INQ000060165) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED for the amendments to the face covering regulations (CS4/166 - INQ000060167); a further PSED Equality Impacts Analysis for Step 1A of the Roadmap; (CS4/167 - INQ000060159), an analysis of the NHS Act duties (CS4/168 - INQ000060162); a consideration of the Family Test (CS4/169 - INQ000060160); and a summary of impacts (CS4/170 - INQ000060164).

The Health Protection (Coronavirus, Restrictions) (Steps) (England) Regulations 2021.

172. Made by the Secretary of State on 22 March 2021 and coming into force on 29 March 2021, these regulations revoked the Tiers Regulations and contained the legislative framework to implement Steps 1B-3 of the Government's Roadmap for exiting lockdown in England. They imposed a duty on the Secretary of State to review the need for the restrictions imposed by these Regulations by 12 April 2021 and then at least once every 35 days. This was preceded by a submission to the Secretary of State (CS4/171 - INQ000110883; CS4/172 - INQ000110882) asking him to agree to make the Statutory

Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/173 - INQ000110891); an analysis of the NHS Act duties (CS4/174 - INQ000110896); and a consideration of the Family Test (CS4/175 - INQ000110894).

The Health Protection (Coronavirus, Restrictions) (Entry to Venues and Events) (England) Regulations 2021.

173. Made by the Secretary of State on 13 December 2021 in response to the emerging threat from the Omicron variant, and coming into partial force on 14 December 2021, with the remainder on 15 December 2021, these regulations imposed a series of legal obligations on people and implemented a policy of ensuring that access to certain settings was restricted to attendees/visitors who could demonstrate their COVID Status or exemption. A provision was included for a FPN to be issued for £10,000 if a person made, adapted, supplied or offered to supply false evidence of COVID-19 status to another person which the person knew was false or misleading. This was preceded by a submission to the Secretary of State (CS4/176 - **INQ000236144**; CS4/177 - **INQ000236146**) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/178 - **INQ000236145**); an analysis of the NHS Act duties (CS4/179 - **INQ000236147**); and a consideration of the Family Test (CS4/180 - **INQ000236148**).

Face Coverings Regulations

The Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) Regulations 2020

174. Made by the Secretary of State on 23 July 2020 and coming into force on 24 July 2020, these regulations (the First Face Coverings Regulations) introduced the Government's policy to mandate the wearing of face coverings in shops, supermarkets and transport hubs. The regulations included a 12-month expiry provision and required the Secretary of State to review the need for the restrictions imposed by these regulations within six months. This was preceded by a submission (CS4/181 - **INQ000236045**; CS4/182 - **INQ000233897**) to the Secretary of State asking him to agree to the making of the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/183 - **INQ000236047**)); an analysis of the NHS Act duties and the Family Test (CS4/184 - **INQ000236048**); and a summary of impacts (CS4/185 - **INQ000236049**), which formed the basis of the Secretary of State's approval of the instrument.

The Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) (England) (Amendment) Regulations 2020.

175. Made by the Secretary of State on 6 August 2020 and coming into force on 8 August 2020, these regulations amended the First Face Coverings Regulations to include additional indoor premises in England such as places of worship, museums and public libraries. This was preceded by a submission to the Secretary of State (CS4/186 - **INQ000236055**; CS4/187 - **INQ000236057**) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/188 - **INQ000236056**).

The Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place) England (Amendment) (No. 2) Regulations 2020.

176. Made by the Secretary of State on 20 August 2020 and coming into force on 22 August 2020, these regulations amended the First Face Coverings Regulations to specify further indoor premises and provide additional exemptions. This was preceded by a submission to the Secretary of State (CS4/189 - **INQ000236050** CS4/190 - **INQ000234447**) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/191 - **INQ000234446**).

The Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place and on Public Transport) (England) (Amendment) (No. 3) Regulations 2020.

177. Made by the Secretary of State on 23 September 2020 and coming into force on 24 September 2020, these regulations amended the First Face Coverings Regulations to include additional indoor premises in England and staff or other workers working in certain retail, hospitality and leisure settings. This was preceded by a submission to the Secretary of State (CS4/192 - INQ000234038; CS4/193 - INQ000234039) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/194 - **INQ000234040**).

The Health Protection (Coronavirus, Wearing of Face Coverings) (England) Regulations 2021.

178. Made by the Secretary of State on 29 November 2021 and coming into force on 30 November 2021, these regulations (the Second Face Coverings Regulations) were in response to the emerging threat from the Omicron variant and were set to expire on 20 December 2021. They introduced a requirement on members of the public to wear face coverings indoors in a number of relevant places except in limited cases. This was preceded by a submission to the Secretary of State (CS4/195 - **INQ000236120**; CS4/196 - **INQ000236122**) asking him to agree to make the Statutory Instrument. The submission

was supported by a suite of documents, including an analysis of the PSED (CS4/197 - INQ000236121) an analysis of the NHS Act duties (CS4/198 - INQ000236124); and a consideration of the Family Test (CS4/199 - INQ000236123).

The Health Protection (Coronavirus, Wearing of Face Coverings) (England) (Amendment) Regulations 2021.

179. Made by the Secretary of State on 9 December 2021 and coming into force on 10 December 2021, these regulations amended the Second Face Coverings Regulations, in response to the latest evidence about the Omicron variant, to expand the mandatory wearing of face coverings to a greater number of settings. The period for which the Second Face Coverings Regulations were in force was also extended until 26 January 2022. This was preceded by a submission to the Secretary of State (CS4/200 - INQ000236135; CS4/201 - INQ000236139) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/202 - INQ000236136 an analysis of the NHS Act duties (CS4/203 - INQ000236137); and a consideration of the Family Test (CS4/204 - INQ000236138).

International Travel Regulations

180. The regulations in paragraphs 175-186 were led and coordinated by a team within the Department. By March 2022 ownership of Covid border response measures was transferred to UKHSA.

The Health Protection (Coronavirus, International Travel) (England) Regulations 2020.

181. Made by the Secretary of State on 2 June 2020 and coming into force on 8 June 2020, these regulations, (the International Travel Regulations) imposed requirements on people arriving in England from outside the Common Travel Area to: (i) provide information including contact details and details of their intended onward travel; and (ii) to self-isolate for a period of 14 days. The regulations imposed a duty on the Secretary of State to review the need for the requirements imposed by the regulations at least once every 21 days, which was extended to at least once every 28 days. They were amended more than 50 times between June 2020 and May 2021. This was preceded by a submission to the Secretary of State (CS4/205 - INQ000236040; CS4/206 - INQ000234372) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of

documents, including an analysis of the PSED (CS4/207 - **INQ000060061**); an analysis of the NHS Act duties (CS4/208 - INQ000234379); a consideration of the Family Test (CS4/209 - INQ000234380); a summary of impacts (CS4/210 - INQ000234376); proposed exemptions (CS4/211 - INQ000234373); a summary of considered alternatives (CS4/212 - INQ000234381); and a summary of scientific advice (CS4/213 - INQ000234375).

The Health Protection (Coronavirus, International Travel) (England) (Amendment) (No. 9) Regulations 2021.

182. Made by the Secretary of State on 2 March 2021 and coming into force on 3 March 2021, these regulations amended the International Travel Regulations including making changes to the managed self-isolation package to allow children who were travelling unaccompanied to complete their self-isolation in an environment suitable to their specific needs as confirmed by the Secretary of State and for those travelling for the purpose of attending boarding school in England to complete their self-isolation at school under controlled conditions. Changes to the mandatory testing regime were also made in relation to private providers and reporting requirements. This was preceded by a submission to the Secretary of State (CS4/214 - INQ000234786; CS4/215 - INQ000234791) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/216 - **INQ000234291**); an analysis of the NHS Act duties (CS4/217 - **INQ000234295**); a consideration of the Family Test (CS4/218 - **INQ000234294**); and an impact statement (CS4/219 - **INQ000234292**).

The Health Protection (Coronavirus, International Travel) (England) (Amendment) (No. 10) Regulations 2021.

183. Made by the Secretary of State on 18 March 2021 and coming into force on 19 March 2021, these regulations amended the list of countries and territories within the International Travel Regulations that were subject to additional measures. The regulations also allowed for exemptions from managed self-isolation for aviation and maritime crew, as well as non-urgent medical and vulnerable cases when medical evidence is provided and in limited circumstances. This was preceded by a submission to the Secretary of State (CS4/220 - **INQ000236065**; CS4/221 - **INQ000236067**) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/**216** - **INQ000234291**); an analysis of the NHS Act duties (CS4/**217** - **INQ000234295**); a consideration of the Family Test (CS4/**218** - **INQ000234294**); and an impact statement (CS4/**219** - **INQ000234292**).

The Health Protection (Coronavirus, International Travel) (England) (Amendment) (No. 11) Regulations 2021.

184. Made by the Secretary of State on 1 April 2021 and coming into force on 6 April 2021, these regulations amended the International Travel Regulations to introduce a new system of mandatory testing for international arrivals who are exempt from quarantine where they are travelling with a sectoral exemption, including a duty on employers to take reasonable steps to facilitate this testing; and to amend the minimum standards for providers of international travel testing. This was preceded by a submission to the Secretary of State (CS4/226 - **INQ000236072** CS4/227 - **INQ000236074** asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/228 - **INQ000236077**); an analysis of the NHS Act duties (CS4/229 - **INQ000236075**); a consideration of the Family Test (CS4/230 - **INQ000236076**); and an impact statement (CS4/231 - **INQ000236073**.

The Health Protection (Coronavirus, International Travel and Operator Liability) (England) (Amendment) (No. 2) Regulations 2021.

185. Made by the Secretary of State on 6 June 2021 and coming into force on 8 June 2021, these regulations amended The Health Protection (Coronavirus, International Travel and Operator Liability) (England) Regulations 2021 (the 'ITOL Regulations') including to allow countries to be moved between the designations of category 1 ('green-list') and category 3 ('red-list') and require direct flights from red-list countries to arrive at airport terminals which only accepted red-list direct flights. The testing rules were also amended to provide that transit passengers from category 1 countries were not under an obligation to book and undertake tests. This was preceded by a submission to the Secretary of State (CS4/232 - INQ000234918; CS4/233 - INQ000234920) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/234 - INQ000234919); an analysis of the NHS Act duties (CS4/235 - INQ000234925); a consideration of the Family Test (CS4/236 - INQ000234924); and an impact statement for the first statutory review of the ITOL Regulations (CS4/237 - INQ000234921).

The Health Protection (Coronavirus, International Travel and Operator Liability) (England) (Amendment) (No. 6) Regulations 2021.

186. Made by the Secretary of State on 18 July 2021 and coming into force on 19 July 2021, these regulations amended the ITOL Regulations including to introduce the 'eligible category 2 arrival' which was an exemption to the self-isolation and day eight test

requirements for individuals arriving from a category 2 (amber-list) country who had not been in, departed from, or transited through either a red-list country in the 10 days prior to arrival in England and who were fully vaccinated with an 'authorised vaccine', with a requirement for operators to carry out the necessary evidence checks. Provisions around private test providers were also updated to ensure that private provider data gathering, and reporting met the requirements. This was preceded by a submission to the Secretary of State (CS4/238 - INQ000236084; CS4/239 - INQ000236086) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/240 - INQ000236087); an analysis of the NHS Act duties (CS4/241 - INQ000236088); a consideration of the Family Test (CS4/242 - INQ000236089); and an impact statement (CS4/243 - INQ000236085).

The Health Protection (Coronavirus, International Travel and Operator Liability) (England) (Amendment) (No. 7) Regulations 2021.

187. Made by the Secretary of State on 30 July 2021 and coming into partial force on 2 August 2021, with the remaining provisions coming into force on 23 August 2021, these regulations amended the ITOL Regulations to introduce an exemption to the self-isolation and day eight test requirements for individuals who had been fully vaccinated in the United States, the European Union and other relevant countries when arriving in England from an amber-list country. A number of amendments that related to testing were also made to improve data accuracy, test result reporting and to require day eight tests to be genome sequenced. This was preceded by a submission to the Secretary of State (CS4/244 - INQ000236092; CS4/245 - INQ000236093) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/246 - INQ000236094) an analysis of the NHS Act duties (CS4/247 - INQ000236097); a consideration of the Family Test (CS4/248 - INQ000236095; and an impact statement (CS4/249 - INQ000236096).

The Health Protection (Coronavirus, International Travel and Operator Liability) (England) (Amendment) (No. 13) Regulations 2021.

188. Made by the Secretary of State on 1 October 2021 and coming into force on 4 October 2021, these regulations amended the ITOL Regulations to implement changes to border requirements by moving from three categories (green, amber and red) to two categories i.e., based on whether a person is a red-list arrival or a non-red list arrival. The "eligible traveller" category was expanded to include individuals vaccinated in a larger list of countries and the pre-departure test requirement for this category was removed. The obligation for operators to check for evidence where a person is a verified eligible traveller

was also removed. This was preceded by a submission to the Secretary of State (CS4/250 - INQ000236110; CS4/251 - INQ000236115) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/252 - INQ000236111) an analysis of the NHS Act duties (CS4/253 - INQ000236114); a consideration of the Family Test (CS4/254 - INQ000236113); and an impact statement (CS4/255 - INQ000236112).

The Health Protection (Coronavirus, International Travel and Operator Liability) (England) (Amendment) (No. 25) Regulations 2021.

189. Made by the Secretary of State on 15 December 2021 and coming into force on the same day, these regulations amended the ITOL Regulations to permit red-list passengers who were required to isolate immediately before 4.00 p.m. on 15 December 2021 to complete their period of self-isolation at a place other than the place specified in their managed isolation package (unless they did not meet the conditions in the regulations or they, or a close contact of theirs, had tested positive for coronavirus). This was preceded by a submission to the Secretary of State (CS4/256 - INQ000236149; CS4/257 - INQ000236150 asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED and NHS Act duties and a consideration of the Family Test (CS4/258 - INQ000236151).

The Health Protection (Coronavirus, International Travel and Operator Liability) (England) (Amendment) Regulations 2022.

190. Made by the Secretary of State on 6 January 2022 and coming into force in a staggered way from 6 to 10 January 2022, these regulations amended the ITOL Regulations to remove the requirement for eligible travellers to possess a negative test result or self-isolate on arrival; re-introduced LFD testing as an option for day two tests for eligible travellers who arrive in England (instead of a day 2 PCR test); and expanding the "eligible traveller" category to recognise vaccinations certified by a number of new countries. This was preceded by a submission to the Secretary of State (CS4/259 - INQ000236152; CS4/260 - INQ000236157) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/261 - INQ000236156 an analysis of the NHS Act duties (CS4/262 - INQ000236153); a consideration of the Family Test (CS4/263 - INQ000236154); and an impact statement (CS4/264 - INQ000236155).

The Health Protection (Coronavirus, International Travel and Operator Liability) (England) (Amendment) (No. 2) Regulations 2022.

191. Made by the Secretary of State on 10 February 2022 and coming into force in a staggered way from 11 February 2022 and 3 March 2022, these regulations amended the ITOL Regulations to remove the requirement for eligible travellers to complete a post-arrival test and remove the requirement for non-eligible travellers to complete a day eight test and undertake a ten-day self-isolation period upon arrival. The "eligible traveller" category was further expanded and updates introduced to streamline the Passenger Locator Form, current exemption scheme and penalties for operators. This was preceded by a submission to the Secretary of State (CS4/265 - **INQ000236158**); CS4/266 - **INQ000236163**) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/267 - **INQ000236159**) an analysis of the NHS Act duties (CS4/268 - **INQ000236162**); a consideration of the Family Test (CS4/269 - **INQ000236161**); and an impact statement (CS4/270 - **INQ000236160**).

The Health Protection (Coronavirus, International Travel and Operator Liability) (England) (Amendment) (No. 3) Regulations 2022.

192. Made by the Secretary of State on 22 February 2022 and coming into force on 24 February 2022, these regulations amended the ITOL Regulations to ensure the continued alignment in treatment of international arrivals testing positive on their post-arrival test and domestic cases. There were also amendments to ensure that the obligations on the bespoke workforce testing cohort are no more onerous than those on the general population. This was preceded by a submission to the Secretary of State (CS4/271 - **INQ000236168**; CS4/272 - **INQ000236171** asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED and the NHS Act duties and a consideration of the Family Test (CS4/273 - **INQ000236169**); and an impact statement (CS4/274 - **INQ000236170**).

Self-Isolation Regulations

The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020.

193. Made by the Secretary of State on 27 September 2020 and coming into force on 28 September 2020, these regulations (the Self-Isolation Regulations) imposed various requirements including imposing a legal duty to self-isolate on people who were notified to do so, and to provide information to contact tracers about where they would be staying for the period of their self-isolation. This was preceded by a submission to the Secretary of State (CS4/275 - **INQ000236060**; CS4/276 - **INQ000236061**) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/277 - **INQ000234518**).

The Health Protection (Coronavirus, Restrictions) (Self-Isolation and Linked Households) (England) Regulations 2020.

194. Made by the Secretary of State on 11 December 2020 and coming into force on 12 December 2020, these regulations amended the Self-Isolation Regulations to reduce the time period of self-isolation from 14 to 10 days and made changes to when a person's period of self-isolation began. This was preceded by a submission to the Secretary of State (CS4/278 - **INQ000236064**; CS4/279 - INQ000234642) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/280 - INQ000234641) and an analysis of the NHS Act duties and the Family Test (CS4/281 - INQ000234643).

The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) (Amendment) Regulations 2021.

195. Made by the Secretary of State on 15 July 2021 and coming into partial force on 19 July 2021 with the remaining amendments on 16 August 2021, these regulations amended Self-Isolation Regulations to exempt close contacts who are fully vaccinated or children to self-isolate. Both these regulations and the Self-Isolation Regulations which these regulations amended, expired on 28 September 2021. This was preceded by a submission to the Secretary of State on (CS4/282 - **INQ000236079**; CS4/283 - **INQ000236081**) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/284 - **INQ000236080**) an analysis of the NHS Act duties and the Family Test (CS4/285 - **INQ000236083**)); and an impact statement (CS4/286 - **INQ000236082**).

The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021.

196. Made by the Secretary of State on 22 July 2021 and coming into force on 11 November 2021, these regulations amended The Health and Social Care Act 2008 (Regulated Activities) Regulations 2021 (the 2014 Regulations) to provide that, subject to certain exceptions, a person cannot enter the care home premises unless they provide evidence that they have completed a course of an authorised vaccine against COVID-19. This was preceded by a submission to the Secretary of State (CS4/287 - **INQ000236091**) asking him to agree to make the Statutory Instrument. The submission was supported by an initial impact statement (CS4/288 - **INQ000236090**). A full impact assessment was published on 18 August 2021 (CS4/289 - **INQ000111616**).

The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) (Amendment) (No. 3) Regulations 2021).

197. Made by the Secretary of State on 22 September 2021 and coming into force on 27 September 2021, these regulations amended the Self-Isolation Regulations to update the definition of 'fully-vaccinated" with respect to household contacts and to include mixed-dose vaccinations. The requirements on those taking part in a testing scheme were also clarified, in a situation where they tested positive with a lateral flow test but receive a subsequent negative confirmatory PCR test result. The date of expiration of the Self-Isolation Regulations and the Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations was also extended from the end of 27 September 2021 to the end of 24 March 2022. This was preceded by a submission to the Secretary of State (CS4/290 - **INQ000236103**; CS4/291 - **INQ000236106**) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED in relation to the self-isolation amendments (CS4/292 - **INQ000236104**) and in relation to the extension of the regulations (CS4/293 - **INQ000236105**); and an analysis of the NHS Act duties and the Family Test in relation to the self-isolation amendments (CS4/294 - **INQ000236107**) and the same in relation to the extension of the regulations (CS4/295 - **INQ000236108**)

The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) (Amendment) (No. 4) Regulations 2021.

198. Made by the Secretary of State on 29 November 2021 and coming into force on 30 November 2021, these regulations amended Self-Isolation Regulations to respond to the emergence of the Omicron variant and provided that the exemptions from the duty to self-isolate did not apply to adults who were close contacts of someone who had tested positive for coronavirus and was suspected of, or confirmed as, having the Omicron variant. This was preceded by a submission to the Secretary of State (CS4/296 - **INQ000236125**; CS4/297 - **INQ000236127**) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/298 - **INQ000236126**); and an analysis of the NHS Act duties and the Family Test (CS4/299 - **INQ000236128**).

The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) (Amendment) (No. 5) Regulations 2021.

199. Made by the Secretary of State on 8 December 2021 and coming into force on 9 December 2021, except for regulation 2(3)(a)(iii), which came into force on 18 January 2022, these regulations amended the Self-Isolation Regulations to provide greater

consistency across the Self-Isolation Regulations and the International Travel Regulations specifically in relation to treatment of individuals who were fully vaccinated. This was preceded by a submission to the Secretary of State (CS4/300 - INQ000236129; CS4/301 - INQ000236132) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/302 - INQ000236130) and an analysis of the NHS Act duties and the Family Test (CS4/303 - INQ000236131).

The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) (Amendment) (No. 6) Regulations 2021.

200. Made by the Secretary of State on 13 December 2021 and coming into force on 14 December 2021, these regulations amended the Self-Isolation Regulations to remove the distinction between close contacts of a known or suspected Omicron case and close contacts of all other positive cases. All close contacts were no longer required to self-isolate if: they were fully vaccinated (provided that the contact took place more than 14 days after they had completed their course of vaccinations); they were taking part in a vaccine trial; they could provide evidence that for clinical reasons they should not be vaccinated; or they were a child. This was preceded by a submission to the Secretary of State (CS4/304 - INQ000236140; CS4/305 - INQ000236142) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED (CS4/306 - INQ000236141) and an analysis of the NHS Act duties and the Family Test (CS4/307 - INQ000236143).

The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) (No. 2) Regulations 2022.

201. Made by the Secretary of State on 6 January 2022 and coming into force 7 January 2022 except for regulation 4, which came into force after a period of 12 weeks, these regulations amended the 2014 Regulations to make provision in respect of conditions relating to entry into a care home where that care home was used by a registered person, in respect of the regulated activity of providing accommodation for persons who required nursing or personal care. The registered person was required to secure that (subject to certain exceptions) a person only entered the care home premises if they could meet certain vaccination conditions. The policy underwent a six-week consultation process, in which over 34,900 responses were received. The responses raised concerns as to how the policy may disproportionately affect certain groups with protected characteristics. In consideration of these results, certain exemptions were proposed, for example: those who were clinically exempt from COVID-19 vaccination; those providing care as part of a

shared lives agreement; and those who did not have direct, face to face contact with a service user. It was also considered that a 12-week grace period, allowing time for both workforce planning, and for individuals to consider making the choice to get vaccinated, would help to mitigate for some of the risks of adverse impacts. These results and analysis of the consultation were presented to the Secretary of State (CS4/308 - **INQ000236118**), along with a draft analysis of the PSED (CS4/309 - **INQ000236117**) and submission (CS4/310 - **INQ000236116**) seeking his approval of the policy recommendations in response to the consultation. On 29 October 2021, the Secretary of State, having reviewed the submission, confirmed that he was content to implement the policy (CS4/311 - **INQ000236119**). A full Impact Assessment (CS4/312 - **INQ000236133**) was signed by the Secretary of State on 8 December 2021 (CS4/313 - **INQ000236134**) and published with the regulations.

The Health Protection (Coronavirus, Restrictions) (Self-Isolation etc.) (Revocation) (England) Regulations 2022.

202. Made by the Secretary of State on 22 February 2022 and coming into force 24 February 2022, these regulations revoked the Self-Isolation Regulations with the effect of removing the legal requirement (in England) to self-isolate for those who tested positive for COVID-19 and those who were contacts of positive cases. They also revoked The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 which had the effect of removing the temporary powers granted to local authorities to give directions to impose prohibitions, requirements or restrictions on individual premises, events or public outdoor places. This was preceded by a submission to the Secretary of State (CS4/314 - **INQ000236164**; CS4/315 - **INQ000236165**) asking him to agree to make the Statutory Instrument. The submission was supported by a suite of documents, including an analysis of the PSED in relation to the revocation of the Self-Isolation Regulations (CS4/316 - **INQ000236166**) and an analysis of the PSED in relation to the revocation of the No. 3 Regulations (CS4/317 - **INQ000236167**).

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Signed: _____

Dated: 28 September 2023