
**Note for the Second Preliminary Hearing in Module 6 of
the UK Covid-19 Inquiry**

Introduction

1. The purposes of this note are to provide the agenda and introduce the issues for the Module 6 second preliminary hearing on 5 February 2025. Those who have been granted core participant status on Module 6 have been provided with regular monthly progress updates. However, this preliminary hearing is an opportunity to draw this information together and ensure that it is up to date, as well as allowing a public update on the Inquiry's work so far. **Should any Core Participant wish to file brief written submissions on any of the issues set out below, they must be received by the Inquiry by 4pm on 24 January 2025.**
2. The agenda for the Preliminary Hearing in Module 6 is as follows:
 - a. Introductory remarks from the Chair.
 - b. Update from Counsel to the Inquiry, including:
 - i. Update on Rule 9 requests
 - ii. Disclosure to Core Participants
 - iii. Expert witnesses
 - iv. Provisional List of Issues document
 - v. Every Story Matters
 - vi. Public hearings
 - c. Submissions from Core Participants

Rule 9 requests

3. As at the date of this note, Module 6 has issued nearly 100 Rule 9 requests for evidence from relevant organisations and individuals including the major government departments, relevant ministers, local government organisations, the regulators and public health agencies, trade unions and a wide range of interest groups, organisations and charities representing those who provide and receive adult social care. Annex A is a list of those statements that have been requested and, where applicable, the INQ reference of the statements that have been disclosed.
4. Given the number of Rule 9 requests already made, the Inquiry Legal Team considers that the majority of Rule 9 requests have now been sent. However, if having reviewed the evidence, Module 6 considers that any additional Rule 9 request is necessary, a focussed specific request will be sent.

Gathering evidence from individual residential care and nursing homes

5. To date, the Inquiry legal team has sent a number of Rule 9 requests to organisations that run or represent residential care and nursing homes.¹ In addition, the Inquiry wishes to gather evidence from individual care homes. In order to gather this evidence, the Inquiry intends to issue a small number of Rule 9 requests (numbering no more than 20 in total) to a selection of care homes from across the UK. This evidence is not intended to be representative of the issues faced by every care home, nor could it be, but is designed to obtain evidence from those 'on the ground' from which any common themes or issues might emerge. The care homes will be selected at random by the Inquiry Legal Team and will include care homes located in both urban and rural settings across the United Kingdom.

¹ Scottish Care; Care England, National Care Forum and Homecare Association; Care UK; Care Forum Wales; Independent Health & Care Providers; Care Association Alliance; National Care Association.

Disclosure to Core Participants

6. As Core Participants are aware, Module 6 has made 6 tranches of disclosure comprising 3,950 documents. This includes 22 witness statements and their exhibits, as well as material that has been provided to other modules. In addition, there are 36 draft statements that are being progressed for disclosure.

7. The Inquiry is grateful to the LGA and COSLA for their assistance in conducting surveys of their members. The LGA survey of its member local authorities in England and Wales was disclosed in tranche 1 and the findings included:
 - a. Over a fifth of respondents said that the capacity and/or resilience of the adult social care sector in their area were not very good or not good at all, whilst 95 per cent of these cited workforce recruitment difficulties, 93 per cent cited funding pressures, and 93 per cent cited a rising demand for adult social care services.
 - b. over three-quarters of councils reported supporting social care users who had unpaid carers unable to visit them through welfare checks, prescription or medicine collections, and temporary alternative domiciliary care.
 - c. Local government felt that social care was sometimes treated as an afterthought compared to the NHS.
 - d. Visits by healthcare professionals were frequently limited by the restrictions imposed during the pandemic, with 86 per cent citing limitations in care homes and 75 per cent citing limitations among people using domiciliary care.
 - e. Care home residents were discharged from hospital without being tested. Almost eight in ten English councils reported that the NHS discharged people from acute hospitals into care homes without routinely testing them first, and almost nine in ten said that care homes in their area were sometimes unaware of patients' COVID-19 status on

receiving them from hospital. Similarly, around nine out of ten English councils reported that their local care homes were pressured to take people discharged from hospital, and nearly four-fifths said that guidance on hospital discharge was poor.

- f. Respondents consistently emphasised the confusing nature of key guidance distributed by central government and some national agencies.
 - g. The COVID-19 pandemic had a highly negative impact on unpaid carers, and councils stepped up to help provide them and those they cared for with support. Over nine out of ten respondents reported that unpaid carers in their area suffered from mental stress, increased physical demands and/or a lessening of available respite.
8. The results of the COSLA survey are due imminently and we anticipate being in a position to disclose the results in Spring 2025.
9. Further tranches of disclosure will be made to Core Participants in the coming weeks and months. The Inquiry anticipates disclosing the vast majority of relevant material in good time for the Module 6 hearings. However, we recognise there has been pressure on material providers involved in multiple modules and we are working with those material providers to ensure, in so far as is possible, that disclosure in Module 6 is not compromised/unduly delayed.

Expert evidence

10. The Inquiry is making good progress with the preparation of the expert reports in relation to the impact of the pandemic on end of life care and the impact of the pandemic on those in the adult social care sector with dementia and upon

individuals with learning disabilities. Drafts of each report have now been sent to Core Participants and comments thereon are due to be provided by 31 January 2025. The Inquiry anticipates disclosing the final version of the reports in Spring 2025. By way of brief introduction to the expert evidence, some of the matters contained in those reports are summarised below:

- a. Dementia expert. Approximate figures suggest there were 885,000 people with dementia in the UK in 2019, and that this reached 1 million in 2024. In terms of mortality, in the pandemic people with dementia were disproportionately negatively affected. Over a quarter (27.5%) of those who died from Covid-19 in England and Wales between March and June 2020 had dementia, 13,840 deaths. Professor Sube Banerjee's report examines the impact of the Covid-19 pandemic on the care and treatment of people with dementia and their family carers, whether receiving care in their own home or resident in a care home, including the impact on mental health outcomes and on mortality rates. This includes the impact of lockdown and visiting restrictions on people with dementia and the impact of infection prevention and control measures on them.
- b. Learning disabilities experts. Professor Chris Hatton and Professor Richard Hastings' report examines the impact of the pandemic on individuals with learning disabilities. The report notes that people with learning disabilities were more at risk of being infected with Covid-19, more likely to be hospitalised and were at higher risk of dying from Covid-19. In addition, the pandemic negatively impacted family carers, particularly those caring for adults with profound and multiple learning disabilities where the impact of the withdrawal of support services was most keenly felt.
- c. Palliative and End of Life Care experts. This report looks at the impact of the pandemic on people in receipt of palliative care i.e. people with life

threatening illness and those at the end of life. End of life care is commonly considered to be care provided within the last year of life and often refers to the care received in the last months and weeks of life. It includes not just pain relief and other pharmacological treatments but is a more holistic approach aimed at achieving the best quality of life for patients and their families. As Professor Katherine Sleeman and Professor Stephen Barclay explain, palliative and end-of-life care services are interconnected across health and social care and throughout all care settings and so their report examines not only palliative and end-of-life care offered in care homes and by domiciliary social care providers in peoples' own homes, but includes some information about services outside of the scope of Module 6 provided by GPs, community nurses, allied health professionals and palliative care specialists in primary care, in people's homes, in hospices and in the community. The inclusion of information outside the scope of Module 6 has been provided for context and it should not be taken that the scope has been amended.

Provisional List of Issues

11. In common with other Modules, the Module 6 legal team has provided Core Participants with a list of issues. The list is provisional and is not intended to be exhaustive, prescriptive or final. Inevitably, some issues may come into greater or lesser focus as the Module progresses - some may drop away and others may emerge. It follows that not all of the areas will be addressed to the same degree or explored in the same way.
12. The list of issues mirrors the Provisional Outline of Scope of Module 6 and includes a sub-set of topics which may be explored in evidence. The list of issues will be kept under review and an updated list will be circulated to Core

Participants in due course.

Listening exercise - Every Story Matters

13. Work on Every Story Matters continues, with thousands of care experiences being analysed for the Module 6 Record, which will be disclosed to Core Participants in the Spring.

Public Hearing

14. The public hearing in Module 6 will commence on Monday 30 June 2025 and conclude on Thursday 31 July 2025. As with the Inquiry's other Modules, the Module will commence with an impact video.
15. In addition to the ESM record, the expert reports and the surveys conducted on behalf of the Inquiry, many of the Rule 9 requests have asked the recipients for evidence of the impact of the pandemic on those in receipt of and providing adult social care. Some of this evidence will be called at the public hearings along with some impact evidence from each of the four Covid-19 bereaved groups. The Inquiry also wishes to explore calling a witness who was resident in a care home but this may not be possible/practicable given obvious issues with the witness's capacity and the passage of time. Recognising that the calling of impact evidence will need to be done in a sensitive but proportionate way, the Inquiry would welcome suggestions from Core Participants as to how best to call this evidence within the Module 6 public hearing.
16. The Inquiry does not currently anticipate holding a further preliminary hearing for Module 6 before the start of the public hearings. However, the Inquiry will

keep this under review and will inform all Core Participants if it considers a further preliminary hearing to be necessary.

17. In preparation for the public hearings, in due course, the Inquiry intends to circulate a provisional list of witnesses and will invite Core Participants' submissions on this list. A final draft of the List of Issues will also be disclosed.
18. The monthly update notes will provide detail about the process for making written and oral submissions and the process for evidence proposals and the Rule 10 procedure to be adopted by Module 6.

13 January 2025

Counsel to the Inquiry

Jacqueline Carey KC

Joanne Cecil KC

Bo-Eun Jung

Laura Paisley

Natasha Shotunde

Andrew Beech

Annex A - List of Rule 9 Request recipients as of January 2025

GOVERNMENT DEPARTMENTS, ARM'S LENGTH BODIES AND OTHER ORGANISATIONS	
Name	Inquiry Reference
Association of Directors of Adult Social Services (ADASS)	
Association of Directors of Social Services (ADSS) Cymru	
Age UK	INQ000509808
Alzheimer Scotland	INQ000520994
Alzheimer's Society	INQ000498137
Association for Real Change	WITHDRAWN
British Association of Social Workers (BASW)	
British Geriatric Society (BGS)	INQ000515726
Cabinet Office	
Care Association Alliance	INQ000504053
Care England	
Care Forum Wales	INQ000517219
Care Home Relatives Scotland	
Care Inspectorate Scotland	
Care Inspectorate Wales	
Care Quality Commission	
Care UK	
Carers Trust	
Carers UK	
Chief Nursing Officer for Wales	
Chief Nursing Officer Northern Ireland	
Chief Nursing Officer for Scotland	
Commissioner for Older People for Northern Ireland	
COSLA	
COSLA (Survey)	
Covid 19 Bereaved Families for Justice (CBFFJ)	INQ000474426
Covid 19 Bereaved Families for Justice (CBFFJ) Cymru	
Dementia UK	INQ000509894
Department of Health NI	
Department of Health and Social Care (DHSC)	
Director General of Health and Social Care, Scotland	
Disability Action Northern Ireland (part of the Disabled People's Organisations)	INQ000520343

Disability Charities Consortium	INQ000474414
Disability Rights UK (part of the Disabled People's Organisations)	INQ000520998
Disability Wales (part of the Disabled People's Organisations)	INQ000520201
Federation of Ethnic Minority Health Organisations	
Frontline Migrant Health Workers Group	
Health and Social Services Group (Wales)	
His Majesty's Treasury	
Homecare Association	
Inclusion Scotland (part of the Disabled People's Organisations)	INQ000520202
Independent Health and Care Providers	
Irish Congress of Trade Unions	
John's Campaign, Patients Association and Care Rights UK	INQ000514104
Local Government Association	
Local Government Association (Research Report)	INQ000400522
Ministry of Housing, Communities and Local Government (MHCLG, formerly DLUHC)	
National Association of Care and Support Workers (NACAS)	
National Care Association	INQ000515683
National Care Forum	
National Records of Scotland (NRS)	
NHS England	
NI BHSCT (Belfast)	
NI CBFFJ	
NI NHSCT (Northern)	
NI SEHSCT (South Eastern)	
NI SHSCT (Southern)	
NI WHSCT (Western)	
Northern Ireland Human Rights Commission	INQ000505789
Northern Ireland Statistics and Research Agency (NISRA)	INQ000474699
Nuffield Trust	
Older People's Commissioner for Wales	INQ000514106
PAMIS	
Patient and Client Council	
Public Health Agency Northern Ireland (PHANI)	
Public Health Scotland	
Public Health Wales	

Regulation and Quality Improvement Authority (RQIA)	
Royal College of GPs	
Royal College of Nursing	
Scottish Care	INQ000509530
Scottish Covid Bereaved	INQ000520272
Scottish Directors of Public Health	
Scottish Health Boards	
Scottish Trades Union Congress (STUC)	
Skills for Care	
Social Care Institute for Excellence	
The Care Worker's Charity	
The King's Fund	INQ000502030
The People's Care Watchdog	
Trades Union Congress (TUC) / Welsh Trades Union Congress (WTUC)	
UK Health Security Agency (UKHSA)	
UKSA/ONS	

INDIVIDUALS		
Name	Role (during Relevant Period)	Inquiry Reference
Albert Heaney CBE	Chief Social Care Officer	
Baroness Eluned Morgan	Minister for Health and Social Services	
Deborah Sturdy	Chief Nurse for Adult Social Care	
Gillian Keegan	Minister of State for Social Care and Mental Health	
Helen Whately MP	Minister of State for Care and Mental Health	
Humza Yousaf	Scotland Cabinet Secretary for Health and Social Care	
Professor Ian Hall	Academic Co-Chair of the SAGE Social Care Working Group	
Jeane Freeman	Scotland Cabinet Secretary for Health and Sport	
Dame Jenny Harries	Deputy Chief Medical Officer	
Matt Hancock	Secretary of State for Health and Social Care	
Richard Pengelly	Former Permanent Secretary, Department of Health NI	
Robin Swann	Northern Ireland Minister of Health	
Sir Sajid Javid	Secretary of State for Health and Social Care	
Sir Michael McBride	Chief Medical Officer for Northern Ireland	

Stephanie Howarth	Chief Statistician for Wales	
Vaughan Gething	Minister for Health and Social Services (Wales)	