

THE UK COVID-19 INQUIRY

TRADES UNION CONGRESS: WRITTEN SUBMISSIONS FOR PRELIMINARY HEARING IN MODULE 7, ON 27 JUNE 2024

INTRODUCTION

1. These are the submissions of the Trades Union Congress ('the TUC') for the preliminary hearing on 27 June 2024 in Module 7 of the UK Covid-19 Inquiry ('the Inquiry'). The TUC brings together over 5 million working people who make up its 48 unions. In this module, the TUC is working in partnership with TUC Cymru (formerly the Wales TUC), the Scottish TUC ('STUC') and the Northern Ireland Committee of the Irish Congress of Trades Unions.
2. These submissions address:
 - a. The **provisional outline of scope** detailed at paragraphs 17 to 20 of Counsel to the Inquiry ('CTI')'s 'Note for the first Preliminary Hearing in Module 7' dated 31 May 2024 ('CTI Note').
 - b. The proposed arrangements for **Rule 9 requests for information** (CTI Note, [21-24]).
 - c. The proposed arrangements for **expert material and the instruction of expert witnesses** (CTI Note, [34-37]).
 - d. The proposed arrangements for the **listening exercise (Every Story Matters)** (CTI Note, [38-43]).
3. At the outset, however, we observe that the systems of test and trace, and the provision of financial support for self-isolation form an area where the UK underperformed significantly. Cabinet Office polling in January 2021 suggested that only 36% of people with symptoms were getting tested, and a SPI-B paper in September 2020 reported that '*current rates of full self-isolation are very low (<20%) based on self-report. They are particularly low among the youngest and the poorest*'.¹ Furthermore, Senedd research in December 2020 suggested that less than a third of people in Wales were fully compliant when required to self-isolate.² This

¹ INQ000119872/3.

² See: <https://research.senedd.wales/research-articles/less-than-a-third-of-people-are-fully-self-isolating-during-the-coronavirus-pandemic-what-support-is-available-to-increase-compliance/>.

contrasts with evidence from South Korea and New York where compliance rates of 99% and 98%, respectively, were reported.³ This module presents both an opportunity to understand fully what went wrong, and an area where carefully considered, evidence-based recommendations could and should make a real, meaningful difference in future outbreaks of infectious disease.

PROVISIONAL OUTLINE OF SCOPE

4. In general terms, the TUC welcomes the provisional outline of scope. Whilst, in respect of support for self-isolation, the TUC is satisfied that the provisional outline of scope is sufficiently broad and does not invite amendment, the TUC does make clear its view that, in order to properly address the provisional scope, scrutiny is required not only on the level of financial support, but also how it was administered. For example, an amount available via Statutory Sick Pay (or other mechanism), may be very different in effect to an amount made available by a fragmented hardship fund administered via a novel application process by individual local authorities. It is both the availability of financial support, and the means by which financial support is made available, that is crucial.
5. Clarification as to the provisional scope is sought in two respects.
6. First, we note that the questions Module 7 is likely to consider include: *'Did the development of the overarching strategies and policies take account of the Public Sector Equality Duty and how effective were any steps taken to mitigate the unequal impacts on the general population across the UK and, in particular, vulnerable groups?'*⁴ We seek clarification, in particular, regarding the term 'vulnerable groups'. 'Vulnerable' may, of course, be understood in the narrower context of those who were 'clinically vulnerable' or 'clinically extremely vulnerable' as a result of underlying conditions which placed them at higher risk of serious illness from Covid-19. However, it may also be more broadly defined to include: those who were vulnerable to infection and/or repeated infection by virtue of their personal circumstances unrelated to comorbidity, such as their occupational exposure⁵ or living circumstances; and those belonging to groups for whom the risk of severe disease was higher for more complex, multi-factorial reasons, *i.e.* for people of colour and those on lower incomes and in insecure work.

³ See: <https://www.instituteforgovernment.org.uk/article/comment/government-must-step-its-support-people-told-self-isolate>.

⁴ CTI Note, para. 20(c).

⁵ For a summary of evidence received by the Inquiry in Module 2 as to occupational exposure, please see our written closing submission: <https://covid19.public-inquiry.uk/wp-content/uploads/2024/01/30165011/INQ000399530.pdf>, at paras. 4-10.

7. The TUC strongly endorses the value in interpreting the term ‘vulnerable’ more broadly than only those who were classified as clinically vulnerable during the pandemic. Aspects of the test, trace and isolate system were predicated on an assumption about who was likely to be impacted unevenly by Covid-19 – for example, qualification for the £500 payment under the Test and Trace Support Payment Scheme (‘TTSPS’) was predicated upon being in work and in receipt of particular welfare benefits. This module ought to consider carefully the extent to which the devised schemes effectively mitigated the uneven impacts of the pandemic for those it intended to assist: those in low-income work.
8. Second, we note that the provisional outline of scope includes, *‘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’*.⁶ We further note that the questions Module 7 is likely to consider include: *‘were the policies and strategies deployed effective at meeting their stated objective(s)?’* and *‘were appropriate steps taken to support people to comply with TTI?’*.⁷ One aspect of the financial support provided to those required to self-isolate was the Adult Social Care Infection Prevention and Control Fund (‘ASCIPCF’), which was a fund provided to employers in the adult social care sector to ensure that workers would continue to be paid their full wages when required to isolate. Previous pre-Rule 10 applications submitted to Module 2 of this Inquiry regarding the ASCIPCF were deferred on the basis that a future module would look at the issue in more depth. The issue which the TUC wishes to clarify is whether it is anticipated that this module will consider the ASCIPCF, rather than it being considered in Module 6. It is noted that the provisional outline of scope does not specifically include measures intended to support social care workers to self-isolate.
9. It is submitted that it is important that the ASCIPCF is considered within Module 7, as siloed consideration in Module 6 alone would not facilitate the important exercise of being able to compare and contrast the ASCIPCF with other schemes devised to support people to comply with TTI. For example, a criticism made of the TTSPS was that the administrative burden fell upon local authorities, who were already stretched in terms of capacity and funding. The ASCIPCF, however, was administered through employers and, in doing so, circumvented issues related to local authority administration. However, the ASCIPCF encountered its own challenges in respect of some employers not wishing to pay employees to self-isolate for fear of setting ‘unrealistic expectations’ which would extend beyond the immediate crisis.⁸ To be

⁶ CTI Note, para. 17(4).

⁷ CTI Note, paras. 20(b) and (h).

⁸ Please see our written closing submissions in Module 2: <https://covid19.public-inquiry.uk/wp-content/uploads/2024/01/30165011/INQ000399530.pdf>, at paras. 58-61.

able to look at the various schemes which were devised in the round and consider the comparative strengths and weaknesses of each would, we submit, be a valuable exercise in terms of ensuring that any recommendations for a future pandemic or crisis will, in practice, function effectively. Furthermore, given the extent to which Covid-19 infection appears to have been transmitted within care homes, and the related importance of TTI in the adult social care sector, it is submitted that it would not be possible to answer the question of whether *'appropriate steps taken to support people to comply with TTI?'* without considering the efficacy of the support in social care.

RULE 9 REQUESTS FOR INFORMATION

10. Annexed to these submissions is a list of documents disclosed in other modules of this Inquiry which we consider ought to be cross-disclosed to Module 7 to facilitate an effective exploration of issues within the provisional outline of scope. Additionally, we hope that the section of our closing submission in Module 2, which addresses financial support for self-isolation,⁹ will be of assistance in identifying possible witnesses and lines of enquiry.
11. At this early stage, we seek to propose a small number of witnesses we consider ought to be issued with Rule 9 requests and, additionally, wish to identify two specific areas for exploration in respect of Rule 9 requests.

Proposed Rule 9 recipients

12. We note that the Inquiry team is in the process of seeking documents and statements relevant to Module 7. We consider that the below witnesses would be able to provide instructive evidence to this module. Several of the witnesses have given relevant evidence in Module 2, but have done so tangentially to the core issues in Module 2, and are each likely to be able to provide further and more detailed evidence on the issues arising in Module 7:
 - a. Baroness Dido Harding – head of NHS Test and Trace. Simon Case gave evidence to Module 2 that Dido Harding and her team were consistently saying that financial support for self-isolation was *'not enough'* and made the point to government ministers that those on lower income who were working, for example, in care homes, transport, and supermarkets, would not be able to self-isolate.¹⁰
 - b. Sir Patrick Vallance and Professor Christopher Whitty – Chief Scientific Advisor and Chief Medical Officer for England. Extracts from Sir Patrick Vallance's diary suggest

⁹ See: <https://covid19.public-inquiry.uk/wp-content/uploads/2024/01/30165011/INQ000399530.pdf>, paras. 30-75.

¹⁰ Transcript [2/36/198/3-17].

that he and Professor Whitty were regularly engaged in discussions with key ministers regarding the need for greater support to enable those required to self-isolate to do so.¹¹

- c. Professor Sir Jonathan Nguyen-Van-Tam – Deputy Chief Medical Officer for England. Professor Nguyen-Van-Tam co-authored an article published in 2017 entitled 'Influenza in long-term care facilities', which highlighted the link between payments for periods of sick leave for health and social care workers and pressures on workers in this area to continue to work despite needing to self-isolate.¹² In his witness statement, Professor Nguyen-Van-Tam quoted from the OCMO Technical Report: '*Preventing ingress into care homes proved extremely difficult during periods of high prevalence in the community. [...] The adult social care workforce, although trained to provide care, lacks the status of registered professionals and is relatively poorly paid and insecurely employed, with high vacancy rates and poor sick pay provision*'.¹³
- d. Dan York-Smith – Director of HMT's Strategy, Planning and Budget Group during the pandemic. Mr York-Smith provided a corporate witness statement on behalf of HMT in Module 2,¹⁴ and exhibited to that statement an advice from Treasury officials recommending that the Chancellor agree to the working up of options for a limited, targeted approach to financial support delivered via local authorities.¹⁵
- e. Jeanne Freeman – Cabinet Secretary for Health and Sport in Scottish Government. Ms Freeman met with the STUC regarding test, trace, isolate and support systems and agreed to give more thought to the issue of self-isolation and SSP.¹⁶
- f. Conor Murphy – Minister of Finance in Northern Ireland from 2020 to 2022. Mr Murphy ought to be in a position to comment on the financial support for self-isolation which was available during the Covid-19 pandemic.
- g. Professor Sir Michael McBride, Chief Medical Officer for Northern Ireland. Professor McBride acknowledged in his witness statement that self-isolation was more difficult for those from lower-socio economic groups.¹⁷ He was involved in email correspondence in April 2021 regarding the need for better support for self-isolation and noted that he found '*the response from TEO and the Adherence Group highly*

¹¹ See, for example: INQ000273901/144; INQ000273901/164; INQ000273901/170; INQ000273901/427; INQ000273901/621; and INQ000273901/625.

¹² INQ000269388/3.

¹³ INQ000269203/146, para. 15.2(x).

¹⁴ INQ000215049.

¹⁵ INQ000088098.

¹⁶ INQ000107206.

¹⁷ INQ000226184/65, para. 183.

unsatisfactory in the circumstances as potentially compromises the effectiveness of the TTP programme particular so at this time with easement in restrictions and roll out of asymptomatic testing'.¹⁸

- h. Julie Morgan – Deputy Minister for Health and Social Services. Ms Morgan was involved in correspondence between unions regarding testing and financial support for self-isolation for social care workers.¹⁹
- i. Dr David Halpern – President of the Behavioural Insights Team ('BIT'). In oral evidence, Dr Halpern addressed financial support for self-isolation to an extent not covered in his witness statement to Module 2. For example, he explained regarding the TTSPS: *'A particular issue was [...] how difficult it is to get [the money]. So if you are someone on a low income and we say "You need to self-isolate. By the way, here's a load of paperwork, you have to go to someone else, hopefully it will get sorted out", that's not great*'.²⁰
- j. Professor James Rubin – Chair of Scientific Pandemic Insights Group on Behaviours. In November 2020, SPI-B noted that *'motivation to self-isolate is high in all groups; ability to self-isolate is lowest among the poorest sections of the population*'.²¹
- k. Dame Theresa Marteau – held positions on SAGE, SPI-B and EMG. Dame Marteau has provided a response to Rule 9 questionnaire,²² but has not provided a witness statement to the Inquiry thus far. She led or co-led (often with Professor Rubin) on a number of papers discussed at SAGE, including a paper on key behavioural issues relevant to test, trace, track and isolate, dated 6 May 2020,²³ and co-authored, with Professor Rubin, a paper titled 'The impact of financial and other targeted support on rates of self-isolation or quarantine'.²⁴
- l. Professor Lucy Yardley, Professor of Health Psychology and member of SPI-B. Professor Yardley gave evidence in Module 2 that SPI-B, *'didn't consider it adequate and we continued to push throughout the pandemic for better financial support, because we had good evidence that people were finding it very difficult to access the support, that it was very limited, lots of people didn't qualify for it, people didn't know*

¹⁸ INQ000449765/1.

¹⁹ See INQ000180891; INQ000180892; INQ000180893; INQ000180894; and INQ000180895.

²⁰ Transcript [2/16/206/21 – 16/207/1].

²¹ INQ000196988/1.

²² INQ000056519.

²³ INQ000197096.

²⁴ INQ000197202.

that they could qualify for it, they couldn't access it quickly enough, and so on. [...] it meant that the people that had the lowest incomes were less able to self-isolate'.²⁵

- m. David Silk – Deputy Director, Welfare Spending and Reform from June 2016 to December 2020. Mr Silk prepared a submission to the Chancellor on the self-isolation income support strategy,²⁶ but does not appear to have provided a witness statement to the Inquiry previously.
- n. George Freeman MP – a conservative MP who wrote to Matt Hancock in response to 150 of the 300 workers testing positive at Cranswick Country Foods plant in Norfolk and stated that the lack of financial support for the workers to self-isolate had led to workers finding employment in other food processing plants when the plant was closed down due to an outbreak.²⁷
- o. A witness from the Institute for Government ('IfG'). IfG research found that the UK had the lowest mandatory sick leave payments as a percentage of income out of all OECD countries.²⁸

Specific areas of evidence for exploration

13. Rishi Sunak, former Chancellor of the Exchequer, in his witness statement relied²⁹ upon a briefing note from Treasury civil servants which refers to the results of *'surveys conducted by DHSC'* but does not exhibit or otherwise identify those underlying survey documents:

'We have no evidence financial incentives are why people don't isolate, surveys conducted by DHSC suggest the main drivers of breaches amongst those with symptoms are loneliness/boredom (30%); because they had mild or improving symptoms (29%); or to go shopping (20%). Only 8% report doing so in order to go to work (which is a potential proxy for financial pressure to do so)'.³⁰

The surveys conducted evidently go directly to point (4) in the provisional outline of scope.³¹ We respectfully request that Mr Sunak or a witness within HM Treasury or the Department of Health and Social Care be asked to disclose the underlying survey results and to provide an

²⁵ Transcript [2/12/139/25 – 12/140/18].

²⁶ INQ000232105.

²⁷ INQ000094803/2.

²⁸ See: <https://www.instituteforgovernment.org.uk/article/comment/government-must-step-its-support-people-told-self-isolate>.

²⁹ INQ000263374/100, para. 362.

³⁰ INQ000113694/2.

³¹ CTI Note, para. 17.

accompanying witness statement to explain the context in which the survey was conducted and the survey methodology.

14. Dr Halpern, during his evidence to Module 2 of this Inquiry, was asked: *'Was your team asked to do any work about the effectiveness of what scheme, for example, reviewing whether it was effective?'* Dr Halpern responded: *'I don't believe we were asked to do so. We did write some work on it, particularly again around compliance issues [...] we can dig that up for you'*. He was then asked, *'Is your evidence that work wasn't done, at least by your team, as to whether those sort of concerns were adequately addressed in the scheme as it was introduced?'*, to which Dr Halpern responded, *'I don't recall if we did experimental work on it. I do recall we wrote notes about the issues, flagging them, suggesting further work'*.³² Following his evidence, the TUC asked the Inquiry to send a request to Dr Halpern for these notes and any other related documents. We received a response in November 2023 to state that the request had been made of Dr Halpern, but we did not receive any further updates, nor could we see that any additional statements or documents from the BIT were added to Relativity. We respectfully request that Dr Halpern, or another witness from the BIT, is asked to provide a more detailed witness statement to address the areas of questioning put to Dr Halpern during Module 2 evidence on the issue of financial support for self-isolation, exhibiting the underlying documents to which he referred and any other documentation which BIT holds in relation to the issue of financial support for self-isolation.

EXPERTS

15. The Inquiry's intention to appoint experts to assist it in Module 7 is noted and is supported. We would like to identify, at this early stage, an area which we consider would benefit from expert evidence.
16. In Module 2, a number of witnesses and documents made reference to the systems and technologies which exist in other countries to enable rapid and efficient testing of citizens, to trace the spread of the virus, and to provide support (financial and otherwise) to those required to self-isolate. For example:
 - a. Professor Anthony Costello in his oral evidence stated: *'if you get the support right, as later happened in New York, where they were given generous support for self-isolation, you got 94% compliance, whereas in this country many poor people did not comply with self-isolation simply because they couldn't afford to do so, and our -- the -- we*

³² Transcript [2/16/206-207].

were not generous with sick pay, we spent £54 million in 2020 on sick pay, and we ended up, as I said earlier, spending vast billions on a furlough scheme'.³³

- b. The DHSC identified in its document on 'removing barriers to self-isolation and improving adherence' dated 19 January 2021, that four key barriers to self-isolation existed, one of which was 'financial concerns' given that lower socio-economic status is associated with lower compliance. The paper noted: *'To address those barriers, countries have adopted very different approaches to encourage self-isolation [...] the majority of countries that are considered to have performed well have adopted a multifaceted approach with targeted communications, financial compensation schemes, non-financial support and effective enforcement*'.³⁴
 - c. On 22 January 2021, at a Covid-O meeting, it was recorded: *'self-isolation as a disincentive to get tested had been observed in the poorer boroughs of London where disease prevalence was high; this was no coincidence, and a solution was needed*'.³⁵ In the briefing note prepared for that meeting, it was stated: *'Nearly all countries that have been successful in containing or eliminating the virus provide generous financial packages to their citizens who must self-isolate, whether through income guarantees, sick pay or targeted payments*'.³⁶
 - d. Matt Hancock said in oral evidence that: *'Sick pay in this country is far, far too low. It's far lower than the European average. It encourages people to go to work when they should be getting better. Having low sick pay encourages the spread of communicable diseases*'.³⁷
17. Furthermore, research from Israel suggests that rates of self-isolation compliance in February 2020 dropped from 94% to 57% in February 2020 where monetary compensation for lost wages was removed.³⁸
 18. We consider that these suggestions that other countries provided more effective test and tracing systems and more comprehensive self-isolation support, and that this had a positive effect on rates of compliance with self-isolation and/or transmission of the virus, ought to be explored in more detail. Expert evidence to examine international comparative data and to explore trends globally during the Covid-19 pandemic (and indeed, in other outbreaks such as the Ebola outbreak) would assist this Inquiry both in assessing the efficacy of the schemes

³³ Transcript [2/10/168/19 – 10/169/2].

³⁴ INQ000119872/4.

³⁵ INQ000092295/7.

³⁶ INQ000119872/14.

³⁷ Transcript [30/106/7-14].

³⁸ See: <https://ijhpr.biomedcentral.com/articles/10.1186/s13584-020-00418-w>.

implemented in the UK and in making evidence-based recommendations for a future pandemic or crisis.

EVERY STORY MATTERS

19. The TUC is grateful for the opportunity to comment on the key lines of enquiry ('KLOEs') set out at paragraph 41 of the CTI Note. We are encouraged to see the comprehensive nature of the KLOEs. We wish to highlight the following areas in the KLOEs which we consider to be of particular importance for targeted research:
 - a. *'What factors affected people's willingness to comply with testing requirements'*.³⁹
 - b. *'Understand the experiences of those who were able to comply with the full duration of their isolation periods and/or those for whom isolation was not particularly difficult'*.⁴⁰
 - c. *'Understand the experience of those who were unable to comply with the full duration of their isolation periods and/or those for whom faced particular 'barriers to isolating''*.⁴¹
 - d. *'Understand the impact of the provision or non-provision of financial or practical support on people's ability to isolate'*.⁴²
 - e. *'Understand whether messaging around support available was clear and accessible'*.⁴³
20. These areas are of particular importance to targeted research because there appears to have been very little research undertaken by government to inform the schemes which were devised to provide financial support for self-isolation. However, government data showed that in November 2020 uptake of the TTSPS was only 17% of projected uptake,⁴⁴ and TUC surveys found that only 21% of the public had heard about the scheme.⁴⁵
21. The TUC makes two further observations in respect of the KLOEs:
 - a. First, in relation to *'What factors affected people's willingness to comply with testing requirements'* and *'Understand the impact of the provision or non-provision of financial or practical support on people's ability to isolate'*, the TUC would note that these lines of enquiry should not be considered separately and the interrelated nature of the two questions should be acknowledged by those conducting the research.⁴⁶ It is clear that

³⁹ CTI Note, para. 41(II)(A).

⁴⁰ CTI Note, para. 41 (IV)(A).

⁴¹ CTI Note, para. 41(IV)(B).

⁴² CTI Note, para. 41(IV)(D).

⁴³ CTI Note, para. 41(IV)(F).

⁴⁴ INQ000203669/2.

⁴⁵ INQ000192241/2.

⁴⁶ CTI Note, paras. 41(II)(A) and 41(IV)(D).

fears about having to self-isolate without adequate and timely financial support likely impacted willingness to test in the first place.

- b. Second, in relation to *'Understand the impact of the provision or non-provision of financial or practical support on people's ability to isolate'*, the TUC would note that, although the availability or non-availability of financial support is clearly a factor which ought to be explored by the research, the research should also consider the impact of the practical arrangements for the support – as the TUC's submissions in Module 2 set out, there were issues with the eligibility criteria for the schemes devised to provide financial support, concerns around how long it took to receive payments under the TTSPS, concerns around the level of support provided under the TTSPS and concerns around employer willingness to provide the support under the ASCIPCF.⁴⁷

22. The TUC notes the potential audience groups proposed to be included for sampling in qualitative interviews at paragraph 42 of the CTI Note. The broad range of potential audience groups already identified is welcomed. We make three observations:

- a. First, *'healthcare workers including those from ethnic minorities'*⁴⁸ should read *'health and social care workers including those from ethnic minorities'*. Testing and self-isolation were equally important in the social care sector as in the healthcare sector and, indeed, the social care sector encountered arguably greater difficulties given the higher proportion of workers on low-incomes and in insecure work.
- b. Second, the potential audience groups should include a further category, namely, 'low-income workers on benefits' as this is the category of persons identified as eligible for the TTSPS⁴⁹ and who were very likely to encounter barriers to testing and self-isolating.
- c. Third, the potential audience groups should include a further category, namely, workers in the manufacturing sector because of the prevalence of outbreaks in this sector and the specific barriers faced in this sector in relation to TTI.⁵⁰

⁴⁷ Please see our written closing submissions in Module 2: <https://covid19.public-inquiry.uk/wp-content/uploads/2024/01/30165011/INQ000399530.pdf>, at paras. 46-62.

⁴⁸ CTI Note, para. 42(f).

⁴⁹ See the description of the eligibility criteria: <https://www.gov.uk/government/publications/test-and-trace-support-payment-scheme-screening-equality-impact-assessment/test-and-trace-support-payment-scheme>.

⁵⁰ For example, in late 2020, two workers died and 100 workers tested positive amid an outbreak of Covid-19 at a branch of Bakkavor, a food manufacturing company. Bakkavor only introduced mass testing at the factory and full sick pay for Covid-19 related absences after union intervention. The meat processing industry, in particular, had frequent significant outbreaks: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10572747>. Furthermore, an outbreak in Leicester was

CONCLUSION

23. The TUC is grateful for the opportunity to comment upon the items set out in the CTI Note and looks forward to further assisting the Inquiry in Module 7.

SAM JACOBS

RUBY PEACOCK

Doughty Street Chambers

GERARD STILLIARD

HARRY THOMPSON

Thompsons Solicitors

14 June 2024

linked to transmission in garment factories: <https://www.theguardian.com/news/audio/2020/jul/09/the-leicester-garment-factories-exposed-by-covid-19>.

THE UK COVID-19 INQUIRY

ANNEX 1: SUGGESTED DOCUMENTS DISCLOSED IN PREVIOUS MODULES TO BE CROSS-DISCLOSED IN MODULE 7

INQ NUMBER	DESCRIPTION
INQ000056337	Report from Public Health Wales titled Self-isolation confidence, adherence and challenges: behavioural insights from contacts of cases of COVID-19 starting and completing self-isolation in Wales, dated 10/03/2021.
INQ000068474	Exhibit ST/34: Report from Trade Union Congress, titled "sick pay for all", dated 5 March 2020.
INQ000092295	Minutes of a meeting of the COVID-19 Operations Committee (COVID-O) (Ministerial) 21(14) held on 22 January 2021.
INQ000093190	Matt Hancock Whatsapp messages from Top Team group, dated 03/03/2020.
INQ000094803	Letter from George Freeman MP (Member of Parliament for Mid Norfolk) to Matt Hancock and George Eustice, dated 26/10/2020, regarding Cranswick Foods, Watton.
INQ000103538	Witness statement of Rozanne Foyer, General Secretary of the Scottish Trades Union Congress (STUC) dated 06/07/2023.
INQ000107206	Exhibit RF/17: Minutes of a meeting between Scottish Trades Union Congress and Scottish Government, Including Rozanne Foyer and Jeanne Freeman, dated 13/05/2020.
INQ000113694	Briefing from HM Treasury for a meeting of the Covid-19 Operations Committee (COVID-O) regarding 'Tiering and Community Testing', dated 21 November 2020.
INQ000118902	Exhibit SK/193: Briefing from Transport for London titled Response to UCL Initial Assessment of London Bus Driver Mortality from COVID-19 Report, dated 27/07/2020.
INQ000119075	Exhibit KB2/134: Email between colleagues of the Covid Taskforce regarding DHSC testing meeting, dated 16 October 2020.
INQ000119079	Exhibit KB2/138: Reponse from Usdaw to Treasury Committee Call for Evidence, titled "Government's Coronavirus Financial Package", undated.
INQ000119080	Exhibit KB2/139: Report from TUC, tiled "Sick pay and debt", undated.
INQ000119082	Exhibit KB2/140: Report from TUC, titled "Sick pay that works", undated.
INQ000119083	Exhibit KB2/141: Letter to Rishi Sunak (MP) from [Names Redacted] regarding a job support scheme: pregnant women in the workplace, dated 26 October 2020.
INQ000119084	Exhibit KB2/142: Letter from GMB National Secretary, GMB Union to Rishi Sunak, Chancellor of the Exchequer regarding Procurement policy notes 02/20 and 04/20 - Supplier relief due to Covid-19, dated 8 January 2021.

INQ000119085	Exhibit KB2/143: Report from TUC, titled "Covid-19 and Insecure Work", undated [File name indicates date of 16/04/2021].
INQ000119103	Exhibit KB2/16: Press release from TUC press office, titled "TUC calls for emergency coronavirus Taskforce with unions and business", undated.
INQ000119158	Exhibit KB2/21: Report from TUC, titled "Protecting workers' jobs and livelihoods: the economic response to coronavirus", undated.
INQ000119872	Paper from the Department of Health and Social Care (DHSC) titled Removing Barriers to Self-Isolation and Improving Adherence for Covid-19 Operations Cabinet Committee (COVID-O) Meeting, dated 19/01/2021.
INQ000130640	Letter from NICS HR to Sue Gray (permanent secretary of the Northern Ireland Department of Finance) regarding Covid-19 contingencies and treatment of agency workers, dated 20/03/2020.
INQ000180840	Exhibit SR/17: Table and letters with correspondence from Steve Rotheram, Metro Mayor of Liverpool City Region relating to Public Transport, Ministry of Housing and Local Government, Business, Energy and Industrial Strategy, Treasury, Department of Health and Social Care and the Ministry of Housing, Communities and Local Government, and Department for Covid-19 Vaccine deployment, from 10/03/2020 to 21/05/2021.
INQ000180842	Exhibit SR/6: Article from The Guide Liverpool titled Steve Rotheram launches new national campaign to pay workers fairly if they are requested to self-isolate, undated.
INQ000180891	Letter from Kelly Andrews (Social Care Lead, GMB Wales & South West) to Minister for Health & Social Care services regarding COVID-19 Health & Social Care Workers, dated 30/03/2020.
INQ000180892	Exhibit ST/147: Letter from Julie Morgan [Deputy Minister for Health and Social Services] to Kelly Andrews [Social Care Lead at GMB] regarding concerns for the social care workforce, dated 28 April 2020.
INQ000180893	Exhibit ST/148: Letter from Kelly Andrews [GMB Wales and South West Social Care Lead] to Deputy Minister for Health & Social care responding to letter of the 28th April 2020, dated 19th May 2020.
INQ000180894	Letter from Shavanah Taj (Acting General Secretary, Wales Trades Union Congress) to Julie Morgan (Deputy Minister for Health and Social Services, Welsh Government), regarding the provision of funding for social care workers, dated 19/05/2020.
INQ000180895	Exhibit ST/150: Letter from Julie Morgan [Deputy Minister for Health and Social Services] to Kelly Andrews [GMB Wales and South West Social Care Lead], regarding terms and conditions of the social care workforce and payments for social care workers that are isolating or on sick leave, dated 8 July 2020.
INQ000180918	Exhibit ST/68: WTUC publication regarding 90,000 workers in Wales aren't eligible for Statutory Sick Pay, dated 6 March 2020.
INQ000183933	Exhibit BJ/184: Minutes of a Cabinet meeting held on 07/05/2020.
INQ000183938	Document titled Equality analysis of social distancing measures, including restrictions on movement and restrictions on gatherings, in response to COVID, dated 27/05/2020.
INQ000188738	Witness Statement of David Halpern, CEO of the Cabinet Office Behavioural Insights Team, dated 19/05/2023.

INQ000192240	Exhibit KB2/269: Report from TUC, titled Fixing the Safety Net: What next on supporting working people's incomes?, dated 23/03/2020.
INQ000192241	Exhibit KB2/270: Press release from TUC, titled Self-isolation support payments: the failing scheme barely anyone's heard of, dated 21/06/2021.
INQ000196988	Exhibit JR/81: Paper titled 'Increasing rates of self-isolation', dated 20/11/2020.
INQ000197202	Exhibit JR/203: Cover sheet for SAGE meeting paper, regarding the impact of financial and other targeted support on rates of self-isolation or quarantine, dated 16/09/2020.
INQ000203669	Submission cleared by Ben Dyson titled Update: Uptake of the Test and Trace Support Payment Scheme, to Parliamentary Under Secretary of State for Innovation (Lords), dated 03/11/2020.
INQ000203685	Submission - Commencement of Pilot, Financial Support for People on Low Incomes for Self-Isolation, to Secretary of State and Parliamentary Under Secretary of State for Prevention, Public Health and Primary Care, dated 22/08/2020.
INQ000203728	Submission titled Test and Trace Support Payments: Discretionary Hardship Funding, undated.
INQ000214033	Exhibit SFM/07: Paper by the SPI-B titled 'The impact of financial and other targeted support on rates of self-isolation on quarantine', dated 16/09/2020.
INQ000215036	Witness Statement provided by Kate Bell on behalf of the Trades Union Congress, dated 24/05/2023.
INQ000215614	Exhibit RF/54: Article by Scottish Government, titled 'Supporting Scotland's social care workers', dated 24 May 2020.
INQ000216991	Witness Statement of Andy Burnham, Mayor of Greater Manchester, dated 29/06/2023.
INQ000221436	Witness statement of Sadiq Khan, Mayor of London, dated 16 June 2023.
INQ000232104	Exhibit RS/350: Email from Robert Jenkins, HM Treasury, to various colleagues, dated 06/11/2020 regarding DC meeting - testing update, Liverpool update and requests for funding for compliance.
INQ000232105	Exhibit RS/288: Submission from David Silk and other colleagues titled Self-isolation income support strategy, undated.
INQ000238826	Second Witness Statement of Sir Patrick Vallance, dated 14/08/2023.
INQ000249648	Witness Statement of Gerry Murphy, Assistant General Secretary of the Irish Congress of Trade Unions, dated 17/08/2023.
INQ000250232	Witness Statement of Professor James Rubin (Chair of Scientific Pandemic Insights Group on Behaviours), dated 21/08/2023.
INQ000251645	Fourth Witness Statement of Professor Sir Christopher Whitty, Chief Medical Officer for England, dated 22/08/2023.
INQ000251906	Witness Statement of Professor Dame Jenny Harries on behalf of UK Health Security Agency, dated 22/08/2023.
INQ000263374	Signed Witness Statement of Rishi Sunak, Prime Minister of United Kingdom, dated 6 September 2023.
INQ000269203	Witness statement of Professor Sir Jonathan Nguyen-Van-Tam, Deputy Chief Medical Officer, dated 08/09/2023.
INQ000269388	Exhibit JVT2/219: Article published on Wiley titled 'Influenza in long-term care facilities', dated 27/06/2017.

INQ000273633	Witness Statement of Shavanah Taj on behalf of Wales Trades Union Congress, dated 08/09/2023.
INQ000273842	Appendix to the Witness Statement of Professor Kamlesh Khunti (Chair of Scientific Advisory Group for Emergencies Ethnicity sub-group), dated 12/06/2023.
INQ000273872	Witness statement of Dominic Cummings, dated 12/10/2023.
INQ000273901	Inquiry Legal Team Chronological List of Key Extracts from Sir Patrick Vallance's Notebooks, dated between January 2020 and February 2022.
INQ000275453	Michael Gove's WhatsApp messages with Rishi Sunak, dated between 04/09/2019 and 31/03/2022.
INQ000281260	Witness Statement of Professor Anthony Costello, dated 19/09/2023.
INQ000286066	Witness Statement of Professor Ann John, dated 02/10/2023.