

Thursday, 27 June 2024

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2 (10.30 am)

3 **LADY HALLETT:** Good morning. This is the first preliminary  
4 hearing for the module apparently known as "Test, Trace  
5 and Isolate", but I understand I will be hearing  
6 submissions on what it is called in a moment and, given  
7 we have a number of people who wish to speak, I think  
8 it's better we get on.

9 So I'll first ask Ms Sophie Cartwright King's  
10 Counsel, leading counsel for this module, to outline the  
11 submissions that she wishes to make.

12 **Statement by SENIOR COUNSEL TO THE INQUIRY**

13 **MS CARTWRIGHT:** Thank you, ma'am.

14 Good morning, my Lady. I do apologise. As you  
15 are already identified, I am Sophie Cartwright King's  
16 Counsel, the senior counsel for Module 7, the focus of  
17 which concerns, in summary, the approach to testing,  
18 tracing and isolation during the pandemic in England,  
19 Wales, Scotland and Northern Ireland, and to make  
20 recommendations.

21 I appear, along with the other members of the  
22 counsel team for Module 7, my learned friends Ms Nice,  
23 Ms Malhotra, Ms Spector. Mrs Islam is also providing  
24 invaluable assistance in the preparation of Rule 9  
25 requests. Lead solicitor for Module 7 is Ms Leslie, who

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1 Federation of Ethnic Minority Healthcare Organisations,  
2 represented by Mr Thomas King's Counsel; the Trades  
3 Union Congress, represented by Ms Peacock; the Welsh  
4 Government, represented by Mr Rogers King's Counsel; the  
5 Department for Education, represented by Ms Ward King's  
6 Counsel; the Chancellor of the Duchy of Lancaster,  
7 represented by Ms Studd King's Counsel; the Department  
8 for Transport, represented by Mr Mertens; His Majesty's  
9 Treasury, represented by Mr Block King's Counsel; the  
10 Local Government Association and the Welsh Local  
11 Government Association, represented by Ms Stober.

12 Present over the link are Scottish Covid Bereaved,  
13 represented by Mr McCaffery; Scottish Health Boards,  
14 represented by Mr Pugh; NHS National Services Scotland  
15 and Public Health Scotland, represented by Mr McConnell;  
16 Baroness Arlene Foster of Aghadrumsee DBE and Paul Givan  
17 MLA represented by Ms Ellison; Public Health Wales  
18 represented by Ms Johnson; and NHS England and the  
19 Scottish Ministers are also present over the link.

20 Turning, my Lady, then to the practical  
21 arrangements for today's hearing, the proceedings are  
22 being recorded and live streamed to other locations.  
23 This allows the hearing to be followed by a greater  
24 number of people than would be able to be accommodated  
25 within this hearing room.

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1 is supported by a wider team of solicitors, paralegals  
2 and members of the secretariat.

3 In accordance with the agenda for this preliminary  
4 hearing, my Lady, I will address you so far as this  
5 module is concerned on the following areas: the  
6 designation of core participants; the provisional  
7 outline of scope for Module 7; evidence gathering;  
8 disclosure to core participants; Every Story Matters,  
9 our nationwide listening exercise; and future hearing  
10 dates.

11 There will then be an opportunity for those who  
12 have been designated as core participants for this  
13 module to make submissions if they wish to do so.

14 In addition to the Inquiry's counsel and solicitor  
15 team, there are eleven core participants present in the  
16 hearing room today, with a further seven in remote  
17 attendance. Five core participants are unable to attend  
18 today.

19 Present in the hearing room and represented, in no  
20 particular order, are the following core participants:  
21 Covid-19 Bereaved Families for Justice UK, represented  
22 by Ms Munroe King's Counsel; Northern Ireland Covid-19  
23 Bereaved Families for Justice, represented by  
24 Mr Bindman; Covid-19 Bereaved Families for Justice  
25 Cymru, represented by Ms Weereratne King's Counsel; the

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1 My Lady, it also goes a considerable way to  
2 satisfying the obligations set out in section 18 of the  
3 Inquiries Act to take such steps as you consider  
4 reasonable to ensure that members of the public are able  
5 to attend or see and hear a simultaneous transmission of  
6 the proceedings.

7 Also, as is routine in public inquiries, the  
8 broadcasting of this hearing will be conducted with  
9 a three-minute delay. This provides the opportunity for  
10 the feed to be paused if anything unexpected is aired,  
11 which should not occur today.

12 We do not expect, as I've said, this to occur, but  
13 I mention it so that those who are following proceedings  
14 from further afield can understand the reasons for any  
15 such short delay.

16 Can I turn next, please, my Lady, to the  
17 designation of core participants.

18 My Lady, pursuant to Rule 5 of the Inquiry Rules  
19 2006, I've already identified a number of the core  
20 participants, the 23 I've already indicated who are  
21 designated as core participants. My Lady, I don't  
22 intend to repeat the list of those I've already  
23 identified, save to identify the initial -- a further  
24 five who are not present in the hearing room today or  
25 attending remotely. My Lady, those further five core

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1 participants in Module 7 include: the Department of  
2 Health and Social Care; Northern Ireland Department of  
3 Health; the Public Health Agency Northern Ireland; the  
4 Secretary of State for the Home Department; and UK  
5 Health Security Agency.

6 A full list of core participants in Module 7 and  
7 their recognised legal representatives will be published  
8 on the Inquiry website.

9 Finally, my Lady, for those who are either not  
10 granted core participant status or for those who did not  
11 apply to be designated a core participant, I wish to  
12 reiterate that not being a core participant in Module 7  
13 in no way precludes any person, entity or group from  
14 applying for core participant status in a later module,  
15 bringing any matter to the attention of the Inquiry,  
16 providing evidence and information, where appropriate  
17 and relevant, giving evidence at a hearing, and, in the  
18 case of an individual affected by the pandemic, taking  
19 part in the Inquiry's nationwide listening exercise,  
20 Every Story Matters.

21 My Lady, I will turn to address the scope of  
22 Module 7 next and then move to the evidence gathering  
23 and investigation stage that has already begun for  
24 Module 7 but, before doing that, I will give a little  
25 background.

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1 reaction tests, PCR, a type of molecular testing, was  
2 the primary method to test for SARS-CoV-2. Testing was  
3 conducted using existing laboratory infrastructure at  
4 dedicated sites, and from March 2020 it prioritised  
5 certain groups such as patients and frontline healthcare  
6 workers.

7 On 12 March 2020, the government announced a move  
8 out of the contain phase and into delay in response to  
9 the ongoing coronavirus outbreak, with anyone showing  
10 certain symptoms told to self-isolate for seven days,  
11 regardless of whether they had travelled to an affected  
12 area, to slow the spread of infection.

13 On 23 March 2020, the UK government introduced the  
14 first national lockdown. At this date, testing in the  
15 community is said to have been 23 samples per day. By  
16 late April 2020, testing capacity exceeded 100,000 tests  
17 a day. By December 2021, it is said that over  
18 13 million samples were processed by the UK laboratory  
19 network.

20 The PCR capacity is said to have expanded in  
21 May 2020. It is also understood that lateral flow  
22 device tests, LFD, namely antigen tests, were developed,  
23 tested and trialled during 2020 and introduced for use  
24 in the national testing programme in late 2020. These  
25 tests gave individuals the means to self-assess whether

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1 My Lady, the emergence of the Covid-19 pandemic  
2 presented the United Kingdom Government and the devolved  
3 administrations in Scotland, Wales and Northern Ireland  
4 with an unprecedented challenge in respect of testing  
5 strategy and the structure and response.

6 The response to the Covid-19 pandemic required the  
7 expertise, knowledge and research of medical clinicians  
8 and the scientific community, including from specialists  
9 in infectious disease, the microbiology community,  
10 epidemiologists, modellers, statisticians, behaviourists  
11 and public health to inform decision-making.

12 Developing diagnostic tests is an urgent priority  
13 for the international community once a novel infectious  
14 disease emerges. The same was true for Covid-19. In  
15 January 2020, just after the publication of the first  
16 genetic sequences of severe acute respiratory syndrome  
17 coronavirus 2, researchers used the data to build  
18 molecular tests for the virus.

19 The coronavirus Covid-19 testing programme was  
20 developed during the pandemic. You have already heard  
21 evidence, my Lady, pertaining to preparedness in  
22 Module 1. Module 7 will focus on the development of the  
23 testing programme and the timing of that development in  
24 response to the Covid-19 pandemic.

25 At the start of the pandemic, polymerase chain

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1 they were infectious without needing to use a laboratory  
2 process.

3 It is said that lateral flow device tests became  
4 increasingly central in testing strategies as a way to  
5 rapidly test symptomatic and asymptomatic people on  
6 a weekly basis without needing to further expand  
7 laboratory capacity. It is understood that, in under  
8 five months, the number of LFD tests reported using the  
9 existing UK National Testing Programme digital  
10 infrastructure rose from 23, in the week commencing  
11 22 October 2020, to more than 7.6 million, in the week  
12 commencing 11 March 2021.

13 In order to break chains of Covid-19 transmission  
14 during the pandemic, testing was used to identify new  
15 cases as part of a strategy to test, trace and isolate  
16 infected individuals. Test and trace programmes are  
17 a core public health response in an epidemic/pandemic,  
18 and Module 7 will example the test, trace and isolate  
19 system in a United Kingdom context.

20 The basic principles of test and trace are  
21 identifying infected individuals, or groups of  
22 individuals through testing, and tracing their contacts  
23 as early as possible. Potentially infected contacts are  
24 then encouraged or obliged to reduce interactions with  
25 other people (to self-isolate), thereby reducing the

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1 spread of disease. This is of significance on an island  
2 such as the United Kingdom, and Northern Ireland also,  
3 within the island of Ireland.

4 The devolved nations of the United Kingdom have  
5 authority and responsibility for public health in their  
6 own jurisdiction and Module 7 provides an opportunity to  
7 examine the co-ordination between the devolved nations  
8 and Westminster in their test, trace and isolate  
9 response.

10 Module 7 will need to consider the full range of  
11 circumstances when designing a shared testing system.  
12 Data and health systems differ across the four nations.  
13 Testing policy and delivery is complex, with multiple  
14 interacting systems and needs and the need to work  
15 collectively with colleagues from across the  
16 United Kingdom, across the relevant sectors and  
17 organisations involved, and while enabling appropriate  
18 governance within each nation for operational delivery  
19 and devolved responsibilities.

20 In Module 7 we will investigate Test and Protect  
21 (Scotland), Test and Trace (England), Test, Trace,  
22 Protect (Wales) and Test, Trace and Protect (Northern  
23 Ireland) and any variations in the measures adopted by  
24 the governments to contain the Covid-19 virus, the  
25 reasons for any variations, and the timing and

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1 1. The test, trace and isolate policies and  
2 strategies developed and deployed, taking into account  
3 modelling, capacity of the systems throughout the  
4 pandemic and the rationale, appropriateness and data  
5 available for the decisions of the United Kingdom and  
6 devolved administrations and wider border policy  
7 considerations.

8 2. [Module 7 will examine] the availability,  
9 use and effectiveness of different test, trace and  
10 isolates technologies, policies and strategies  
11 including lateral flow and PCR tests, testing for  
12 variants, digital contact tracing and other testing  
13 technologies.

14 3. [Module 7 will examine] the structure of the  
15 test, trace and isolate system and the key bodies  
16 involved in decision-making in the United Kingdom and  
17 devolved administrations. It will include the  
18 efficacy and impact of the models adopted, the use of  
19 the private sector and other institutions and the  
20 cost.

21 Fourthly, enforcement of testing, tracing and  
22 isolation procedures and factors influencing  
23 compliance, such as the adequacy of and trust in  
24 messaging, financial and practical support to those  
25 required to isolate and the availability and use of

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1 implementation of decisions.

2 Module 7 will further consider the consistency of  
3 decision-making across the four nations.

4 This, my Lady, is essential to inform the required  
5 recommendations that will flow from Module 7 and to help  
6 public health efforts to stem the spread of viruses  
7 across the United Kingdom in any future epidemic or  
8 pandemic.

9 My Lady, turning then to the outline of scope for  
10 Module 7. The provisional outline of scope for  
11 Module 7, which is available in Welsh on the Inquiry's  
12 website, states:

13 "This Module will look at, and make  
14 recommendations on, the approach to testing, tracing  
15 and isolation adopted during the pandemic in England,  
16 Wales, Scotland and Northern Ireland from January 2020  
17 until February 2022.

18 "The module will consider the policies and  
19 strategies developed and deployed to support the test,  
20 trace and isolate system by the [United Kingdom]  
21 Government and the Devolved Administrations. It will  
22 consider the decisions made by key bodies, other  
23 options or technologies that were available and  
24 factors that may have influenced public compliance."

25 Module 7 will examine:

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1 data in decision-making.

2 Module 7 will also examine the preservation of  
3 infrastructure, capacity and research to improve and  
4 develop test, trace and isolate schemes for future  
5 pandemics.

6 My Lady, the scope remains provisional and will  
7 continue to be reflected upon as evidence is received  
8 through the Module 7 investigation.

9 The Module 7 team is also mindful of other  
10 modules' investigations that may touch upon issues  
11 relevant to test, trace and isolate. This includes,  
12 although is not limited to, module 5, which is looking  
13 at the procurement of lateral flow tests and PCR  
14 tests. A future module reviewing the government's  
15 business and financial responses is also anticipated.  
16 The Inquiry teams will continue to work together to  
17 avoid duplication.

18 However, whilst the scope remains provisional,  
19 to assist core participants' understanding, we have  
20 identified some of the questions that the Inquiry in  
21 Module 7 is likely to be considering. This will be  
22 expanded upon in the circulation of the list of issues  
23 ahead of the hearing. These issues include:

24 What policies and strategies for test, trace and  
25 isolate were developed and deployed in England, Wales,

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1 Scotland and Northern Ireland and how did they vary  
2 across the four nations?  
3 Were the policies and strategies deployed  
4 effective at meeting their stated objectives?  
5 Did the development of the overarching  
6 strategies and policies take account of the public  
7 sector equality duty? And how effective were any  
8 steps taken to mitigate unequal impacts on the general  
9 population across the United Kingdom and, in  
10 particular, vulnerable groups?  
11 How effectively were the adopted policies and  
12 strategies communicated to the general public?  
13 How did available data and scientific or expert  
14 advice, including modelling, inform the development of  
15 the policies and strategies?  
16 How effectively was technology used in the  
17 roll-out of the test, trace and isolate system?  
18 How effective were the tools in place for  
19 enforcing and monitoring isolation?  
20 Were appropriate steps taken to support people  
21 to comply with test, trace and isolate?  
22 What recommendations can be made for future  
23 pandemics?  
24 The Inquiry and Module 7 must maintain a tight  
25 focus on the key issues. The Inquiry team's

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1 Trace (England), Test, Trace, Protect (Wales) and  
2 Test, Trace and Protect (Northern Ireland). Where  
3 "test, trace and isolate" is used in correspondence  
4 with core participants, it is intended to acknowledge  
5 the different models adopted across all four nations,  
6 which will be investigated.  
7 Submissions on behalf of the Scottish Covid  
8 Bereaved encourage the Inquiry to consider using  
9 a neutral term which defines the issue without  
10 adopting the approach in one nation to be the norm  
11 with other nations expected to adapt to the situation  
12 in England. Covid Bereaved Families for Justice Cymru  
13 also in their submissions on scope highlight the  
14 importance of the significant differences in the test,  
15 trace and protect policies employed in Wales, with  
16 numerous and substantial variance in approach,  
17 resources and deployment across the home nations  
18 throughout the relevant period.  
19 My Lady may consider that the chair's  
20 provisional outline of scope provides an overarching  
21 framework for the issues and matters that the Inquiry  
22 is likely to investigate, to enable core participants  
23 and individuals and organisations likely to have  
24 relevant evidence to commence their preparations.

25 My Lady may also consider that the alternative

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1 investigation in relation to Module 7 is already under  
2 way, with progress having been made. We have started  
3 the process of gathering evidence and identifying  
4 areas for expert evidence, topics to which I will  
5 return in a few moments.

6 My Lady, in advance of this hearing you have  
7 received submissions from core participants on the  
8 scope of Module 7. A number of the core participants  
9 have made suggestions for matters that should be  
10 included in the provisional outline of scope and also  
11 list of issues. It is not practicable for me to  
12 address all of those today, although I will address  
13 a number, and core participants may in turn raise  
14 issues with you in their oral submissions.

15 All of the submissions that have been received  
16 require and are receiving careful consideration. It  
17 may be that some suggestions accord with our own  
18 understanding of the scope or planned refinement of  
19 the scope.

20 Turning first to submissions in respect of  
21 terminology, whilst the provisional scope and the note  
22 provided in advance of this hearing refer to testing,  
23 tracing and isolation, Module 7, as a four-nation  
24 module, will include investigation of and  
25 consideration of Test and Protect (Scotland), Test and

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1 wording is not required at this stage, and the wording  
2 is intended to be neutral. I reiterate that  
3 Module 7's scope remains provisional, and if the  
4 investigation and/or further evidence reveals  
5 a difficulty with wording, then we consider that you,  
6 my Lady, as the chair, can reflect and change this if  
7 aircraft.

8 Turning next to submissions that have been  
9 received in respect of Module 7's title. Covid  
10 Bereaved Families for Justice UK and Northern Ireland  
11 Covid Bereaved Families for Justice in their joint  
12 submission have invited the Inquiry to add "support"  
13 to the title of Module 7. They submit that the  
14 provision of support, economic and otherwise, for  
15 those who tested positive was a crucial component for  
16 an effective test, trace and isolation response to the  
17 pandemic.

18 Module 7 will consider factors influencing  
19 compliance with test, trace and isolate rules, which  
20 will include consideration of the financial and  
21 practical support to those required to isolate, as set  
22 out at point 4 of the provisional outline of scope.  
23 We are grateful for the suggestion and my Lady may  
24 consider that the current module name and references  
25 to support in the provisional scope is sufficient.

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1 My Lady, I next turn to summarise further  
2 submissions that have been received on the scope of  
3 Module 7.

4 The following points on scope were raised and  
5 I draw your attention to today and provide an initial  
6 response on behalf of Module 7. We are grateful for  
7 the submissions of the TUC which detail that the  
8 provisional outline of scope is sufficiently broad and  
9 do not invite amendment but they request two points of  
10 clarification as to the interpretation of "vulnerable"  
11 and also ask if the adult social care infection  
12 prevention and control fund will be considered in  
13 Module 7.

14 This module will seek evidence from relevant  
15 material providers on financial support as it relates  
16 to or could have influenced compliance with test,  
17 trace and isolate policies and rules. I mentioned  
18 earlier that a future module is likely to review the  
19 government's business and financial responses and  
20 Module 6 is also looking at social care. Close  
21 co-ordination will continue with those modules on  
22 financial support available, including in respect of  
23 the adult social care infection prevention and control  
24 fund specifically.

25 Further, this module is not limited to seeking

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1 a request has already been issued to FEMHO.

2 Covid Bereaved Families for Justice UK and  
3 Northern Ireland Covid Bereaved Families for Justice  
4 in their joint submission recognise the wide scope of  
5 Module 7 but express concerns as to what they describe  
6 as "notable omissions", with the scope referring  
7 almost exclusively to the period of response from  
8 1 January 2020 which they submit "neglects to include  
9 the crucial issue of preparedness."

10 Their submission encourages the Inquiry to  
11 consider the position as at 1 January 2020 preparedness  
12 and the position from 1 January 2020 the response.

13 Module 1 has considered preparedness and this  
14 module will consider the capacity for testing and the  
15 expansion of it from January 2020. In considering the  
16 capacity already available to key decision-makers at the  
17 time across the devolved administrations, resources  
18 prior to the pandemic and preparedness will be looked  
19 at. My Lady may consider the combination of these does  
20 not, with respect, give rise to a notable omission and  
21 that it is a proportionate approach in this module.

22 Further, Covid Bereaved Families for Justice UK  
23 and Northern Ireland Covid Bereaved Families for Justice  
24 observe there is little mention in the provisional scope  
25 in relation to discrimination, inequalities and

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1 evidence in relation to vulnerability but will seek to  
2 explore issues and request evidence relevant to test,  
3 trace and isolate from a range of different groups and  
4 populations with varying characteristics, such as, and  
5 not limited to, key workers, in crowded housing, those  
6 from ethnic minority backgrounds, those with  
7 pre-existing health conditions, and those from low  
8 incomes.

9 Covid Bereaved Families for Justice Cymru and  
10 FEMHO have provided a list of issues of particular  
11 importance to them and for the consideration of the  
12 Inquiry. My Lady may consider that the issues  
13 helpfully set out can be summarised into the following  
14 categories: decision-making of the Welsh Government  
15 with regards to testing, tracing and isolation  
16 policies and strategies, and how this differed;  
17 accessibility and availability of testing; delays to  
18 testing; and public communication.

19 These are topics which will be scrutinised by  
20 the Inquiry and we encourage Covid Bereaved Families  
21 for Justice Cymru and others who wish to provide  
22 relevant evidence to do so. We reiterate our  
23 commitment to Covid Bereaved Families for Justice  
24 Cymru that they will be issued with requests for  
25 evidence, and similarly, my Lady, in respect of FEMHO

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1 disparity of outcomes, with the only reference being to  
2 the public sector equality duty. The submission of  
3 Covid Bereaved Families for Justice United Kingdom and  
4 Northern Ireland Covid Bereaved Families for Justice is  
5 that issues of structural and institutional race  
6 discrimination and other forms of discrimination,  
7 particularly disability, are as important in this module  
8 as in other parts of the Inquiry, and they urge the  
9 Inquiry to amend the scope to reflect this.

10 My Lady, you have stated in your commitment in  
11 meeting the aims of the UK Covid-19 Inquiry to  
12 investigate the unequal impact of the pandemic on  
13 different categories of people across the  
14 United Kingdom, including but not limited to those with  
15 protected characteristics under the Equality Act 2010  
16 and equality categories under the Northern Ireland  
17 Act 1998.

18 My Lady, you have been absolutely clear that the  
19 vital issue of the impact of the pandemic and the  
20 response to it on at-risk or vulnerable or marginalised  
21 people, and on ethnic minority groups, has been at the  
22 heart of this Inquiry since its inception.

23 Module 7 is actively seeking evidence to give  
24 particular consideration to groups with protected  
25 characteristics, geographical differences, social

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1 economic background, occupation and immigration status.  
 2 Module 7's investigation includes seeking evidence to  
 3 understand any unequal impact. The Inquiry will do so  
 4 by asking core decision-makers along with bespoke  
 5 questions, that which is outlined in the Inquiry's  
 6 equalities and human rights statement: did  
 7 decision-makers consider the impact of policy decisions  
 8 on each of these groups? And were the decisions taken  
 9 as a result adequate in mitigating the impact of the  
 10 pandemic on these groups?

11 My Lady, moving next to evidence requests and  
 12 Rule 9 update. The Inquiry has already either issued or  
 13 is about to issue formal requests for evidence, pursuant  
 14 to Rule 9 of the Inquiry Rules 2006 to a number of  
 15 individuals and organisations which appear to have  
 16 played a central or significant role in matters relevant  
 17 to Module 7.

18 These include, by way of headline:

19 Government departments of the United Kingdom and  
 20 devolved administrations, including the Department of  
 21 Health and Social Care, His Majesty's Treasury,  
 22 Department for Education, the Home Office, the Ministry  
 23 of Justice, the Department for Levelling Up, Housing and  
 24 Communities; the Department for Culture, Media and  
 25 Sport; the Cabinet Office; Department for Transport;

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1 Statistical Society, the Microbiology Society and  
 2 professional individuals with specialist knowledge and  
 3 expertise relevant relative to test, trace and isolate.

4 Groups and organisations representing specific  
 5 areas of interest within the scope of Module 7,  
 6 including the Covid bereaved family groups, Clinically  
 7 Vulnerable Families, Disability Action Northern Ireland,  
 8 Disability Rights UK, Long Covid groups, FEMHO, the  
 9 Traveller Movement, trade unions and representative  
 10 bodies for health and social care professionals, and  
 11 those representing minority or marginalised communities  
 12 and individuals.

13 Finally, private suppliers, which I will address  
 14 separately later.

15 As my Lady is aware, this Inquiry and the Scottish  
 16 Covid-19 Inquiry are keen to avoid duplication between  
 17 them and so the Module 7 team is checking not only the  
 18 requests made by other Inquiry modules but also those  
 19 made by the Scottish Inquiry. That process means,  
 20 inevitably that it takes a little more time to issue  
 21 Rule 9 requests to Scottish bodies, but it is hoped that  
 22 in the long run this approach will assist in minimising  
 23 unnecessary repetition. In that regard, I should add  
 24 that, on 23 February 2023, the Inquiry published  
 25 a memorandum of understanding setting out how this

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1 Department of Health and Social Services Wales; Health  
 2 and Social Care Directorate Scotland; Department of  
 3 Health Northern Ireland.

4 In addition, committee decision-makers in the  
 5 United Kingdom Government and the devolved governments  
 6 in Wales, Scotland and Northern Ireland will be  
 7 receiving Rule 9 requests regarding test, trace and  
 8 isolate.

9 Executive agencies and non-departmental public  
 10 bodies, including the UK Health Security Agency, SAGE,  
 11 SPI-M-O, the Scientific Pandemic Influenza Group on  
 12 Modelling, Operational, the Joint Biosecurity Centre;  
 13 Medicines and Healthcare products Regulatory Agency;  
 14 NHS England and NHS Digital; NHS National Services  
 15 Scotland; Health Protection Scotland; Public Health  
 16 Agency, Northern Ireland; the Local Government  
 17 Association and Welsh Local Government Association;  
 18 Northern Ireland Local Government Association;  
 19 the Convention of Scottish Local Authorities;  
 20 the Association of Directors of Public Health; criminal  
 21 justice and enforcement agencies.

22 Further relevant key individuals, including  
 23 Baroness Dido Harding, Sir Patrick Vallance,  
 24 Professor Chris Whitty and Professor Sir Jonathan  
 25 Van-Tam, relevant organisations such as the Royal

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1 Inquiry and the Scottish Covid-19 Inquiry intend to work  
 2 effectively together.

3 I am also aware that your Ladyship has met with  
 4 the chair of the Scottish Inquiry, Lord Brailsford, to  
 5 discuss the constructive ways in which the two inquiries  
 6 can collaborate and co-operate.

7 The Inquiry is grateful for all the suggestions  
 8 made in the written submissions as to who should receive  
 9 a Rule 9 request from the Trades Union Congress and the  
 10 Inquiry legal team has already started to consider those  
 11 proposals.

12 As the Rule 9 requests will be issued on a rolling  
 13 basis to organisations and witnesses, some issues will  
 14 come into greater focus, no doubt, during the course of  
 15 the investigation.

16 FEMHO in their submissions reiterates its position  
 17 in previous modules and asks you, my Lady, to reconsider  
 18 your position on disclosure of Rule 9 requests to core  
 19 participants. In line with your determination made in  
 20 Module 1, core participants will not be provided with  
 21 copies of the Rule 9 requests made by the Inquiry.  
 22 Disclosure to the core participants of the Rule 9  
 23 requests themselves, as opposed to the documents and the  
 24 material generated by those requests, is neither  
 25 required by the rules nor generally established by past

24

1 practice.

2 Furthermore, in our submission, it would serve  
3 little practical purpose, given the wide scope and the  
4 detailed nature of Rule 9 requests that are being made.

5 To ensure, though, that the core participants are  
6 properly informed the Inquiry will ensure that the  
7 Module 7 lead solicitor provides monthly updates to core  
8 participants on the progress of Rule 9 work, and those  
9 updates will include a summary of who of has received  
10 Rule 9 requests and the expected response dates.

11 My Lady, turning next to say a few things about  
12 private companies and organisations. Your Ladyship is  
13 aware that when the draft scope of Module 7 was  
14 circulated in advance of invitations for applications  
15 for core participant status, you indicated that you were  
16 particularly interested in receiving core participant  
17 applicants from those individuals or bodies who made key  
18 decisions in the test, trace and isolate system, rather  
19 than seeking applications from the large volume of  
20 suppliers contracted to provide test, trace and isolate  
21 services or equipment in the pandemic. You also  
22 indicated that some suppliers may be able to contribute  
23 to the Inquiry by providing evidence about their  
24 experience, but that they did not need to be a core  
25 participant to do that.

25

1 relevant to Module 7 issues in a substantive way.

2 Rule 9 requests have been drafted or are in the  
3 process of being drafted, including and not limited to:  
4 Deloitte; Medicines Discovery Catapult; the Lighthouse  
5 laboratories operated at Cambridge, Milton Keynes,  
6 Cheshire, Glasgow, Loughborough, Newport, Berkshire,  
7 Gateshead, Plymouth and Leamington Spa; Accenture;  
8 IBM UK; McKinsey & Co UK; Zuhlke Engineering; Randox;  
9 Sitel; Sodexo; and Roche.

10 My Lady, turning next to the issue of expert  
11 evidence. Module 7 is in the process of identifying the  
12 broad areas where expert evidence is likely to be of  
13 assistance to this module of the Inquiry. My Lady may  
14 consider it likely that expert evidence on the range of  
15 testing technologies and strategies, as well as the  
16 issues surrounding uptake, access and compliance with  
17 these policies and strategies, will be sought. It is  
18 highly likely that any expert instructed will have  
19 reasonable regard to relevant international comparison,  
20 which is an issue raised by core participants in their  
21 submissions.

22 The Inquiry is currently approaching experts who  
23 are being considered for instructions. A number of core  
24 participants in their submissions have made suggestions  
25 about area of potential expert evidence for Module 7 and

27

1 The Module 7 team is aware that hundreds of  
2 private companies and organisations were involved in  
3 testing, tracing and implementation of quarantine and  
4 isolation rules, along with independent private  
5 consultants across the system. The Module 7 scope has  
6 been purposely drafted so as to focus on the core  
7 decision-making of the UK and devolved nations, rather  
8 than the actions of the private sector companies  
9 involved.

10 However, Module 7 will invite evidence on your  
11 behalf from selected supplier companies and  
12 organisations by issuing Rule 9 requests, asking each to  
13 explain their role in the test, trace and isolate system  
14 and to ensure that the experience and/or learning that  
15 they might speak to can be considered.

16 Broadly speaking, commercial organisations were  
17 contracted to conduct the following: project management  
18 and support services; managing and operating testing  
19 sites, and providing laboratory capacity and processing  
20 for pillar 2 testing; provision of test kits and  
21 supplies; providing national contact tracing; developing  
22 and providing digital services for test and trace, as  
23 well as developing a contact tracing app.

24 The work has already begun with organisations  
25 having been identified who have evidence directly

26

1 these will be given careful consideration.

2 The submissions of Scottish Covid bereaved seek to  
3 encourage the instruction of experts with sufficient  
4 expertise concerning Scotland and the Scottish  
5 government's policies and practices.

6 The submissions of the TUC request expert evidence  
7 to examine international comparative data and to explore  
8 trends globally during the pandemic to assist assessment  
9 of the efficacy of the schemes implemented in the  
10 United Kingdom and in making evidence-based  
11 recommendations for a future pandemic.

12 Covid Bereaved Families for Justice UK and  
13 Northern Ireland also make submissions for expert  
14 evidence in respect of comparative international public  
15 health systems by way of "proportionate evidence"  
16 identifying a small number of other countries where the  
17 approach taken to test, trace and isolate appears to  
18 have been instrumental in achieving better outcomes.

19 Covid Bereaved Families for Justice United Kingdom  
20 and Northern Ireland also request expert evidence on the  
21 issue of discrimination and structural and institutional  
22 race discrimination and other forms of discrimination,  
23 particularly disability, as being crucial to  
24 understanding the full impact of the test, trace and  
25 isolate strategies on diverse communities and workforce.

28

1 The Covid Bereaved Families for Justice  
 2 United Kingdom and Northern Ireland encourage  
 3 investigation as to whether the experts commissioned to  
 4 report on other aspects of discrimination and  
 5 inequalities in other modules may have knowledge and  
 6 evidence to provide additional expert evidence relating  
 7 to test, trace and isolate or to assist with identifying  
 8 others more suitable to do so.

9 FEMHO also makes submissions that expert evidence  
 10 should be obtained from a specialist in race inequality,  
 11 potentially in the form of follow-up reports by the  
 12 experts instructed for Module 2 to provide detailed  
 13 opinion on the inequality issues relating to test, trace  
 14 and isolate.

15 The Covid Bereaved Families for Justice United  
 16 Kingdom and Northern Ireland seek consultation with them  
 17 on the identification of appropriate experts and a  
 18 timeline for when draft reports will be disclosed.

19 My Lady, you and many of the core participants  
 20 involved in previous modules will be aware that the  
 21 Inquiry to date has instructed numerous experts across  
 22 different disciplines. The approach has been to  
 23 instruct experts who have the requisite expertise to be  
 24 able to comment, where appropriate, on devolved  
 25 administrations, make international comparisons and

29

1 redactions in accordance with the Inquiry's redaction  
 2 protocol.

3 A team of solicitors, barristers and paralegals is  
 4 already in place to review the relevant disclosure that  
 5 has been received in previous modules and they will  
 6 review this for relevant disclosure in Module 7 as they  
 7 also will consider disclosure as received in respect of  
 8 Module 7.

9 Disclosure is likely to be in tranches made on  
 10 a rolling basis. Disclosure will be made via the  
 11 electronic data management and disclosure system  
 12 Relativity, and again disclosure updates will be  
 13 provided by the Module 7 solicitors team, informing core  
 14 participants of the progress which has been made in  
 15 obtaining relevant documents. We will, of course, also  
 16 provide these at the next preliminary hearing.

17 The Inquiry, as I have already indicated, has  
 18 begun work by reviewing documents received by Modules 1  
 19 to 8 to date that have been identified as having  
 20 potential relevance to Module 7 issues. A review of  
 21 those documents, including expert reports, will be  
 22 conducted and relevant documents disclosed to core  
 23 participants as soon as possible. This is a matter  
 24 a number of core participants raise in their  
 25 submissions, namely the issue of timely disclosure to

31

1 equalities.

2 The core participants' submissions on the  
 3 appropriateness and expertise required for experts are  
 4 noted and are matters that the Module 7 team will  
 5 carefully consider prior to the instruction of the  
 6 experts.

7 The identities of instructed experts will be  
 8 contained in the Solicitor to the Inquiry's update  
 9 notes. Once experts are instructed, these notes will  
 10 also provide further details of the topics which the  
 11 experts will address in their reports, thereby enabling  
 12 core participants to comment on those matters should  
 13 they wish to do so. In addition to this, as in other  
 14 modules, core participant organisations will have the  
 15 opportunity to comment substantively on the content of  
 16 a draft version of the reports.

17 My Lady, turning next to disclosure. In common  
 18 with the approach taken in previous modules, Module 7  
 19 will adopt the following approach to disclosure.

20 All core participants will receive all documents  
 21 disclosed in Module 7, not just those documents relevant  
 22 to them.

23 Disclosure will be subject to three things: first,  
 24 a relevance review so that only relevant documents are  
 25 disclosed; second, a de-duplication exercise; third,

30

1 ensure effective preparation. The process of disclosure  
 2 to core participants is anticipated to begin in  
 3 autumn 2024.

4 Covid Bereaved Families for Justice Cymru and the  
 5 Scottish Covid Bereaved and Covid Bereaved Families for  
 6 Justice United Kingdom and Northern Ireland all request  
 7 timely disclosure to allow proper preparation for the  
 8 substantive hearing. Covid Bereaved Families for  
 9 Justice UK and Northern Ireland suggest a date at least  
 10 two months before the start of the hearings for the bulk  
 11 of disclosure.

12 We are grateful to the TUC for identification of  
 13 a helpful list of documents suggestive of  
 14 cross-disclosure in Module 7.

15 Covid Bereaved Families for Justice UK and  
 16 Northern Ireland also submit that each document provider  
 17 should provide a corporate narrative to address what did  
 18 and did not happen with respect to the issues of  
 19 Module 7, and who was or should have been responsible  
 20 for that, viewed through their own institutional  
 21 knowledge and perspective.

22 Each document provider is being asked to provide,  
 23 amongst other matters, details of the key individuals  
 24 who are involved in issues relevant to Module 7's  
 25 provisional outline of scope, the key meetings and

32



1 a summary of the categories of other material held  
2 and/or already provided to the Inquiry relating to the  
3 Module 7 provisional outline of scope.

4 This information will allow the Inquiry to  
5 understand the nature of relevant material held by the  
6 document provider and to make targeted requests for  
7 further material if necessary. Where, as a result of  
8 the information provided, the Inquiry has any concerns  
9 about a provider's processes for providing relevant  
10 documents, it will raise and pursue them and, of course,  
11 as documents are reviewed and gaps identified, further  
12 documents may be sought.

13 Of course, my Lady, you also have the power to  
14 compel the production of documents under section 21 of  
15 the Inquiries Act and there are provisions in section 35  
16 of the Inquiries Act which make it an offence, during  
17 the course of an inquiry, for a person to do anything to  
18 alter or distort a relevant document or prevent any  
19 relevant document being produced to the Inquiry, or to  
20 intentionally destroy, suppress or conceal a relevant.

21 My Lady, turning next to Every Story Matters.  
22 Every Story Matters is the name given to the Inquiry's  
23 nationwide listening exercise. My Lady, the Inquiry's  
24 terms of reference make clear that although the Inquiry  
25 will not investigate individual cases of harm or death

33

1 There are different ways for people to share their  
2 experience of the pandemic with the Inquiry. This can  
3 be done via our web form, a variety of alternative  
4 formats, including Easy Read and paper forms, or through  
5 community listening events around the country.

6 We are grateful to the Covid Bereaved Families for  
7 Justice Cymru for their indication that those who they  
8 represent are looking forward to engaging with Every  
9 Story Matters.

10 FEMHO, as a consortium representing  
11 55,000 individual members and 43 organisations and  
12 networks, encourages Module 7 to receive testimonies  
13 from ethnic minority healthcare workers and community  
14 members to provide a nuanced understanding of the test,  
15 trace and isolate strategies' impact and to highlight  
16 areas for improvement. We would encourage and invite  
17 FEMHO members, in light of this submission, to share  
18 their experiences through Every Story Matters.

19 For Module 7, the Inquiry is seeking to capture  
20 a broad range of experience and is particularly  
21 interested to hear from those who are more likely to  
22 have had difficulties engaging with the test, trace and  
23 isolate system, including those across the devolved  
24 nations, for a variety of reasons. This could include,  
25 but is not limited to, those with literacy and learning

35

1 in detail, listening to the accounts and experiences  
2 experience of the bereaved families and others who  
3 suffered hardship to be or loss will inform the Inquiry's  
4 understanding of the impact of the pandemic and the  
5 response and of the lessons to be learnt.

6 Every Story Matters is therefore the process by  
7 which the public can contribute to the Inquiry, so that  
8 it will be able not just to hear the voices of the  
9 people of the United Kingdom and to reflect upon their  
10 experience, but also to incorporate the emerging themes  
11 into its work.

12 Every contribution through Every Story Matters  
13 will be analysed and turned into themed reports, which  
14 will be submitted into each relevant investigation.  
15 These reports will be anonymised, disclosed to the  
16 Inquiry's core participants and used in evidence. The  
17 reports will identify trends and themes and include  
18 illustrative case studies which may demonstrate systemic  
19 failures.

20 Every Story Matters aims to obtain insights and  
21 information from anyone who wishes to contribute; that  
22 is, from anyone who was impacted by the pandemic and  
23 wishes to share their experience. It has been designed  
24 so that anyone and everyone in the United Kingdom who is  
25 aged 18 or older can contribute if they wish to do so.

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1 difficulties, the visually impaired, and those with  
2 challenges accessing testing sites and health services.

3 These experiences will be analysed and reviewed by  
4 the Inquiry's research partner based on key lines of  
5 enquiry (KLOEs) for Every Story Matters, produced by the  
6 Inquiry team.

7 The key lines of enquiry are an important tool for  
8 setting throughout way in which the Inquiry will gather  
9 and analyse experiences shared with Every Story Matters,  
10 in particular through the targeted research.

11 The Inquiry's research partner and the Inquiry  
12 legal team have been exploring the opportunity to  
13 conduct targeted qualitative research in relation to  
14 particular topics and particular groups of people based  
15 on the KLOEs. The draft KLOEs for Module 7 targeted  
16 research were circulated to core participants.

17 For Module 7, targeted research is being  
18 undertaken to hear the experience of families of people  
19 who were clinically vulnerable during the pandemic,  
20 ethnic minority health and social care workers, people  
21 living with Long Covid, and people with disabilities,  
22 among other target groups.

23 The Inquiry's research partner will conduct  
24 targeted qualitative research in relation to particular  
25 topics and particular groups of people based on the

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1 KLOEs. It is proposed in Module 7 that this research  
2 will focus on, among other things, listening to people  
3 from different communities and backgrounds where there  
4 were particular difficulties and the impact caused to  
5 them by the test, trace and isolate system. The key  
6 lines of enquiry will be published on the website when  
7 finalised.

8 It is unlikely that the targeted research will be  
9 able to cover all the areas listed in the draft KLOEs.  
10 Core participants were invited to file written  
11 submissions making suggestions in relation to the KLOEs  
12 for this targeted qualitative research.

13 Core participants have provided a number of  
14 helpful submissions in respect of the KLOEs and the  
15 approach to targeted work, for which we are grateful.  
16 These submissions will be reviewed in detail by the  
17 Inquiry team and will help inform the work on the KLOEs.  
18 In the coming weeks, the Inquiry legal team will work  
19 with its research partner to finalise potential research  
20 questions and priority audiences in relation to the  
21 proposed KLOEs.

22 It is right to note that the Every Story Matters  
23 listening exercise, including its targeted research, is  
24 but one part of the Inquiry's broader consideration of  
25 the experience of groups and individuals impacted by

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1 pandemic and to continue to deliver commemorative  
2 activity that recognises the scale of this tragedy, and  
3 the effect it had -- and continues to have -- on  
4 people's lives.

5 There will be a new impact film played at the  
6 start of Module 7. These films are a powerful means of  
7 reminding ourselves of the impact of the pandemic and,  
8 although they do not strictly constitute evidence, they  
9 help to ground proceedings in the lived experience of  
10 those who have suffered hardship and loss.

11 My Lady, turning next to directions. As you know,  
12 my Lady, the current plans are that Module 7 hearing is  
13 expected to take place over three weeks in the spring of  
14 2025. Further timetabling details will be provided by  
15 way of an update to core participants in due course.

16 These will also be announced on the Inquiry's website,  
17 and the hearing will be held here at Dorland House.

18 It is right to highlight that you have received  
19 joint submissions from Covid Bereaved Families for  
20 Justice UK and Northern Ireland that the three-week  
21 hearing is an inadequate time frame, especially  
22 considering that the UK and the devolved administrations  
23 each had their own distinct systems of test, trace and  
24 isolate.

25 In light of the evidence that will have been heard

39

1 matters falling within the provisional outline of scope  
2 for Module 7.

3 The experiences of many more groups and  
4 individuals from a large range of different communities  
5 and backgrounds will be collected by means of the  
6 accounts offered to the Inquiry through its Rule 9  
7 investigatory requests.

8 Turning next, my Lady, to commemoration.

9 My Lady, you have made clear you wish to recognise  
10 the very real and human suffering arising from the  
11 pandemic by ensuring that it is properly considered and  
12 reflected in the Inquiry's work.

13 As you know, the Inquiry is producing a series of  
14 impact films, the first of which was screened at the  
15 modules' public hearings in Module 1 and Module 2, 2A, B  
16 and C, and has used images and artwork to try to  
17 represent elements of the loss and suffering caused by  
18 the pandemic to the people of the United Kingdom.

19 Such was the scale of the tragedy, the grief and  
20 loss suffered by the bereaved, and the lasting effect of  
21 the pandemic on the lives of so many millions of people,  
22 that no amount of commemorative activity could ever  
23 adequately reflect the depth of suffering experienced by  
24 so many. However, the Inquiry remains committed to  
25 listening to the voices of those most impacted by the

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1 in Modules 1 to 5, the provisional scope of Module 7,  
2 the intended approach to collation of evidence by Rule 9  
3 requests, Module 7's intended approach to its use of  
4 experts, the substantive evidence can be achieved in  
5 three weeks. It is a tight timetable but, with a focus  
6 on the key issues and the co-operation of core  
7 participants, we consider that the hearing timetable can  
8 be maintained.

9 My Lady, I know that once you have had an  
10 opportunity to consider the written submissions and  
11 those that are being made orally today, you will publish  
12 any necessary and appropriate directions in due course.

13 Turning then to next dates for Module 7, there  
14 will be a further preliminary hearing for Module 7 and  
15 we will notify core participants when the next  
16 preliminary hearing is due to take place and it will be  
17 published on the Inquiry's website. This is currently  
18 scheduled for early 2025.

19 My Lady, moving next to submissions from core  
20 participants. My Lady, that concludes all of the  
21 matters upon which I wish to address you on behalf of  
22 Counsel to the Inquiry. A number of core participants  
23 wish to address you orally during the course of this  
24 hearing, and so can I invite you to hear from those,  
25 namely: Scottish Covid Bereaved; Covid-19 Bereaved

40

1 Families for Justice Cymru; Covid Bereaved Families for  
2 Justice United Kingdom; Northern Ireland Covid Bereaved  
3 Families for Justice; the Federation of Ethnic Minority  
4 Healthcare Organisations; the Trades Union Congress; the  
5 Welsh Government.

6 A further written submission was received by the  
7 Department for Education relating to the draft key lines  
8 of enquiries. I am grateful to Ms Ward King's Counsel  
9 and to the Department for Education for confirming that  
10 they do not wish to address you orally in respect of  
11 their short written submissions.

12 My Lady, there appears to be time before the first  
13 break for you to hear the submissions on behalf of the  
14 Scottish Covid Bereaved, and, my Lady, with your  
15 approval can I turn first to Mr McCaffery to make the  
16 oral submissions he wishes to make in respect of the  
17 Scottish Covid Bereaved, and Mr McCaffery attends over  
18 the link, my Lady.

19 **LADY HALLETT:** Thank you very much indeed, Ms Cartwright.  
20 Very grateful.

21 Mr McCaffery.

22 Submissions on behalf of Scottish Covid Bereaved by MR  
23 McCAFFERY

24 **MR McCAFFERY:** Thank you to Counsel to the Inquiry for her  
25 helpful oral submissions this morning.

41

1 Such policies and strategies had, of course,  
2 a significant impact on all of our lives during the  
3 pandemic, particularly during periods of lockdown and on  
4 vulnerable groups and those who continued to have  
5 a requirement to travel throughout those periods,  
6 whether employed in key worker occupations such as  
7 health and social care, education and childcare, in  
8 food, necessary groups and transport, on those who faced  
9 the significant challenges which came with having loved  
10 ones who were hospitalised, in residential care or  
11 living alone in unsupported accommodation, and these who  
12 relied heavily on regular contact with and assistance  
13 from close family members, a category which many of the  
14 members of Scottish Covid Bereaved belong to.

15 It is in, in our submission, my Lady, of vital  
16 importance to the members of Scottish Covid Bereaved to  
17 obtain answers to why the systems which were supposed to  
18 be facilitating their ability to maintain contact with  
19 their loved ones, appeared to fail in that task despite  
20 the eye-watering sums of money which were allocated to  
21 the different programmes.

22 Why, despite the huge financial cost, there did  
23 not appear to be any coherent strategy in developing  
24 trusted systems and an apparent lack of, or  
25 insufficient, co-operation and co-ordination between the

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1 I appear this morning, my Lady, to make oral  
2 submissions on behalf of Scottish Covid Bereaved as one  
3 member of the counsel team, including Claire Mitchell  
4 King's Counsel and David Welsh and Kevin Henry,  
5 advocates, as instructed by the Inquiry's team at Aamer  
6 Anwar & Company Solicitors.

7 Scottish Covid Bereaved are once again grateful to  
8 the Inquiry for being included as a designated core  
9 participant in Module 7. Further, we are grateful to  
10 Counsel to the Inquiry for providing her detailed note  
11 setting out the matters which are to be addressed at  
12 today's first preliminary hearing.

13 Scottish Covid Bereaved have submitted written  
14 submissions and we trust that those, together with  
15 today's oral submissions, will be of assistance to the  
16 Inquiry.

17 Following the Counsel to the Inquiry's outline  
18 order of submissions, those on behalf of Scottish Covid  
19 Bereaved, my Lady, are in respect of outline of scope.  
20 Scottish Covid Bereaved welcome what appears to be  
21 a wide approach to the development and deployment of the  
22 test, trace and isolate policies and strategies which  
23 were set up at substantial cost in the UK and the  
24 devolved nations, and in particular Test and Protect  
25 (Scotland), as the Scottish programme was titled.

42

1 nations to combine in a concerted effort to develop an  
2 effective system when other countries seemed able to  
3 develop and institute what appeared to be much more  
4 reliable systems, apparently at much reduced cost.

5 We note that the Ada Lovelace Institute hosted an  
6 event in May 2020 bringing together experts from the  
7 devolved nations of the United Kingdom to ask how  
8 joined-up approaches to Covid-19 technologies across  
9 Scotland, Northern Ireland, England, and Wales could  
10 help to contain the virus and foster public trust.  
11 Sadly, they later reported in September 2020 that that  
12 joined-up approach had not transpired.

13 We note the Inquiry's intention to examine each of  
14 the systems and how they varied from each other and the  
15 impact of enforcement, particularly on vulnerable  
16 groups, and what, if any, steps were taken to avoid  
17 inequalities between different sectors of society and  
18 how effective or not those were.

19 We trust that this will also encompass  
20 cross-border issues where there seemed to be a lack of  
21 compatibility between systems with different approaches  
22 and, at times, even different restrictions in place, all  
23 of which will hopefully provide invaluable guidance for  
24 future pandemics.

25 Whilst we welcome the Inquiry's intended approach,

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1 we trust that each nation will be afforded a sufficient  
2 allocation of time for evidence to be heard and  
3 considered which is directly relevant to its own  
4 particular situation. It does seem an ambitious aim to  
5 cover the individual systems of all four nations in  
6 a single module of a provisional three weeks' duration,  
7 and we respectfully suggest that the Inquiry give  
8 consideration to adopting a similar approach to that of  
9 Module 2 in allocating a block of days for each nation's  
10 particular model and issues.

11 In respect of evidence gathering, my Lady, we are  
12 pleased to note that the in-gathering of evidence has  
13 commenced and that Rule 9 requests are already being  
14 issued for this module. We commend the Solicitor to the  
15 Inquiry's team in displaying its usual efficiency in  
16 this regard. We look forward to receipt of further  
17 updates, as and when they become available from STI.

18 In terms of disclosure to core participants, my  
19 Lady, we trust that disclosure will commence as soon as  
20 as is possible following receipt and review of any  
21 materials and repeat the obvious, as ever, that the  
22 sooner this happens, the sooner we shall be able to  
23 prepare for the evidential hearings and offer any  
24 further assistance to the Inquiry that we are able to.

25 We are keen, my Lady, to learn who the Inquiry  
45

1 weeks in spring 2025. We reiterate our concern that the  
2 intended timescale is ambitious and hope that  
3 consideration might be given to extending this highly  
4 significant module into nation-specific components.

5 Finally, my Lady, we look forward to continuing to  
6 co-operate with and assisting the Inquiry with Module 7  
7 in any way we can, as with previous modules.

8 Those are the submissions on behalf of Scottish  
9 Covid Bereaved, my Lady, unless I can be of any further  
10 assistance.

11 **LADY HALLETT:** Very grateful, Mr McCaffery. Thank you, very  
12 helpful as ever. Right, I think we'll break now rather  
13 than go on to Bereaved Cymru and I shall return  
14 at 11.55.

15 (11.40 am)

(A short break)

17 (11.55 am)

18 **LADY HALLETT:** Right, next it's Ms Weereratne, who is hiding  
19 at the back as ever.

20 **MS WEERERATNE:** My Lady, I hope I can be heard even if not  
21 fully seen.

22 **LADY HALLETT:** You can.

23 **Submissions on behalf of Covid Bereaved Families for Justice**  
24 **Cymru by MS WEERERATNE KC**

25 **MS WEERERATNE:** Good morning, my Lady, I appear on behalf of  
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1 intends to instruct to provide expert reports and  
2 whether the same experts will be asked to comment on  
3 each nation's individual model or if specific expert  
4 evidence will be sought from those with a particular  
5 knowledge of, say, the Scottish system which was adopted  
6 and how this compared with those of the other devolved  
7 nations and what can be learned going forward.

8 With regard to Every Story Matters, my Lady, we  
9 are confident that members will continue to offer  
10 insight into the subject matter of Module 7, as they  
11 have in the past in other modules, and to share their  
12 experiences of Test and Protect (Scotland) and how it  
13 impacted them during the pandemic. In particular, we  
14 welcome the targeted research being undertaken by the  
15 Inquiry into the experiences of families of people who  
16 were clinically vulnerable during the pandemic, ethnic  
17 minority healthcare workers, people living with Long  
18 Covid, and people with disabilities among others, and  
19 also the additional research based on the key lines of  
20 enquiry and the practicalities of accessing and using  
21 PCR and LFT tests.

22 As for future hearing dates, my Lady, we hope that  
23 confirmed dates will be available in the near future to  
24 allow for the necessary planning for attendance at the  
25 hearings and note the provisional estimate of three  
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1 Covid Bereaved Families for Justice Cymru and I'm  
2 accompanied today by Mr Court and Ms Harriman,  
3 instructing solicitors from Harding Evans from Newport.  
4 I apologise for their delayed arrival this morning,  
5 which was due to significant delays of trains from  
6 Wales.

7 We thank Counsel to the Inquiry for her note and  
8 detailed submissions this morning responding to written  
9 submissions. We too have filed written submissions,  
10 which we rely on today, and I rise primarily to make  
11 these submissions by way of emphasis, and to comment as  
12 appropriate and needed on the helpful submissions made  
13 by other core participants. And I propose to broadly  
14 address six areas briefly, but if I may first, by way of  
15 background, set out some brief details of the group for  
16 the benefit of those who are new to this module and to  
17 this Inquiry.

18 This was a group set up to campaign for and give  
19 a voice to the bereaved by Covid-19 in Wales. The group  
20 is committed to ensuring that there is proper scrutiny  
21 of all governmental decision-making relevant to Wales,  
22 and this includes decisions made in Westminster and by  
23 the devolved administration in Wales.

24 Since it was established in July 2021, it's become  
25 a prominent organisation in Wales in the discourse  
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1 surrounding the Covid-19 pandemic to ensure proper  
2 scrutiny within this Inquiry of decision-making  
3 impacting Wales. The group comprises 315 individuals or  
4 so, who represent the full spectrum of families in Wales  
5 affected by the pandemic.

6 Members of the group have professional experience  
7 working in sectors involved in or impacted by the UK and  
8 devolved government's risk management and civil  
9 emergency planning. They have valuable first-hand  
10 experience of how deficiencies in pandemic preparation  
11 contributed to the losses the group suffered a whole.

12 It has met many times with the First Minister of  
13 Wales and engaged with the Welsh Government and the  
14 UK Government. The group campaigns tirelessly for  
15 justice for the families in this group. It's played  
16 a leading role in calling for a Welsh Inquiry, so far  
17 with a disappointing lack of success, but this is a  
18 non-political group.

19 The group has also forged links with other  
20 interest groups to ensure awareness of and participation  
21 in this Inquiry. For example, Medics 4 Mask Up Wales,  
22 Asthma and Lung UK (Cymru), Long Covid Wales, Churches  
23 Together in Wales, Muslim Doctors Cymru and many others.

24 On a core participant status, we're of course very  
25 grateful to have been granted CP status. The inclusion

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1 Covid-19 pandemic.

2 In June 2020 Sir David King, a former Government  
3 Chief Scientific Adviser and from Independent SAGE, said  
4 something I do not believe is controversial within this  
5 Inquiry, that the UK had come to Test and Trace too  
6 late. He said everyone knows that even before lockdown  
7 you need to know where the disease is to be tracing,  
8 testing and isolating people. It is, therefore, of  
9 fundamental importance for this module to interrogate  
10 the fact that there were significant differences in key  
11 decisions on test, trace and protect, and many  
12 substantial variations of approach across the home  
13 nations. It's a very important focus that must not  
14 drift towards England.

15 We note that the Welsh Government submissions  
16 refer to a bespoke TTP programme in Wales. The lived  
17 experience in Wales, however, was of a chaotic system,  
18 with ineffective, confusing and often late and  
19 contradictory messaging. So, for example, routine  
20 testing of patients being sent from hospitals to care  
21 homes was not implemented in Wales until two weeks after  
22 England, with devastating effects. In that time, it's  
23 estimated that over 1,000 patients potentially infected  
24 with Covid were discharged to vulnerable care home  
25 communities. The lack of cohesion between the four

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1 of separate bereaved families' groups from the four  
2 nations in this Inquiry, and in each module thus far, is  
3 testament to the Inquiry's oft stated commitment to  
4 exploring the experiences of each of these nations  
5 during the pandemic, and we welcome the further  
6 reassurance provided by Counsel to the Inquiry this  
7 warning on that point.

8 Our concern, as ever, is that this is done in  
9 a meaningful manner, so that all lessons may be learnt,  
10 including as to the specific localised needs and  
11 deficits in each nation and how they were identified and  
12 responded to, and crucially so as to benefit all corners  
13 of the UK in any future pandemic.

14 This is particularly important for the people of  
15 Wales because this is their only opportunity to have  
16 their experiences investigated, there being no dedicated  
17 Welsh Inquiry, and we adopt a Scottish Covid Bereaved  
18 submission made a moment ago in relation to the time  
19 given to each of the home nations in evidence heard  
20 during the hearings in this module.

21 Next, turning to scope, Test, Trace and Protect  
22 (TTP), using the Welsh terminology, is a key module in  
23 this Inquiry overall and a cornerstone of any response  
24 to a pandemic, and that was acknowledged by Counsel to  
25 the Inquiry this morning. It was a core response to the

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1 nations and the impact on infection rates must be  
2 robustly investigated in our submission.

3 It is our clients' position that the Welsh  
4 government's handling of TTP had a devastating effect on  
5 Wales and the loss of life there. Further, on that  
6 point and jumping to the qualitative research project  
7 proposals in CTI's note, I would like to raise the  
8 additional point that the potential audience group for  
9 that research, as set out in paragraph 42 of her note,  
10 must explicitly include groups from Wales and other  
11 devolved nations in each of the identified categories,  
12 so that each of people with disabilities, clinically  
13 vulnerable or with Long Covid, and so on, must  
14 explicitly include sampling from Wales. Without such an  
15 approach, the inclusion of Wales and other devolved  
16 nations in this module will be at risk of being  
17 perfunctory.

18 At paragraph 9 of our written submissions we  
19 itemise areas for investigation and research and KLOEs  
20 that we propose are essential from a Welsh perspective.  
21 I would like to flag at this point that this is not an  
22 exhaustive list and we would like to reserve our  
23 position with regard to adding to or amending it as the  
24 process of disclosure proceeds.

25 We are grateful that other core participants have

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1 raised issues such as the financial and other support  
2 provided to ensure full compliance by those required to  
3 self-isolate, which we also consider to be important,  
4 and, again, we welcome the reassurance given by Counsel  
5 to the Inquiry this morning in this regard.

6 Our next point is on preparedness for the pandemic  
7 on TTP and, again, we note and welcome Counsel to the  
8 Inquiry's submission this morning that resources  
9 available across devolved administrations prior to the  
10 pandemic will be investigated.

11 This acknowledges that decision-making didn't  
12 start in a vacuum or from scratch in January 2020. We  
13 agree with other core participants' submissions which  
14 raise the need to enquire into the position or  
15 understanding on the ground prior to or leading up to  
16 January 2020 in order to understand the state of  
17 preparedness, and we emphasise that now to the extent  
18 that it may go further than the resources referred to by  
19 Counsel to the Inquiry in her submission.

20 **LADY HALLETT:** I'm sorry, can I just interrupt there? I'm  
21 so sorry, I just wanted to make sure I understand.

22 I don't really follow, with respect, to either you  
23 or the submissions made in writing what the difference  
24 is between the position as at January 2020 and what you  
25 are suggesting, because the Inquiry team are planning to

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1 particularly poorly on TTP by comparison with similar  
2 nations internationally. We've highlighted in our  
3 submissions South Korea but there are others, such as  
4 New York, where rates of, for example, self-isolation  
5 were in the region of 98 per cent, as the opposed to  
6 fewer than 30 per cent in Wales in December 2020.  
7 Germany and Australia have also been highlighted in this  
8 regard.

9 So we've suggested that it is appropriate in this  
10 module to draw from and learn the lessons of those other  
11 nations. The pandemic was, after all, global. We note  
12 and support submissions made by other CPs on this point  
13 as well and we would urge the Inquiry to include such  
14 knowledge and experience within this investigation,  
15 because it's likely to provide useful and instructive  
16 learning for future pandemics.

17 So finally, on timing, we note the full hearing is  
18 proposed to take place in three weeks over the late  
19 spring of 2025 and starting some five to six weeks after  
20 the conclusion of Module 5. We did previously flag our  
21 concerns at an earlier module at a preliminary hearing  
22 at timing, not just that enough time should be allocated  
23 to each module, which is a point we do repeat also  
24 today, but also that the rapid succession of hearings  
25 planned from September, to now include Module 7, all to

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1 investigate the position as at January 2020. So what  
2 I'm not following is what you wish to add.

3 **MS WEERERATNE:** I think it's just a matter of caution and to  
4 ensure that that means it's not a hard-edged starting  
5 point, so that knowledge proceeds from that point on,  
6 it's to acknowledge that there was knowledge on the  
7 ground before that, and that that -- if that means that  
8 that's taken into account, all well and good, but it's  
9 a matter of, certainly from our perspective, a cautious  
10 approach to ensure that what was known and what led to  
11 the knowledge that was available as at January 2020 is  
12 not somehow left behind.

13 **LADY HALLETT:** Thank you.

14 **MS WEERERATNE:** So, just to complete that, our submission is  
15 that it would provide a more meaningful answer, for  
16 example, to questions proposed at paragraph 20(e) of  
17 Counsel to the Inquiry's note relating to the modelling  
18 responses and to inform the development of policies and  
19 strategies, so that there is a continuum of information  
20 that feeds into those processes.

21 I hope that's clear, my Lady.

22 **LADY HALLETT:** Thank you.

23 **MS WEERERATNE:** On international comparisons, and it's  
24 a point I believe that Counsel to the Inquiry did not  
25 address this morning, it's now known that the UK fared

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1 be heard next year, gives rise to some concerns and  
2 problems really for particularly non-state CPs in  
3 keeping up with preparation.

4 So we repeat our concerns that the timetable  
5 currently potentially impairs effective core participant  
6 participation, particularly, as I say, of non-state CPs,  
7 who need more time to get to grips with the volumes of  
8 disclosure and to respond to the requests made by the  
9 Inquiry legal team. We face the prospect that we will  
10 be dealing with final submissions in one module as we're  
11 heading to the start of the next.

12 And, in making that submission, we're not  
13 advocating wholesale delays, and appreciate the  
14 constraints that the Inquiry operates under, but we do  
15 say it is necessary to pay full heed to the impact on  
16 non-state CPs in particular and their ability to  
17 participate and assist.

18 We highlight that reliance -- and understand the  
19 reliance placed by the Inquiry on material providers to  
20 provide information and evidence in good time and we  
21 note the timely use of Rule 21s in previous modules to  
22 assist with that process. We would obviously request  
23 that the Inquiry consider their use in this module as  
24 necessary to keep up and to allow the full participation  
25 of core participants in this module as well and that

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1 they should be considered, therefore, in this module  
2 also.  
3 So with those submissions, my Lady, I have nothing  
4 further to add unless there's anything further I can  
5 help you with.

6 **LADY HALLETT:** No, thank you.

7 Just those you represent obviously understand,  
8 I will be reading everything you submitted in writing  
9 very carefully as well. So thank you very much.  
10 Ms Munroe, are you next?

11 **Submissions on behalf of Covid-19 Bereaved Families for  
12 Justice UK by MS MUNROE KC**

13 **MS MUNROE:** Good afternoon, my Lady.

14 I appear today as ever on behalf of Covid Bereaved  
15 Families for Justice UK. I am instructed by Mr Elkan  
16 Abrahamson, of BJC, who sits next to me to my right.  
17 I'm also assisted today by counsel Mr Christian Weaver,  
18 who sits to my left.

19 My Lady, I am grateful that the submissions, which  
20 are joint submissions, written submissions, on behalf of  
21 both Covid Bereaved Families for Justice UK and Northern  
22 Ireland Covid Bereaved Families for Justice have been  
23 submitted, and I'm grateful that they will, of course,  
24 be read carefully and in detail.

25 There will be matters in these oral submissions  
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1 trace system that was put in place in this country  
2 failed to do so and failed to deliver on practically all  
3 fronts, which is why they believe this is such an  
4 important module.

5 Indeed, as far back as October 2021, the Public  
6 Accounts Committee chaired by Dame Meg Hillier, stated  
7 that the track and trace system had failed to achieve  
8 "its main objective", which is to cut infection levels  
9 and help Britain return to normal. The report added  
10 that the failure was despite the "eye-watering" sum of  
11 £37 billion in taxpayers' cash, or 20 per cent of the  
12 NHS's entire annual budget over two years, having been  
13 spent. She went on further, and I quote:

14 [as read] "Only 14% of 691 million lateral flow  
15 tests sent out had results reported, and who knows how  
16 many took the necessary action based upon the results  
17 they got or how many were never used. The continued  
18 reliance on the over-priced consultants who 'delivered'  
19 this state of affairs will by itself cost the taxpayer  
20 hundreds of millions of pounds."

21 Although often referred to as an "NHS Test and  
22 Trace", with the exception of the contact tracing app  
23 itself, the system has always been almost exclusively  
24 run by private companies, with large contracts awarded  
25 to companies, as Ms Cartwright King's Counsel set out

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1 that I won't speak to, not because we resile from them  
2 or we think they are less important, but, mindful of the  
3 time, my Lady, I intent to concentrate on perhaps three  
4 or four main topics, and there will be other matters  
5 that Mr Bindman, who represents Northern Ireland Covid  
6 Bereaved Families for Justice, will deal with in more  
7 depth and more detail.

8 My Lady, by way of some general observations in  
9 relation to this module on behalf of our families, as  
10 you know very well now ours is an extremely large and  
11 diverse group, encompassing people from many sections,  
12 and indeed every section and strata, of society,  
13 professionals with direct involvement in many of the  
14 matters under investigation by the Inquiry, as well as  
15 individuals, families, citizens who were impacted as --  
16 many, many different ways by this pandemic.

17 For our families, this module is particularly  
18 important. A robust test, trace, isolate and support  
19 system is fundamental. It's necessary from the earliest  
20 possible point of a major disease outbreak at scale to  
21 swiftly identify and isolate cases, to trace contacts  
22 and to implement targeted interventions to curb the  
23 spread of the virus and mitigate its impact on  
24 communities and public health.

25 For many of our families, however, the track and  
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1 this morning, such as Serco, Sitel and Deloitte. These  
2 companies then subcontracted out work to smaller  
3 companies and, when things began to go wrong, it was  
4 council-run tracing departments that often took up the  
5 contact tracing thereafter.

6 Just by way of example, my Lady, of some of the  
7 many issues that concern our families that are likely to  
8 arise out of this module:

9 The app development, that was in fact developed by  
10 NHSX, the NHS's technology department, which for some  
11 reason decided to develop its own contact tracing app  
12 without the help of the two of the largest and most  
13 experienced app developers on the planet, namely Apple  
14 and Google. The resulting app was somewhat disastrous.

15 Low level contact tracing, SAGE had stated that  
16 something in the region of 80 per cent of contacts with  
17 coronavirus cases needed to be contacted and told to  
18 self-isolate in order for the system to be effective.  
19 For many months, thousands of contacts were never  
20 reached or told to self-isolate and the virus spread  
21 exponentially. Self-isolation compliance had been low.

22 The target to turn around results to face-to-face  
23 tests were never met.

24 Testing centres, Dr Kit Yates, a mathematical  
25 biologist at the University of Bath, again back in

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1 October 2021, told The Guardian:  
2 "We now know 43,000 people are believed to have  
3 been given false negatives, but this doesn't even come  
4 near to the cost of the mistake.

5 "Many of these people will have been forced into  
6 school or work, potentially infecting others. This  
7 could be part of the reason behind some of the recent  
8 rises we've seen."

9 So for those and myriad other reasons, my Lady,  
10 this module is extremely important to our families.

11 We've listened very carefully to Ms Cartwright  
12 King's Counsel's detailed, constructive and very helpful  
13 responses to the specifics within the submissions not  
14 only of ourselves but other CPs this morning, and it is  
15 within those responses and observations that she has  
16 made that I make the following comments.

17 Firstly, scope. Of course we recognise the area  
18 of scope is a developing one, it's going to be evolving,  
19 and we therefore well necessarily keep -- we will all  
20 keep it under review, particularly having regard to the  
21 large volume of material that, in due course, will come  
22 our way.

23 But just perhaps two or three points under scope.  
24 Preparedness, and perhaps this is moving on from what  
25 has just been said, effectively what we say is in

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1 Some of our families lost loved ones who were  
2 economically vulnerable to the spread of Covid in the  
3 work place, such as factory workers, TFL workers, those  
4 who worked in transport and in care homes. Therefore,  
5 the robust test, track and isolate and support was  
6 critical for those families, particularly at the start  
7 of 2020.

8 But, as I say, my Lady, we do welcome what was  
9 said this morning by Ms Cartwright King's Counsel that  
10 clearly this is something that the Inquiry has very much  
11 in mind and very much to be part and parcel of scope.

12 Compliance. We noted in our written submissions  
13 that in the fourth paragraph of the scope section of  
14 CTI's note for Module 7 it's stated that it will  
15 examine:

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

21 That is doubtless important but we do also urge,  
22 my Lady, that the Inquiry, in order -- to thoroughly  
23 examine what was known and considered in advance about  
24 the psychological and social effects of implementing  
25 testing, tracing and isolation measures. Such an

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1 similar terms, my Lady, and I think you have the point  
2 now. Preparedness, of course, was something that was  
3 the *raison d'être* of Module 1, but certainly our  
4 understanding, and many other CPs', was that one can't  
5 simply compartmentalise preparedness, that it is  
6 a thread that goes throughout the Inquiry, and it has to  
7 be revisited in different levels according to the  
8 matters under investigation in a particular module, and  
9 we simply wish to make sure that is kept very much at  
10 the forefront.

11 So I'll say no more about that point.

12 Support. Under the heading of "test, trace,  
13 isolate and support", I welcome and we welcome and we're  
14 pleased to hear what was said this morning in relation  
15 to those submissions that we made. Clearly, support as  
16 part of that narrative is vitally important. The  
17 Inquiry will need to investigate and examine that in  
18 order to make meaningful recommendations and to learn  
19 those lessons. And support clearly encompasses  
20 financial, particularly for workers who are in  
21 vulnerable jobs, at risk of losing jobs because of  
22 isolation, for example workers on zero hours contracts  
23 would be susceptible to job loss, economic hardship and  
24 no sick pay if they didn't work. It also includes  
25 support for physical and vulnerable individuals.

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1 understanding, we say, is a crucial first step in order  
2 to then understand the actual factors that influence  
3 compliance.

4 The international component. I'll say not a great  
5 deal about that for now. It's there in our paragraph 10  
6 and Mr Bindman will, in due course, speak to you and  
7 address you further on that point. Save to say this, my  
8 Lady: we know that we are working in a limited time  
9 frame for this module. It's vast. That can be said for  
10 every single module in this Inquiry. There's lots of  
11 competing issues that will need and require time. So  
12 we're not suggesting that the Inquiry has the ability to  
13 have an in-depth comparative analysis and league tables  
14 between this country and abroad but simply what we say  
15 is that there is learning, potential learning to be had  
16 from how certain countries fared, and looking at that  
17 international component may well assist the Inquiry in  
18 terms, again, of findings and, importantly,  
19 recommendations and lessons to be learnt.

20 Then, under scope: the discrimination. It's  
21 a point, my Lady, that we do making regularly in our  
22 submissions, and I welcome again what was said this  
23 morning in terms of the investigation that certainly  
24 this module will be undertaking into the unequal impact  
25 on various sections of society.

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1 We also note what was said in terms of reference  
2 to the public sector equality duty. We simply say this,  
3 my Lady, that it is important that particularly in this  
4 instance -- I think that disability, which perhaps has  
5 not been as prominent as some other aspects under the  
6 broad umbrella of discrimination, will be particularly  
7 important here, and scope should reflect that.

8 In terms of experts, again, rather than  
9 reinventing the wheel and looking for new experts  
10 afresh, first and foremost we have, starting with  
11 Module 1 and moving into Module 2, and also Module 3 to  
12 come, an array -- a vast array, a growing array -- of  
13 highly qualified and eminent experts who have already  
14 reported on these issues and may well be able to be  
15 revisited to look at this particular issue in Module 7  
16 or, if not, be able to point us in the right direction.  
17 So that's what we say in terms of experts.

18 We also would urge upon the Inquiry that whilst,  
19 of course, the process that we undergo whereby once  
20 reports are available in draft form CPs can comment upon  
21 that, and that's important, it's a very useful exercise,  
22 perhaps being involved at an earlier stage in terms of  
23 discussions about the experts who will be instructed,  
24 the ambit and remits of their instruction, would also be  
25 a very constructive measure and may well save some time.

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1 misunderstandings could arise.

2 The approach we propose has been used in good  
3 effect in previous inquiries, my Lady, and we see it as  
4 something that assists not just CPs but certainly would  
5 assist CTI and assist the Inquiry generally in terms of  
6 being able to have the best possible -- one won't  
7 receive every single document before the start of the  
8 modules, we've seen that, but the best possible chance  
9 of having a comprehensive array of material before we  
10 start each module.

11 **LADY HALLETT:** I am afraid I'm going to have to ask you  
12 to --

13 **MS MUNROE:** I am coming to the end now, because I was going  
14 to say --

15 **LADY HALLETT:** Ms Munroe, you know what I'm like.

16 **MS MUNROE:** I do.

17 On timetable, again that's something that  
18 Mr Bindman will address you on, and we make the points  
19 in our paragraph 19. They are similar to points that  
20 have already been made on behalf of other CPs. Likewise  
21 Every Story Matters. We note what is said this morning  
22 but nonetheless we make those points in our paragraph at  
23 the end of our written submissions that, whilst the  
24 topics contained within the key lines of enquiry are  
25 relevant and important, we still hold the view that

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1 My Lady, that's all I say in relation to scope.

2 The second point, disclosure. Again, it goes  
3 without saying that we do not underestimate the enormity  
4 of the task in hand, the disclosure that will begin when  
5 we are all deep in Module 3, but that's the nature of  
6 the situation that we're in.

7 What we do say is that, firstly, in light of the  
8 comments made by Ms Cartwright this morning that CTI  
9 will be seeking, in terms of document providers,  
10 information about individuals involved, meetings,  
11 summaries of documents, that is very, very welcome, and  
12 perhaps there is not so much difference between what is  
13 envisaged by CTI and what we say in our submissions  
14 about a corporate narrative. It's important, we say,  
15 that those who are providing the documents are not  
16 necessarily the ones who are dictating the terms. If  
17 anything, it should be the other way round. If one is  
18 trying to target disclosure, it's very difficult to  
19 target disclosure when you don't know what is available.

20 Our families are concerned that without some sort  
21 of corporate narrative from each provider, there is  
22 a danger that things may be omitted. It could allow  
23 providers to withhold relevant information and later  
24 claim not to have disclosed it because the Inquiry  
25 didn't specifically ask for it, or innocent

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1 there may be a danger that targeted research will  
2 substitute that which the Inquiry could well do and  
3 should do itself, i.e. call written and oral evidence on  
4 those matters.

5 My Lady, unless I can be of any further  
6 assistance, those are our submissions.

7 **LADY HALLETT:** As helpful as ever, Ms Munroe. Thank you  
8 very much.

9 Just so everyone knows, I think -- unless it takes  
10 much longer than people have been allotted, I am going  
11 to try to finish this morning before we break for lunch.

12 So Mr Bindman.

13 **Submissions on behalf of Northern Ireland Covid Bereaved  
14 Families for Justice by MR BINDMAN**

15 **MR BINDMAN:** Thank you, my Lady.

16 My Lady, I appear on behalf of the Northern  
17 Ireland Covid Bereaved Families for Justice. We are  
18 grateful for the granting of core participant status in  
19 this module and others, and indeed for the points raised  
20 in Counsel to the Inquiry's submission before you this  
21 morning.

22 My Lady, you have the written submissions that  
23 were submitted jointly with the UK Government Covid  
24 Bereaved Families for Justice team and I don't propose  
25 to go through those or repeat them here. We also

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1 endorse the submissions just made by Ms Munroe King's  
2 Counsel, and urge the Inquiry to consider the points  
3 raised therein.

4 I wish only to make some brief submissions on  
5 behalf of the Northern Ireland Covid Bereaved Families  
6 for Justice aimed at drawing your attention to the fact  
7 that specific and distinct issues relating to the  
8 availability and operation of test, trace and isolate as  
9 a strategy arose in relation to Northern Ireland during  
10 the pandemic and that these issues must receive  
11 meaningful attention in this module in order to do  
12 justice to the clients that we represent.

13 Having very recently presided over Module 2C in  
14 Belfast, your Ladyship will now be fully aware of the  
15 political and operational issues that affected the  
16 devolved administration's response to the pandemic.

17 You will also recall from the evidence in  
18 Module 2C that when it came to test, trace and isolate,  
19 or test and trace, Northern Ireland was in a rather  
20 different position to England. Contact tracing was  
21 suspended in Northern Ireland on 12 March 2020.  
22 However, at that stage, Northern Ireland only had  
23 a handful of positive cases and retained excess testing  
24 capacity.

25 The evidence suggested that this decision was  
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1 to it being dependent on those taken in London without  
2 proper Northern Irish input. Within the Northern  
3 Ireland administration itself, its importance as a tool  
4 in fighting the disease, as opposed to simply  
5 quantifying it, appears to have been given inadequate  
6 attention.

7 These failures and the potential for a properly  
8 resourced test and trace strategy to prevent excess  
9 deaths in any future pandemic are, we say, essential  
10 matters for this module to consider in the specific  
11 context of Northern Ireland. Whilst it is accepted that  
12 the Inquiry has a significant amount to cover in a short  
13 period of time, and of course no-one is denying the  
14 scale of the task at all, the issue of test and trace is  
15 a fundamental one for those that we represent.

16 If, as appears may be the case, test and trace  
17 could feasibly have worked in Northern Ireland in a way  
18 that could have reduced infection rates and deaths and  
19 limited the need for the painful lockdowns that followed  
20 the onset of the pandemic, lessons must be learned for  
21 future pandemics.

22 As we have said in the written submissions, any  
23 such analysis must also give consideration to the land  
24 border between the north and the south of Ireland and  
25 the effect this may have on attempts to use test and  
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1 taken on the basis of a central government decision to  
2 move from the contain to delay phase of the pandemic and  
3 an analysis that England would soon run out of capacity.  
4 However, the appropriateness and necessity of such  
5 a move for Northern Ireland appeared to receive no  
6 proper analysis in central government or in Northern  
7 Ireland itself at all.

8 In fact, Northern Ireland was potentially in  
9 a very good position to utilise test, trace and  
10 isolation as a strategy to suppress the virus and reduce  
11 the deaths in those early weeks, something that  
12 successfully occurred in a number of other  
13 jurisdictions. Northern Ireland benefited from  
14 a relatively small population and lagged some weeks  
15 behind the rest -- in terms of the onset of Covid  
16 infection in the population, lagged some weeks behind  
17 the rest of the UK. As a result, had a sufficiently  
18 scalable test trace contract tracing infrastructure  
19 existed or been created in the early part of the  
20 pandemic, then it could have had a dramatic effect.

21 It's important to highlight that background,  
22 my Lady, to urge the Inquiry to give sufficient focus to  
23 the particular situation in Northern Ireland. Module 2C  
24 showed that there was a lack of emphasis placed on test  
25 and trace in Northern Ireland, with decisions relating  
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1 trace in a future pandemic.

2 Finally, and as Ms Munroe alluded to, and within  
3 the context that I've already set out, we reiterate the  
4 request for expert evidence on the use of test and trace  
5 amongst international comparators and the efficacy of  
6 it. For the reasons set out in our written submissions,  
7 this need not and could not involve a significant focus  
8 of Module 7 being diverted to looking at the  
9 international picture. Instead, given the differences  
10 between the four nations and the unique, geographical  
11 position of Northern Ireland, some understanding of how  
12 test, trace and isolate as a strategy was deployed to  
13 good effect in other countries is very important in  
14 determining how it might have been in the UK, and in  
15 particular in a jurisdiction with its unique features  
16 such as Northern Ireland.

17 It is respectfully submitted that no analysis of  
18 test and trace during the pandemic can take place in  
19 isolation. Evidence pointing towards or away from test,  
20 trace, isolate as an effective strategy in a UK-wide  
21 pandemic must at least be considered against examples  
22 from other jurisdictions.

23 My Lady, it was mentioned that I would say  
24 something in relation to timetable. I don't have  
25 anything very specific to add, save that we reiterate  
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1 the points that were made in the written submissions.  
 2 Fully understand the constraints that this Inquiry is  
 3 under, as ever, but there is a lot of material to get  
 4 through, and whether that is possible in that timetable  
 5 is, we say at this stage, somewhat doubtful.

6 My Lady, unless I can be any further assistance.

7 **LADY HALLETT:** Thank you very much for your help,

8 Mr Bindman, very grateful.

9 Right, it's Mr Thomas.

10 **Submissions on behalf of the Federation of Ethnic Minority**

11 **Healthcare Organisations by MR THOMAS KC**

12 **MR THOMAS:** Good morning, my Lady.

13 **LADY HALLETT:** Good morning.

14 **MR THOMAS:** My Lady, FEMHO would like to extend its  
 15 gratitude to you for the opportunity that you have  
 16 granted to allow them to present these submissions, and  
 17 recognising FEMHO as a core participant in this crucial  
 18 module.

19 As you know, and I won't dwell on this, you know  
 20 that FEMHO represents the interests of ethnic minority  
 21 healthcare workers and their families who were  
 22 disproportionately affected by the Covid-19 pandemic.  
 23 The UK Government's test, trace and isolate system and  
 24 strategy was particularly impactful on ethnic minority  
 25 healthcare workers and communities.

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1 contributed to low compliance rates within the test,  
 2 trace and isolate measures. So, my Lady all of these  
 3 things, we say, are important and crucial to understand.  
 4 In this module, these things need to be touched upon.

5 Let me move on. Economic support and compliance.  
 6 Financial insecurity. My Lady, lower testing and  
 7 isolation adherence rates were predictable, we say,  
 8 given the financial insecurity and lack of support for  
 9 individuals, particularly for those from ethnic minority  
 10 groups. Government failure to provide sufficient  
 11 financial assistance for self-isolation left many unable  
 12 to comply with the TTI measures without facing severe  
 13 financial hardship.

14 And then there were employment concerns and these  
 15 cannot being ignored. Migrants on employment-dependent  
 16 visas and those with no recourse to public funds faced  
 17 legitimate and serious concerns about engaging in the  
 18 trace, test and isolate system and this further  
 19 undermined the strategy's efficacy.

20 Slow roll-out in testing, delayed screening. The  
 21 roll-out of testing was slow with routine screening for  
 22 healthcare workers only starting in November 2020, long  
 23 after an asymptomatic transmission was recognised. This  
 24 delay particularly affected support staff in healthcare  
 25 settings.

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1 Systemic shortcomings. The systemic shortcomings  
 2 of the test, trace and isolate strategy must be  
 3 examined, we say, within the context of pre-existing  
 4 inequalities which were exacerbated by the Covid-19  
 5 pandemic, and we're really grateful to hear your  
 6 counsel's approach to that this morning. We really  
 7 welcome that.

8 There were a number of failures, TTI failures, and  
 9 if I can just touch upon a couple of examples just to  
 10 flag them.

11 So, for instance, areas with substantial ethnic  
 12 minority populations (such as Bradford, Luton,  
 13 Blackburn) experienced significant failures in the TTI  
 14 system. It could be said that some of these failures  
 15 were largely attributable to socio-economic factors that  
 16 disproportionately affected these communities. For  
 17 instance, overcrowding meant that individuals were  
 18 effectively -- it made it more difficult for them to  
 19 self-isolate, even when advised to do so after potential  
 20 exposure to the virus. Many individuals in these  
 21 communities held jobs that offered little job security  
 22 or sick leave forced them to choose between isolation  
 23 guidelines and risking financial hardship.

24 Moreover, my Lady, the lack of targeted support  
 25 and consideration for these vulnerable populations

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1 Then, my Lady, unequal treatment in TTI  
 2 enforcement, discriminatory practices. There have been  
 3 alarming instances where ethnic minority staff were told  
 4 that TTI policy did not apply to them or were called  
 5 back to work before their isolation periods ended. This  
 6 unequal treatment must be scrutinised to understand the  
 7 impact on ethnic minority staff.

8 Then we come, my Lady, to trust, cultural  
 9 competencies and engagement. If I can just touch upon  
 10 each of these very briefly. A critical shortcoming of  
 11 the test, trace and isolate strategy during the pandemic  
 12 was its lack of cultural competency approaches. Ethnic  
 13 minority communities faced significant barriers due to  
 14 the failure of the government to provide TTI information  
 15 in multiple languages, the use of culturally insensitive  
 16 testing practices. These issues not only alienated  
 17 non-English-speaking members of the community but also  
 18 effectuated mistrust in community public health  
 19 initiatives.

20 The absence of multilingual TTI materials meant  
 21 that crucial information about testing, tracing and  
 22 isolation measures was inaccessible to many ethnic  
 23 minority individuals who did not speak English fluently,  
 24 and this linguistic barrier hindered an ability to  
 25 understand and adhere to guidelines effectively.

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1 Moreover, my Lady, culturally insensitive testing  
2 practices, such as disregarding religious or cultural  
3 practices during the testing procedures, created further  
4 barriers and deterred participation in the TTI system.

5 My Lady, I'm conscious of time. Can I just touch  
6 upon a couple of other points and then come on to some  
7 specific measures.

8 Can I turn to data transparency and usage. Data  
9 deficiency. What we say and what we would like this  
10 module to look at is lack of robust data on race and  
11 ethnicity within the TTI system, which we believe  
12 hindered efforts to address disparities. Comprehensive  
13 and disaggregated data is essential to accurately assess  
14 and reach the effectiveness of the TTI strategy among  
15 ethnic minority communities.

16 Then there are data privacy concerns. The absence  
17 of transparent data reporting, particularly regarding  
18 the Covid-19 app, eroded trust and compliance within  
19 certain communities, ethnic minority communities. Clear  
20 and consistent information about data privacy and  
21 protection measures is crucial, we say, for building  
22 trust.

23 Now I'm going to touch upon a few FEMHO  
24 client-specific measures which I've already shared with  
25 your counsel, but just for transparency.

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1 the NHS ensure that minority staff were aware and had  
2 equal access to occupational health services during the  
3 pandemic, especially when isolated or shielding?

4 Handling complaints. How were complaints and  
5 feedback regarding discriminatory TTI practices handled?

6 Was there any trend in complaints related to racism or  
7 bias in the provision of safety measures or symptomatic  
8 testing for ethnic staff? I'm nearly there, my Lady.

9 Health equality considerations. What  
10 considerations were given to existing health  
11 inequalities in minority communities when forming  
12 national TTI policies?

13 And finally on this, financial support  
14 disparities. Were there differences in financial  
15 support or compensation provided to families of ethnic  
16 minority healthcare workers who died from the virus  
17 compared to their white counterparts?

18 I'm not going to repeat what core participants for  
19 other bereaved families have said in relation to expert  
20 evidence or Rule 9. We do align ourselves with those  
21 submissions and you can see that from our written  
22 submissions. So we repeat those and I don't repeat  
23 those here.

24 Let me just conclude by saying this: my Lady, it's  
25 crucial to delve into the systemic shortcomings in the

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1 So, vulnerable NHS staff criteria. We seek  
2 clarity on the criteria for vulnerable NHS staff  
3 reviewed by SAGE, especially concerning the high  
4 mortality rates among ethnic minority staff.

5 Secondly, policy influence. We say it's troubling  
6 that the phenomenon of ethnic minority staff dying in  
7 greater numbers did not inform or influence national  
8 policy on TTI.

9 Then there's the mobile app development. What  
10 became of the new mobile app for public deployment which  
11 was supposed to enhance contact tracing information and  
12 dissemination and system forecasting?

13 Behavioural nudges. What behavioural nudges were  
14 considered to support NHS middle and senior managers in  
15 promoting compliance among ethnic minority staff?

16 Testing distribution data. My Lady, we requested  
17 data on the distribution of tests across different  
18 hospitals and its correlation within the composition of  
19 ethnic minority staff.

20 Mental health support. What mental health and  
21 support services were specifically made available for,  
22 in particular, ethnic minority staff expected to isolate  
23 or shield? How were these services communicated and  
24 accessed?

25 Access to operational health services. How did

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1 TTI strategy and understand how these failures  
2 perpetuated health disparities. Only by examining these  
3 issues, we say can the Inquiry uncover the root causes  
4 and develop more actionable recommendations going  
5 forward into the future.

6 Finally, FEMHO, my Lady, continues to be committed  
7 to contributing to our lived experiences and FEMHO  
8 members, you know, want to help this Inquiry with their  
9 professional expertise to aid this vital investigation.

10 I just want to clarify one thing that your counsel  
11 said this morning. When it comes to relying on our  
12 expertise, we hope that we can do that through evidence  
13 in the Inquiry and so I just want to make that -- you  
14 know, FEMHO's open to do that and our members are open  
15 should the Inquiry wish to have that assistance.

16 My Lady, unless I can be of any further  
17 assistance, those are my submissions.

18 **LADY HALLETT:** Thank you, Mr Thomas. You got through a very  
19 great deal of important material in less than the  
20 allocated time; so thank you very much for your help.

21 Thank you.

22 I think -- is it Ms Peacock next? It is.

23 **Submissions on behalf of the Trades Union Congress by**  
24 **MS PEACOCK**

25 **MS PEACOCK:** Thank you, my Lady, and good afternoon.

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1 I appear on behalf of the Trades Union Congress,  
2 led by Sam Jacobs and instructed by Thompsons  
3 Solicitors.

4 The TUC brings together over 5 million working  
5 people who make up its 48 member unions. In this  
6 module, the TUC is working in partnership with TUC  
7 Cymru, the Scottish TUC, and the Northern Ireland  
8 Committee of the Irish Congress of Trades Unions.

9 Given the broad representation of the TUC's  
10 affiliated unions across a diverse range of sectors and  
11 the importance of test, trace and isolate systems for  
12 those who continued to work throughout the pandemic, the  
13 TUC, its sister organisations, affiliated unions and the  
14 union members all have a vested interest in this module.

15 The alarming statistics on the systems of TTI in  
16 the UK speak for themselves. For example, Cabinet  
17 Office polling in January 2021 suggested that only  
18 36 per cent of people with symptoms were being tested  
19 for Covid-19. A SPI-B paper in September 2020 reported  
20 that current rates of self-isolation are very low, less  
21 than 20 per cent based on self-report. They are  
22 particularly low among the youngest and the poorest.

23 Despite being alarming, these statistics do  
24 present an opportunity, we say. TTI was an area where,  
25 as other core participants have emphasised, the UK

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1 increasing population who are in work and in poverty in  
2 the UK.

3 Evidently where a person feels they cannot afford  
4 to self-isolate if they are required to do so, they are  
5 less likely to engage with the systems of testing and  
6 tracing which may result in them being asked to stay at  
7 home and out of work. Getting the provision of  
8 financial support right is therefore critical to the  
9 success of the entire TTI strategy. Given the  
10 disproportionate representation of people of colour,  
11 women, and people with disabilities and caring  
12 responsibilities within low paid and insecure work, it  
13 is also essential to ameliorating the uneven impacts of  
14 any mass outbreak.

15 The topic of financial support for self-isolation  
16 has been explored at high level in Module 2, with a  
17 focus on the decision-making by key government figures.  
18 In Module 7, we look forward to the opportunity to  
19 explore this topic in more detail and with a focus on  
20 there evidential basis for decisions, the efficacy of  
21 the policies and schemes which were devised, and  
22 recommendations regarding how this issue may be best  
23 addressed in future.

24 In general terms, the TUC welcomes the  
25 provisional outline of scope as being sufficiently

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1 underperformed. Evidence from other countries (such as  
2 South Korea, Germany, Australia and the United States)  
3 suggest that much better outcomes can be achieved  
4 through successful systems of TTI. This is therefore an  
5 area where carefully considered, evidence-based  
6 recommendations could and should make a real meaningful  
7 difference in future outbreaks of infectious disease.

8 A particular focus for the TUC throughout the life  
9 of this Inquiry has been the financial support which was  
10 available to those in work to self-isolate when required  
11 to do so. A lack of adequate and accessible financial  
12 support for self-isolation has the capacity to undermine  
13 all other aspects of the TTI system. Somewhat  
14 unexpectedly, Dominic Cummings' words on the topic cut  
15 straight through to the central, thorny issue. He said  
16 in oral evidence in Module 2:

17 "If I had very little money and I was told, 'Well,  
18 you've got to stay at home' but in doing that I wouldn't  
19 have the cash to actually look after my own family, then  
20 obviously I'm going to ignore a lot of rules. I'm going  
21 to work and try and keep getting paid and that was the  
22 fundamental problem."

23 During the pandemic that dilemma, comply with  
24 testing and isolation requirements or put food on the  
25 table, was the stark reality for many within the

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1 broad. As Counsel to the Inquiry noted in her opening  
2 remarks, we do not invite amendment to it. However,  
3 we do make clear that the TUC's view is that in order  
4 to properly assess the issues contained within the  
5 provisional scope, the Inquiry must scrutinise not  
6 only whether financial support was available, and in  
7 what amount, but also how it was administered. It's  
8 one thing to set up a scheme to financially support  
9 low income workers but if workers are not aware of the  
10 scheme, or have heard that most applications are  
11 rejected, or know that applications often take weeks  
12 to process, they will not apply.

13 Therefore, financial support available via  
14 a pre-existing mechanism, such as statutory sick pay,  
15 may be very different in effect to an amount made  
16 available by a fragmented fund with a novel  
17 application process administered by individual local  
18 authorities. It is, therefore, both the availability  
19 of financial support and the means by which financial  
20 support is made available and communicated to the  
21 public that we say is crucial.

22 In our written submissions, we made two requests  
23 for clarification in respect of the provisional  
24 outline of scope. We are grateful to Counsel to the  
25 Inquiry for her indication that the Module 7 team will

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1 continue to co-ordinate closely with future modules on  
 2 the financial support which was available, including  
 3 in respect of the Adult Social Care Infection  
 4 Prevention and Control Fund, and that Module 7 will  
 5 request and explore evidence of the impact of TTI on a  
 6 range of groups and populations, including key  
 7 workers, those from minoritised and marginalised  
 8 communities and those on low incomes.

9 In respect of expert evidence, we welcome  
 10 Counsel to the Inquiry's relation that experts  
 11 instructed will have regard to relevant international  
 12 comparisons. In previous modules, witness and  
 13 documentary evidence has indicated that other  
 14 countries performed better than the UK in systems of  
 15 TTI. By way of example, Professor Anthony Costello  
 16 stated in oral evidence in Module 2:

17 "If you get the support right, as later happened  
 18 in New York, when they were given generous support for  
 19 self-isolation, you got 94% compliance, whereas in  
 20 this country many poor people did not comply with  
 21 self-isolation simply because they couldn't afford to  
 22 do so ..."

23 A briefing paper for a Covid-O meeting which  
 24 took place on 22 January 2021 stated:

25 "Nearly all countries that have been successful  
 85

1 the response to the Covid-19 pandemic, the creation of  
 2 a TTI system which should not break down barriers for  
 3 people of colour but created and reinforced them, is not  
 4 repeat in future.

5 In our written submissions, we set out a list of  
 6 witnesses whose evidence we consider would assist this  
 7 module, as well as identifying two specific areas we  
 8 consider merit investigation via the evidence-gathering  
 9 process. We welcome Counsel to the Inquiry's  
 10 liquidation that the Inquiry legal team has already  
 11 started to consider our proposals on who ought to  
 12 receive Rule 9s.

13 We note that one specific request made at  
 14 paragraph 14 of our written submissions, regarding a  
 15 supplementary witness statement from Dr David Halpern,  
 16 has been addressed in email correspondence with the  
 17 Inquiry team and we now have the INQ number for that  
 18 statement which is 000391415.

19 We also made a series of observations regarding  
 20 the proposed key lines of enquiry for Every Story  
 21 Matters. We stand behind those submissions but we do  
 22 not repeat them here.

23 We do, however, seek to emphasise one of those  
 24 points and to make a wider point about its general  
 25 relevance to this module. In our written submissions,  
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1 in containing or eliminating the virus provide  
 2 generous financial packages to their citizens who must  
 3 self-isolate, whether through income guarantees, sick  
 4 pay or targeted payments."

5 In that Covid-O meeting, it was noted that  
 6 self-isolation as a disincentive to get tested had been  
 7 observed in the poorer boroughs of London where disease  
 8 prevalence was high. This was no coincidence.

9 The evidence clearly exists in relation to the  
 10 performance of TTI systems in other countries. The  
 11 topic is, however, complex and technical. International  
 12 comparative analysis by an expert will be more  
 13 consistent and reliable. It could take account of  
 14 variables in the way the data are collected and could  
 15 provide recommendations rooted in the experience of  
 16 other countries. We consider that such analysis would  
 17 be of great value to this module.

18 We further support the submissions of the  
 19 Federation of Ethnic Minority Healthcare Organisations,  
 20 which Counsel to the Inquiry has touched upon this  
 21 morning, on expert evidence.

22 An expert report from a specialist on race  
 23 inequality will provide the Inquiry with the evidential  
 24 basis for findings and recommendations which will serve  
 25 minoritised communities and ensure that the failure of  
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1 we expressed that the potential audience groups for  
 2 research conducted for Module 7 should include a further  
 3 category; namely, workers in the manufacturing sector.  
 4 Workers in the manufacturing sector are  
 5 disproportionately in insecure work. Many are engaged  
 6 on zero hours contracts, do not have the benefit of  
 7 company sick pay, and wield little power over their  
 8 working terms and conditions.

9 Throughout the pandemic, factories were the site  
 10 of significant outbreaks of infection. For example, two  
 11 workers died and 100 workers tested positive amid an  
 12 outbreak at a branch of Bakkavor, a food manufacturing  
 13 company which supplies Marks & Spencer. It was only  
 14 after interventions by GMB, the union representing  
 15 Bakkavor workers that the factory introduced a mass  
 16 testing programme and full sick pay for workers required  
 17 to self-isolate.

18 A member of the Bakers Food and Allied Workers  
 19 union and a worker at a soft drinks factory, in response  
 20 to a TUC survey, stated:

21 "No practical social distancing. We were provided  
 22 with masks but not until around 22 per cent of the  
 23 workplace tested positive for Covid. People who felt  
 24 unwell with symptoms were allowed to stay on site or  
 25 management left it up to the individual. Not getting  
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1 paid while off, people stayed."

2 The TUC welcomes the Inquiry's intention, as is  
3 highlighted by the key lines of enquiry, to consider TTI  
4 within the healthcare sector. That is important. As we  
5 set out in our written submissions, we consider that  
6 social care workers should be included within the  
7 research audience groups.

8 We have had the opportunity to read the  
9 submissions of the Department for Education regarding  
10 inclusion of workers in the education sector and we  
11 support those submissions. In addition, the TUC urges  
12 the Inquiry to specifically investigate TTI in the  
13 manufacturing sector. This is especially important,  
14 given that workers in this sector do not have a  
15 dedicated module which will consider their  
16 circumstances.

17 Data from the Office of National Statistics  
18 reflect that process, plant and machine operatives were  
19 one of the occupational groups with the highest rates of  
20 death from Covid-19. The numerous outbreaks and  
21 disproportionate mortality within the sector are said to  
22 take careful consideration by this Inquiry.

23 Thank you, my Lady. Those are the submissions of  
24 the TUC. We stand ready to assist.

25 **LADY HALLETT:** Thank you, Ms Peacock. Whether you will ever  
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1 other devolved governments, an example of which is the  
2 National Testing Programme which formed an important  
3 part of the "test" element of Test, Trace, Protect in  
4 Wales.

5 My Lady, the Welsh Government is reassured that  
6 reports from the Inquiry's listening exercise will  
7 inform the Inquiry's investigations in Module 7. The  
8 Inquiry's approach aligns with the Welsh Government's  
9 determination that we listen to people from different  
10 communities and different backgrounds, particularly  
11 those who may have experienced difficulties in engaging  
12 with the test, trace and isolate systems operating  
13 throughout the UK.

14 We are greatly heartened by your assurances that  
15 the Inquiry will ensure that the voices of each devolved  
16 nation are clearly heard. We would urge that the voices  
17 of Welsh language speakers are also included in that  
18 consideration.

19 It is entirely right that Module 7 should closely  
20 examine both the experiences of and impact on  
21 individuals, as well as the broad range of decisions  
22 that were taken by the Welsh Government and by others in  
23 relation to the Test, Trace, Protect system in Wales.

24 The Welsh Government emphasises that it fully  
25 recognises the importance of that scrutiny. Indeed, it  
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1 live down that, representing the TUC, you commented  
2 Mr Cummings -- thank you very much.

3 **MS PEACOCK:** We feel his point was a very strong one.

4 **LADY HALLETT:** Last we have Mr Rogers.

5 **Submissions on behalf of the Welsh Government by MR ROGERS**

6 **MR ROGERS:** My Lady, *prynhawn Da*. The Welsh Government is

7 grateful for the opportunity to participate in Module 7  
8 and to make these brief oral submissions. They  
9 supplement to the submissions already filed.

10 As in all other modules, the Welsh Government  
11 offers its full co-operation and support for your  
12 Inquiry's work in examining the test, trace and isolate  
13 system known in Wales as "Test, Trace, Protect". The  
14 Test, Trace, Protect programme in Wales was developed  
15 through partnership arrangements with the local health  
16 boards, Public Health Wales, local authorities and the  
17 third sector.

18 It formed a critical part of the wider response to  
19 the virus, as set out in the Welsh Government's  
20 Coronavirus Control Plan for Wales. The scale and  
21 challenge of the pandemic brought these organisations in  
22 Wales together with a common goal of limiting the spread  
23 of the virus and protecting the population of Wales.

24 Additionally, the Test, Trace, Protect programme in  
25 Wales involved working with the UK Government and the  
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1 welcomes it. It is through such scrutiny that lessons  
2 may be learnt for the future for the benefit of all.  
3 The Welsh Government is therefore committed to providing  
4 every assistance that it can to the Inquiry to allow for  
5 its investigation to take place.

6 My Lady, *diolch*. Thank you.

7 **LADY HALLETT:** Thank you very much, Mr Rogers.

8 Anything by way of response, Ms Cartwright?

9 Response by SENIOR COUNSEL TO THE INQUIRY

10 **MS CARTWRIGHT:** My Lady, very briefly. You have heard  
11 helpful submissions that cover a wide range of topics in  
12 the course of this hearing and I know you, my Lady, and  
13 the Inquiry team will want to consider these with great  
14 care.

15 Can I thank all core participants and their legal  
16 representatives for their collaboration with the  
17 Module 7 team in advance of and today. That thanks is  
18 also extended to many other individuals and  
19 organisations who have been assisting the Module 7  
20 investigation and the Module 7 team.

21 My Lady, I do not propose to address you further  
22 in respect of the detail of the oral submissions, unless  
23 there is any matter that you would wish me to address  
24 you specifically on.

25 **LADY HALLETT:** Thank you very much. Thank you,  
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1 Ms Cartwright.  
 2 My thanks earlier to each of the speakers weren't  
 3 simply a nod to courtesy. I genuinely am grateful to  
 4 everybody who has submitted both written submissions and  
 5 made oral submissions today. You've given me a great  
 6 deal of food for thought, as ever, and, as Ms Cartwright  
 7 says, I shall consider your submissions with care with  
 8 the Inquiry team and you'll hear my response as soon as  
 9 we can get it out.  
 10 Thank you all very much indeed.

11 (1.01 pm)

12 (The hearing concluded)

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<b>0</b> <b>000391415</b> [1] 87/18	<b>4</b> <b>42</b> [1] 52/9 <b>43</b> [1] 35/11 <b>43,000</b> [1] 61/2 <b>48</b> [1] 81/5			
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