Module 3
Running Sheet of Amendments to published Witness Statements and Expert Reports
Version 6 - Published 1 April 2025

This document sets out corrections to witness statements and expert reports which the authors have noticed since finalising their statement/report and which have been published on the Inquiry website. This document will be updated and re-published on a rolling basis, as witnesses identify and inform the Inquiry of any corrections to their statements or reports.

	Document description	DocID and page	Paragraph number	Amendment(s) [Additions are shown in blue text; deletions are in red/struck through text]
1.	Expert Report by Professor Clive Beggs titled An expert report on the physical sciences underpinning Covid-19 transmission and its implications for infection prevention and control in healthcare settings, dated 07/08/2024	INQ000474276_0009	18	The role of exhaled respiratory particles in the transmission of SARS-CoV-2 remains a contentious issue with many IPC professionals still (August 2024) believing that it is the deposition of so-called 'droplets' on the mucosa of the nose, mouth and eyes that is the principal route by which Covid-19 is spread, whereas the overwhelming physical science evidence strongly indicates that the inhalation of infectious aerosol particles is the dominant route. The latter opinion was influential in changing the position of the WHO, who early in the Covid-19 pandemic stated categorically that the disease was **not** airborne (Lewis 2022; Morawska et al. 2023), but now (August 2024) acknowledges that the inhalation of infectious airborne particles (i.e., aerosols) is likely ~~the dominant~~ an important route by which SARS-CoV-2 ~~transmission occurs~~ and other respiratory virus infections can be transmitted (WHO 2024a; WHO 2024b, Kupferschmidt K. 2022). Government bodies in the UK still have varied and ambiguous positions about this, with Appendix ~~6+~~ 11a (https://www.england.nhs.uk/wp-content/uploads/2022/09/n

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				ipcm-appendix-11a-v2.7.pdf) in the *National infection prevention and control manual* (NIPCM) for England describing the transmission route for SARS-CoV-2 as *"droplet/~~aerosol~~ airborne"* (NHS-England 2022). (NB. A full discussion of this subject is provided in Part 2.)
2.	Witness Statement provided by Dr Barry Jones on behalf of the Covid-19 Airborne Transmission Alliance, dated 31/10/2023	INQ000273913_0084	259	The primary significance of the airborne route of SARS-CoV-2 transmissions are part of the unequivocal findings of the UK's national core study on Covid-19, the WHO's change of viewpoint and the Cabinet Office's confirmation of airborne transmission ~~in January 2022~~ as early as 2020…
		INQ000273913_0087	271	Ultimately, in ~~early 2022~~ 2020, the Cabinet Office changed its position on airborne transmission and ~~PPE~~ the importance of ventilation. However, other public authorities, such as the Scottish Government, did not. Neither did the IPC guidance change.
		INQ000273913_0102	311	The level of scientific evidence included in the deliberations of the IHR AGP panel was such that only high-level evidence could be included. This was admitted by one of the scientists involved in gathering evidence for the IHRAGP panel and IPC Cell when Dr Barry Jones, Chair of AGPA/CAPA/CATA and ~~Kamini Gadhol MBE, Former CEO of RCSLT~~ Rose Gallagher MBE (RCN), attended a meeting of the NHSE IPC Improvement Programme ~~at the end of 2022~~ on 18 January 2023. Thus, there was an inappropriately high threshold for evidence being used to direct guidance and policy to the exclusion of conflicting

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				expert opinion from multiple professional bodies
		INQ000273913_0126	384	As discussed, earlier on in this statement, earlier in March 2021, in response to a letter from AGPA, the RCN, and Professor Trish Greenhalgh to the national CMOs, CNOs and ~~CAHPF~~ CAHPO, Chris Whitty agreed to have a meeting…
		INQ000273913_0177	184	<table><tr><td>~~05/11/2021~~</td><td>~~Stop Covid-19 hanging around.~~</td><td>~~Westminster Council published a video of aerosols from mouths.~~</td><td>~~[BJ/57 – INQ000273883]~~</td></tr></table> [Please note: This whole row in Annex 1 to the statement is deleted.]
		INQ000273913_0207	N/A	During the time whilst PHE was vehemently denying that airborne transmission existed, the Cabinet Office was putting out a public information video~~s~~ [BJ/56 - INQ000273881] graphically depicting airborne transmission. ~~These videos [BJ/57 - INQ000273883]~~ This video caused HCWs to wonder how the virus could be airborne in domestic and other indoor premises, but not airborne when they were caring for known infectious patients…

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3.	Witness Statement provided by Charlotte McArdle, Linda Kelly, and Maria McIlgorm on behalf of the Office of the Chief Nursing Officer for Northern Ireland, dated 01/05/2024.	INQ000474226_67	246	The Department issued a statement on 12 March 2020 (INQ000103659) alerting the public that HSC services were under growing pressure due to the increase in cases of coronavirus. It set out the expectation that normal business would not be possible as the HSC moved into the next phase of the pandemic. In terms of restrictions to visiting, ~~as CNO I issued~~ the first iteration of visiting guidance for ~~healthcare~~ care home settings in Northern Ireland was issued on 17 March 2020 as part of overall guidance for nursing and residential care homes around the response to Covid-19 (INQ000120717). I had commissioned the Northern Ireland Practice Education Council (NIPEC) to prepare draft visiting guidance, and this work was completed at pace, due to the emerging evidence and public protection concerns. When issued on 26 March 2020, the guidance was recommended to equally apply in hospitals, hospices, nursing and residential care homes, and other community settings.
4.	Witness statement of Dr Catherine Finnis on behalf of Clinically Vulnerable Families, dated 31/01/2024.	INQ000409574_31	74	In November 2020, a report by the government (`*Covid 19 deaths of people identified as having learning disabilities: summary'* report published 12 November 2020) **[Exhibit CF/29 - INQ000408816]**. showed that the death rate for people with learning disabilities ('LD') with COVID-19, adjusted for under-reporting, was 369 per 100,000 adults, which is 3.6 times the rate in the general population. Deaths in hospital settings, which the report noted were likely to be an under-estimate, were 3.1 times adults without disabilities. ~~The government delayed recognition~~

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				~~(by being slow to acknowledge and formally identify) people with LD as a group at increased risk from COVID-19 and who thus required specific protective measures. In particular, CVF understand that the disparity in deaths between the LD and wider public was known before Christmas 2020 but that LD people were only added to shielding list on 19 February 2021 and thus were not initially prioritised for vaccination in early 2021.~~ Despite the higher death rate in this group, they were never offered the protections of shielding.
5.	Expert Report titled, Unveiling the hidden impact: Colorectal Cancer by Professor Aneel Bhangu and Dr Dmitri Nepogodiev, dated 30/06/2024.	INQ000474244_0022	49, Table 4	Diagnosis to treatment: time from diagnosis and decision to treat to beginning definitive treatment Scotland ~~62~~ 31 days (95%)
6.	Expert report for the UK Covid-19 Public Inquiry by Professor Andrew Metcalfe and Chloe Scott, titled Module 3: The Impact of the Covid-19 Pandemic on Healthcare Systems in the UK - Hip Replacement, dated 31/07/2024.	INQ000474262_0027	68	~~As the majority of patients awaiting hip replacement suffer with primary osteoarthritis, most patients were categorised as P4, the lowest priority level. NHS England in their Tranche 3 submission (paragraphs 1436 and 1440) [INQ000485652] confirms this. Based on later British Hip Society advice (Table 3) some of those with more severe disability could be prioritised as P3 but this was not to our knowledge formally incorporated into official guidance, or changes were not widely communicated (Farrow et al, 2022).~~ As the majority of patients awaiting hip replacement suffer with primary osteoarthritis, most patients were categorised as P4, the lowest priority level. NHS England in their

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				Tranche 3 submission (paragraphs 1436 and 1440) [INQ000485652] confirms this. Based on later British Hip Society advice (Table 3) some of those with more severe disability could be prioritised as P3 but this was not to our knowledge formally incorporated into official guidance, or changes were not widely communicated (Farrow et al, 2022).
7.	Witness statement of Caroline Lamb, on behalf of the Director General for Health and Social Care, dated 18/06/2024.	INQ000485979_0013	44	Caroline Lamb was delivery director for Cont~~r~~act Tracing and Isolation from May 2020 to August 2020.
		INQ000485979_0058	208	Caroline Lamb was the delivery director for establishing the cont~~r~~act tracing and support for isolation programme from May 2020 to August 202~~1~~0.
8.	Witness Statement of Professor Dame Jenny Harries, Chief Executive, UK Health Security Agency, dated 31/01/2024.	INQ000489907_0031	6.33	This position was endorsed by NERVTAG, ACDP and HSE. The list of AGPs did not include~~d~~ chest compressions ~~(Exhibit JH5/44 [INQ000381182])~~. There were, at that time, extremely constrained supplies of respirators, and so they were prioritised for staff performing the highest risk activities. Alongside this, there was a recommendation that FFP2s also be sourced. (Exhibit JH5/44 [INQ000381182]).
9.	Witness Statement of Professor Dame Jenny Harries, Chief Executive, UK Health Security Agency, dated 31/01/2024.	INQ000489907_0020	5.21	On 1 ~~4~~ April 2020, I had a conversation with the Minister for Social Care in which the issue of hospital discharges to care homes was discussed as well as the potential for nosocomial infection within the care home environment. Following this, I made enquiries with DHSC, GO-Science and the NHS about whether the SAGE nosocomial subgroup was already considering the care sector specifically or was planning to do so. The GCSA replied

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				confirming the intention was to consider care homes and other healthcare settings outside hospital.