

**IN THE UK COVID-19 PUBLIC INQUIRY**

**BEFORE BARONESS HEATHER HALLETT**

**IN THE MATTER OF:**

**THE PUBLIC INQUIRY TO EXAMINE THE COVID-19 PANDEMIC IN THE UK**

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**Submissions on behalf of Covid 19 Bereaved Families for Justice UK and NI  
Covid 19 Bereaved Families for Justice for the Module 7 preliminary hearing  
on 27<sup>th</sup> June 2024**

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**Introduction**

1. These submissions are provided on behalf of Covid 19 Bereaved Families for Justice UK (CBFFJ UK) and NI Covid 19 Bereaved Families for Justice (NI CBFFJ) in advance of the Inquiry's Module 7 preliminary hearing on 27 June 2024.
2. From the outset, it is important to state that our families view Module 7 as one of the most critical modules in the entire inquiry. A robust test, trace, isolate, and support system is a fundamental, necessary from the earliest possible point of a major disease outbreak, at scale, to swiftly identify and isolate cases, trace contacts, and implement targeted interventions to curb the spread of the virus and mitigate its impact on communities and public health.
3. Bereaved family members have identified that the provision of support, economic and otherwise, for those who tested positive was a crucial component for an effective test, trace, and isolation response to the pandemic. We invite the Inquiry to add 'support' to the title of Module 7 to reflect the actual system of test trace isolate and support.
4. To underscore the importance and necessity of such systems, we have repeatedly pointed to the relative successes of other countries, whose achievements can be attributed to their pre-existing and rapidly scalable testing, tracing, isolating and support systems, which significantly mitigated the impact of the virus. This highlights the importance of having a well-prepared and agile system in place to effectively manage public health crises.

## **Scope**

5. Our families recognise the wide scope of M7, but they have concerns about notable omissions.
6. The scope refers almost exclusively to the period of response *from* 1 January 2020, and neglects to include the crucial issues of preparedness. Whilst we recognise that high level preparedness was considered in Module 1, it is concerning that the Inquiry is seemingly advancing on the basis that consideration of preparedness was completed in that module. It is important to state that Module 1 dealt with preparedness at a high-level of generality and did not attempt to consider the particular preparedness issues relating to the topics which were to be investigated in subsequent modules. The clear understanding given to us as CPs was that preparedness in specific areas would be addressed in the respective modules. As stated in our [Module 3 preliminary hearing submissions \(paragraph 28\)](#), preparedness is a matter of paramount importance and should be thoroughly examined in each relevant module, relating to its subject matter. From the outset of the Inquiry, in our submissions on the ‘terms of reference’, we emphasised the view of the families, that the Inquiry should consider the subject matter in two major ways: the position as at 1 January 2020 – preparedness – and the position from 1 January 2020 – the response. Both are important, but in many ways an examination of preparedness may be most useful in informing recommendations.
7. A number of our families have noted with concern recent negative media reporting regarding the role of the lockdowns in reducing deaths in the first and second waves. Whilst the families acknowledge that decisions made in relation to the imposition of the lockdowns were examined in Module 2, in our view it is necessary that the Inquiry to examine the correlation between the timing, length and effectiveness of lockdowns and the absence of early and effective systems of test trace isolate and support.
8. The provisional scope of M7 includes consideration of test trace isolate and support policies and strategies in the devolved administrations. Having recently concluded M2A – C, the Inquiry will be well aware of the regional variances in test trace isolate and support across the UK, and in Northern Ireland in particular. To the limited extent that there was a test trace isolate and support system in NI, it ceased to operate on 12 March 2020 when London moved to the ‘delay’ phase of the pandemic plan, without any apparent consideration of remaining capacity or the continued importance of test trace isolate and support in NI to tackle the pandemic in its early stages. We invite the Inquiry to ensure that the scope of M7 includes *meaningful* consideration of test trace isolate and support in each of the devolved administrations, to ensure that future test trace

isolate, and support policies and strategies incorporate the necessary flexibility to respond to regional variations This should include the land border between the north and south of Ireland.

9. In relation to discrimination, inequalities, and disparity of outcomes, there is little mention the provisional scope, with the only relevant reference being at paragraph 20c in relation to the Public Sector Equality Duty. Issues of structural and institutional race discrimination, and other forms of discrimination, particularly disability, are as important in this module as in other parts of the Inquiry. We urge the Inquiry to amend the scope to reflect this.
10. At present, there is no indication that the UK's test, trace isolate and support strategies, or those of its constituent devolved administrations, will be considered in the context of apparently more planned and effective systems that existed internationally. A lack of comparative analysis means that the evaluation of the UK systems will occur in a vacuum, devoid of the insights that can be gained from examining successful models elsewhere. The analysis sought is not to attempt to calibrate how well or badly the UK did, but to compare UK preparedness and response against those international comparators which are known to have been successful in test trace isolate and support and to learn from them. In this module in particular, the Inquiry risks missing valuable lessons and best practices that could significantly inform and enhance the UK's pandemic response strategies and preparedness for the next one.
11. The fourth paragraph of the scope section of CTI's note states that Module 7 will examine:

*Enforcement of testing, tracing and isolation procedures and factors influencing compliance, such as the adequacy of and trust in messaging, financial and practical support to those required to isolate and the availability and use of data in decision making.*

12. We agree the importance of considering factors 'influencing compliance', but we urge the Inquiry to thoroughly examine what was known and considered in advance about the psychological and social effects of implementing testing, tracing, and isolation measures. Understanding these anticipated impacts is a critical first step in understanding the actual factors that influenced compliance. By examining pre-existing research, knowledge, and predictions regarding how these measures would affect individuals and particular communities, the Inquiry can better contextualise the subsequent compliance behaviours, thus providing a more comprehensive understanding of the challenges faced and the reasons behind varying levels of compliance.

## **Disclosure**

13. With regard to paragraph 28 of the CTI note, which details the information that each document provider is being asked to supply, we submit that the Inquiry should also require a corporate narrative from each provider. This narrative should detail what did and did not happen with respect to the issues of M7, and who was or should have been responsible for what, viewed through their own institutional knowledge and perspective. We recognise the importance of the Inquiry utilising a targeted approach, given the vast potential reach of material from some providers, particularly government departments. However, we respectfully submit that what is not known cannot be effectively targeted. Without a corporate narrative from the provider, there is no basis for targeting. Our families are concerned that this omission could allow providers to withhold relevant information and later claim they did not disclose it because the Inquiry did not specifically request it, or for disclosure failures to innocently occur through misunderstanding. The approach we propose has been used to good effect in other inquiries.
11. We also have concerns that, as per paragraph 33 of CTI's note, disclosure will not commence before Autumn 2024. This leaves a short period before the Spring 2025 hearings. To ensure proper preparation and adequate time to take instructions from clients, we respectfully ask that the Inquiry confirm a date at least two months before the start of the hearings by which the bulk of disclosure will be completed.

## **Experts**

12. We are grateful for the Inquiry's indication that experts are likely to be appointed to assist in this module. We urge that there is consultation over relevant areas which might be assisted by such evidence, and the identification of appropriate experts.
13. At this stage, we make submissions about two such areas: discrimination and comparative international public health systems.
14. In terms of discrimination, the content of Module 7 makes it crucial to consider issues of structural and institutional race discrimination, and other forms of discrimination, particularly disability. These considerations are critical to understanding the full impact of the test, trace and isolate strategies on diverse communities and workforces. Without expert evidence, the Inquiry risks overlooking discrimination and inequalities that may have exacerbated the effects of the pandemic on marginalised groups. In our view, the Inquiry should

investigate whether the experts commissioned to report on other aspects of discrimination and inequalities in other modules may have the knowledge and evidence to provide additional expert evidence relating to TTI, or identify others more suitable to do so.

15. In terms of an expert in comparative international public health systems, we reiterate our Module 2 closing submissions, our CP application (paragraph 7), and submissions above. We do not seek a comprehensive international comparison, but proportionate evidence identifying a small number of other countries where the approach taken to TTI appears to have been instrumental in achieving better outcomes. Some countries with similar demographics in terms of wealth and population, achieved markedly lower mortality rates, particularly through pre-planned TTI systems, surged testing capacity, and utilising it to deploy proportionate, timely, non-pharmaceutical interventions (NPIs). An expert in international comparative public health systems would provide a detailed evidential basis for what other countries did differently and the effects these actions had. Without such expert evidence, the Inquiry risks missing key lessons from other nations, potentially compromising the effectiveness of future public health strategies in the UK.

16. Given the pace at which the Inquiry is progressing, we ask for a timetable for when experts will be instructed and when it is envisaged their draft reports will be disclosed.

### **Every Story Matters**

17. We note the update at paragraphs 40-43 of CTI's note for the preliminary hearing and the invitation for submissions on the Key Lines of Enquiry (KLOEs) for targeted research.

18. While the topics contained within these paragraphs are relevant and important, we hold the view that there is a danger that 'targeted research' will substitute for what the Inquiry should be doing itself by calling written and oral evidence on those matters. If targeted research of this nature is to be undertaken, we submit that the Inquiry should publish a definitive explanation setting out who will be doing the research, including their expertise and experience, and their methodology, and how the product of the research will be scrutinised and open to challenge by the Inquiry.

### **Timetable**

19. Paragraph 49 of CTI's note 49 states that Module 7 will take place over 3 weeks of hearings (which amounts to 12 days including openings and closings). We

respectfully submit that this is manifestly inadequate, especially considering that the UK and the devolved administrations each had their own distinct systems of test, trace and isolate, all of which must be thoroughly explored. We submit that such an important, complex and multifaceted issue cannot be adequately covered in just three weeks, comprising about ten evidential hearing days. Each system operated differently and faced unique challenges, making a sufficient investigation within this limited timeframe unfeasible.

## **Conclusion**

20. In conclusion, we reiterate the need for a thorough and fearless inquiry that places the experiences of the bereaved at its core. By addressing the issues raised in our submissions, the Inquiry can ensure a comprehensive examination of the failures that led to the loss of so many loved ones and take meaningful steps to prevent or mitigate such tragedies in the future. We stand ready to assist the Inquiry in achieving these aims and look forward to participating in the preliminary hearing on 27 June 2024.

13 June 2024

Pete Weatherby KC  
Allison Munroe KC  
Thalia Maragh  
Christian Weaver  
**Counsel for CBFFJ UK**

Brenda Campbell KC  
Peter Wilcock KC  
Marie-Claire McDermott  
Malachy McGowan  
Blaine Nugent  
Jacob Bindman  
**Counsel for NI CBFFJ**

Elkan Abrahamson  
Nicola Brook  
Broudie Jackson Canter Solicitors  
**Solicitors for CBFFJ UK**

Conal McGarrity  
Enda McGarrity  
PA Duffy Solicitors  
**Solicitors for NI CBFFJ**