

Tuesday, 4 November 2025

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(11.29 am)

**LADY HALLETT:** Good morning, Ms Blackwell.

**MS BLACKWELL:** Good morning, my Lady.

**LADY HALLETT:** Before I ask Ms Blackwell King's Counsel to outline the issues that we have to consider today, could I just emphasise two points: this is probably the last preliminary hearing for Module 10, certainly the second, and we need to remember that, as is clear from the scope for Module 10, this is an impact module. It will not be considering or hearing evidence about decisions made during the pandemic, other than where it is necessary to set the impact evidence into its proper context.

So I think, having seen some of the written submissions, people need to be very conscious of that.

One of the reasons why it is so important is that this approach has underpinned everything that I have done so far and the team has done so far. So, it's underpinned my approach to designating Core Participants, because of the focus on the impact, we don't have the policymakers or decision makers represented, and it has affected the approach that my team has adopted to gathering evidence and preparing for the hearings next February.

The other point I'm going to make, and I'm now going

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I appear today along with the other members of the counsel team, my learned friends Ms Rahman King's Counsel, Ms Patrick, Ms Vitte, Ms Kassamali and Mr Jackson.

In accordance with the agenda for today's preliminary hearing, I will briefly address you on a number of matters by way of update. First, I will address some practical arrangements for today's hearing. These will, by now, be familiar to many.

Second, the Inquiry's approach to gathering information and evidence, which will include disclosure to Core Participants, the systematic evidence review, expert material in the instruction of expert witnesses, roundtable events, Every Story Matters and its role in Module 10, and Rule 9 requests.

Third, the provisional outline of scope for Module 10, the draft list of issues and the draft factual chronology.

Fourth, the approach to the investigation and hearing.

And fifth, future hearing dates.

And finally, my Lady will hear submissions from Core Participants.

So, introductions and practical arrangements. May I welcome all Core Participants and their legal

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to sound like a broken record, is that, as ever, I'm going to have to be very strict with timetables. I appreciate that people may say: well, M10 is the final set of hearings in February and March, so why can't you give us months and months of time? Unfortunately, I can't. The end of 2025, the end of 2026 are extraordinarily busy times for the Inquiry: not only have we got to complete two more hearings, for Modules 9 and 10, but we also have eight more reports to draft and finalise.

So, I'm sorry, I'm going to be as strict as ever when it comes to timetabling.

**Submissions by LEAD COUNSEL TO THE INQUIRY for MODULE 10**  
**MS BLACKWELL:** I thank you for that, my Lady.

As my Lady has said, this is the second preliminary hearing for Module 10 of the Inquiry, which concerns the impact of the Covid-19 pandemic on society, with a particular focus on the experiences of key workers, the most vulnerable, and the bereaved.

Module 10 opened on 17 September 2024 and the first preliminary hearing for Module 10 was held on 18 February of this year. Since then the Inquiry team has been grateful for the cooperation and constructive engagement of all Core Participants in the investigative stages of this final part of your Inquiry.

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representatives who are present at today's hearing, whether in person or online. I would like to thank the Core Participants who have provided written submissions in advance of today's hearing. I will address some of the matters raised in those submissions as we go through today's agenda, but I can assure each of the Core Participants that their submissions have been considered with care by the Inquiry legal team.

A full list of all Core Participants in Module 10, together with their recognised legal representatives, is of course published on the Inquiry website. In the room today, and represented, we have the following: Covid-19 Bereaved Families for Justice UK, represented by Ms Anna Morris KC; Mind, represented by Mr Roger Pezzani; Covid-19 Bereaved Families for Justice Cymru, represented by Ms Naomi Parsons; Northern Ireland Covid-19 Bereaved Families for Justice, represented by Mr Jacob Bindman -- and my Lady will be aware that joint written submissions have been received by the UK and Northern Ireland groups acting together.

Scottish Covid Bereaved, represented by Dr Claire Mitchell King's Counsel; Clinically Vulnerable Families, represented by Mr Adam Wagner King's Counsel; Disabled People's Organisations, represented by Ms Kate Beattie; the Domestic Abuse Group, represented

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1 by Ms Marina Sergides; the Migrants' Rights Consortium,  
2 represented by Ms Aswini Weeraratne King's Counsel; and  
3 the Trades Union Congress, represented by Mr Sam Jacobs.

4 And appearing remotely and not intending to make  
5 oral submissions today: on behalf of the Convention of  
6 Scottish Local Authorities, the Local Government  
7 Association, and the Welsh Local Government Association,  
8 Ms Thelma Stober; and Shelter, represented by  
9 Mr Robert Brown.

10 Turning briefly then to the practical arrangements  
11 for today's hearing, the proceedings are being recorded  
12 and live streamed to other locations, which allows the  
13 hearing to be followed by a greater number of people  
14 than would be able to be accommodated within this  
15 hearing room. And this satisfies the obligations set  
16 out in section 18 of the Inquiries Act for my Lady to  
17 take such steps as you consider reasonable to ensure  
18 that members of the public are able to attend or see and  
19 hear a simultaneous transmission of the proceedings.

20 A transcript will be published following today's  
21 hearings.

22 In addition, as is routine, the broadcasting of this  
23 hearing will be conducted with a three-minute delay.  
24 This provides the opportunity for the feed to be paused  
25 if anything unexpected is aired, which should not be.

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1 principally on the relevant pandemic period, evidence  
2 suggests that the impact of the pandemic and the  
3 measures taken in response continues for many, whether  
4 in the health and wellbeing impacts for those  
5 experiencing Long Covid, the continuing impacts of virus  
6 management for those who are clinically vulnerable, and  
7 their families, or in the devastating impact of  
8 traumatic grief endured by those bereaved during the  
9 pandemic and in the absence of the ordinary comfort of  
10 friends, family and mourning rituals.

11 Whilst this module is tasked with examining the  
12 impact on society as a whole, the Module 10 team  
13 recognises that the impact on society is woven from  
14 a tapestry of individual impacts, reflected in the  
15 stories and experiences of people in their day-to-day  
16 lives.

17 This is captured in the Every Story Matters  
18 listening exercises, in the roundtable evidence, and in  
19 the Rule 9 evidence, including that being prepared by  
20 individual Core Participants. While these are themes  
21 which the Module 10 team will return to in the course of  
22 preparing for and opening the public hearings, we cannot  
23 neglect to start today's hearing with a note of thanks  
24 to each of the individuals and organisations who have  
25 played a role in this module's work so far.

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1 We don't expect this to arise over the course of today,  
2 but I mention it so that those who are following  
3 proceedings remotely can understand the reason for any  
4 such short delay.

5 Information gathering and evidence. Before turning  
6 to provide an update on the work done on evidence  
7 gathering in this investigative stage of Module 10,  
8 I briefly revisit the object of Module 10.

9 The investigative work being done by the Module 10  
10 team is necessarily driven by its purpose, as reflected  
11 in the terms of reference for the Inquiry and the  
12 provisional outline of scope for Module 10, published  
13 and available on the Inquiry's website.

14 The impact of Covid-19 was global, and yet also  
15 intensely personal. Covid-19 touched on every nation,  
16 every community, and every life in ways which saw both  
17 shared trauma and individual devastation. As I said in  
18 opening the first preliminary hearing in this module,  
19 the societal impact of the pandemic was profound and far  
20 reaching, altering almost every aspect of daily life in  
21 the UK.

22 The Inquiry has, over the past three years, heard  
23 incredible stories of resilience, innovation and growth.  
24 It has also been heard that the impact of Covid-19 is  
25 continuing for some. Whilst this Inquiry is focusing

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1 We recognise that for some, sharing their  
2 experiences may be constructive or therapeutic.  
3 However, for many, we recognise that reliving the  
4 pandemic period and their experience of that time may be  
5 painful and difficult. This must be especially so for  
6 those who are clinically vulnerable to infection and for  
7 those who lost loved ones during the pandemic, including  
8 as a result of Covid-19 infection.

9 We do not address, of course, the impact on children  
10 and young people, matters addressed in the powerful  
11 evidence which my Lady has considered in the recent  
12 public hearings in Module 8 of this Inquiry, but we  
13 thank each of you for your contribution to our greater  
14 understanding of the impact of Covid-19 on the United  
15 Kingdom.

16 I now turn to a brief update on the work done since  
17 the last preliminary hearing. First, to disclosure. At  
18 the time of this hearing, Module 10 has disclosed  
19 914 documents to Core Participants for their  
20 consideration. The latest tranche was delivered on  
21 29 October. This process continues, and Module 10  
22 intends that disclosure will be completed in good time  
23 to allow preparation for the substantive hearing.

24 Submissions may invite the Inquiry to identify  
25 a hard deadline for the completion of timely disclosure.

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1 We do not recommend that you adopt this approach,  
 2 my Lady, not least whilst requests from  
 3 Core Participants for further evidence, including as  
 4 arise from the submissions in advance of this hearing,  
 5 continue to be considered. However, we are invited by  
 6 some Core Participants -- for example, in the joint  
 7 submissions of Covid-19 Bereaved Families for Justice UK  
 8 and Northern Ireland -- to state a date when disclosure  
 9 will generally be completed.

10 While we anticipate that the bulk of disclosure will  
 11 be completed by the end of 2025, including all Rule 9  
 12 statements currently in consideration, roundtable  
 13 reports, ESM records, and all expert reports.

14 The systematic evidence review. The impact on the  
 15 mental health and wellbeing of the population sits  
 16 squarely within the provisional outline of scope for  
 17 Module 10. Understanding how the pandemic impacted on  
 18 the mental health and well-being of the country, our  
 19 communities and on individuals will be a critical goal  
 20 of this module. At the last preliminary hearing, we  
 21 explained how a systematic evidence review would be  
 22 commissioned to consider the impact of the pandemic on  
 23 the mental health and wellbeing of the UK adult  
 24 population.

25 The Inquiry has instructed the Centre for Strategy  
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1 the pandemic on disabled people and clinically  
 2 vulnerable individuals, and Professor Sir Michael Marmot  
 3 and Professor Clare Bambra have been jointly instructed  
 4 to report on the impact of the pandemic on geographical,  
 5 socioeconomic, and health inequalities.

6 Our written note addresses the progress being made  
 7 towards completion of each of these reports and their  
 8 timely disclosure to all Core Participants. And the  
 9 Inquiry is grateful to all Core Participants for their  
 10 prompt and careful consideration of each draft expert  
 11 report produced.

12 It is anticipated that many of these experts will  
 13 give live evidence during the public hearings in  
 14 February and March 2026, and, of course, Core  
 15 Participants will have the opportunity to submit Rule 10  
 16 requests in due course. The Module 10 team does not  
 17 anticipate issuing any further expert instructions for  
 18 Module 10 at this stage.

19 A number of Core Participants' submissions invite  
 20 you to consider additional expert evidence. Covid-19  
 21 Bereaved Families for Justice UK and Northern Ireland  
 22 invite you to obtain expert evidence on the experience  
 23 of the bereaved. My Lady, you may wish to consider  
 24 whether a further expert review is necessary, in light  
 25 of the considerable volume of evidence gathered in this  
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1 and Evaluation Services to conduct this review.  
 2 Significant progress has been made, and a final draft  
 3 has been considered by the Inquiry team. It will be  
 4 disclosed to Core Participants in the coming weeks.

5 Expert material and the instruction of experts. In  
 6 addition to the systematic evidence review, the Inquiry  
 7 has instructed the following experts,  
 8 Professor Jay Das-Munshi and Professor David Osborn, who  
 9 have been instructed respectively to consider in  
 10 individual reports the impact of the pandemic on people  
 11 living with severe mental illness and the provision of  
 12 and access to mental health services for those  
 13 individuals.

14 Professor James Nazroo and Professor Laia Becares  
 15 have been instructed jointly to consider the impact of  
 16 the pandemic on racial and ethical inequalities.  
 17 Professor James Nazroo separately has been instructed to  
 18 consider the impact of the pandemic on older people, and  
 19 Professor Laia Becares has also been instructed  
 20 separately to report on the impact of the pandemic on  
 21 LGBTQ+ people.

22 Dr Clare Wenham has been instructed to report on the  
 23 impact of the pandemic on gender inequalities.  
 24 Professor Tom Shakespeare and Professor Nicholas Watson  
 25 have been instructed jointly to report on the impact of  
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1 module, including in experts' reports and through those  
 2 representing the bereaved Core Participants as to the  
 3 impact of bereavement.

4 Clinically Vulnerable Families remain concerned that  
 5 there is insufficient evidence before the Inquiry on the  
 6 impact of the pandemic on clinically vulnerable people.  
 7 They repeat their concern that Professors Watson and  
 8 Shakespeare do not address clinical vulnerability  
 9 adequately and that they may not be sufficiently  
 10 experienced to speak to the impact of clinically  
 11 vulnerable people. However, they recognise that  
 12 clinical vulnerability is a relatively new concept  
 13 coming out of the pandemic, and there are obstacles --  
 14 for example, data gaps -- to fully understanding the  
 15 impact on CV people.

16 The existence of data gaps in particular in relation  
 17 to clinical vulnerability emerges from the expert  
 18 evidence so far gathered by the Inquiry. This echoes  
 19 evidence heard in earlier modules as to the limits of  
 20 data and is reflected in the proposal in the draft list  
 21 of issues to treat data and learning as overarching  
 22 issues for this module.

23 My Lady may wish to consider whether further expert  
 24 evidence on this issue relating to the absence of data  
 25 or the limitation of data, in our understanding of  
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1 impact, is in fact necessary. Clinically Vulnerable  
2 Families may be assured that the Rule 9 evidence  
3 obtained from Professors Majeed and Herrick at their  
4 invitation will be available for your consideration.

5 The Trades Union Congress revisit their request for  
6 a specific expert witness to address the impact of  
7 outsourcing and subcontracting as a determinant of  
8 impact on many key workers. This was raised by the TUC  
9 in their submissions at the first preliminary hearing  
10 which asked the Inquiry to consider evidence on the  
11 impact of outsourced and agency work, upon key workers,  
12 and the role that this may have played in terms of  
13 inequality of impact.

14 The Migrants' Rights Consortium seeks clarification  
15 as to what evidence beyond their Rule 9 response will  
16 consider migrants' status and the impact of the  
17 pandemic. They ask that existing experts be invited to  
18 consider migrant status, and stress that evidence on  
19 race and ethnicity in the report of Professors Marmot  
20 and Bambra are distinct. In addition, they invite the  
21 Inquiry to incorporate into Module 10 an article  
22 concerning an analysis of data by Professors Cook and  
23 Lennane of data on deaths of NHS staff from Covid-19  
24 previously disclosed in your Module 3.

25 Both of these suggestions are being considered. The  
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1 The submissions of Core Participants received in  
2 preparation for this hearing will further inform this  
3 process. My Lady may agree that the disclosure of  
4 documents relied upon by the existing experts and  
5 available in the public domain is a request which can be  
6 left to the Module 10 team to consider, and action,  
7 without troubling this hearing further today.

8 The Inquiry is invited by the Domestic Abuse Group  
9 to consider convening a roundtable of each of the  
10 instructed experts. Module 10 team is sceptical as to  
11 whether this process would add significantly to the  
12 comprehensive reports prepared. We anticipate that each  
13 of the experts will be provided with copies of the other  
14 expert evidence and the systematic evidence review prior  
15 to the public hearings.

16 Each of these are matters which the Module 10 team  
17 will consider in the context of material produced by  
18 Core Participants, other witness evidence, and in  
19 publicly available material. And these remain, again,  
20 matters for your discretion.

21 Turning now to roundtable events. As planned,  
22 Module 10 has conducted a series of roundtable  
23 discussions, with the aim of understanding the impact of  
24 the pandemic from a range of organisations. These  
25 roundtables were facilitated by IPSOS on behalf of the

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1 article includes figures on ethnic minority  
2 representation in the data presented and figures for  
3 those from an ethnic minority not born in the  
4 United Kingdom, and we are grateful to the Migrants'  
5 Rights Consortium for their suggestion of a conversation  
6 with the Module 10 team prior to this hearing.

7 The Module 10 team has responded to the consortium  
8 to address their concerns in writing, and their counsel  
9 and I have had a constructive conversation, where  
10 I explained that there are limits to the scope of this  
11 module and the extent to which you will be able, within  
12 that scope, to consider every issue arising.

13 Mind is concerned that the expert evidence does not  
14 sufficiently consider the impact on the mental health of  
15 prisoners or prison staff, or the impact on those  
16 detained within the immigration and asylum system. Nor  
17 does it adequately consider those in mental health  
18 detention.

19 Mind also asks that a report relied upon in the  
20 draft expert evidence on mental health concerning  
21 ethnicity and mental health detention during lockdown,  
22 and contributed to by Professors Das-Munshi and Becares,  
23 is disclosed into Module 10 as evidence. This is an  
24 issue currently under consideration by the Module 10  
25 team with the existing experts.

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1 Inquiry. And the roundtables considered the following:  
2 faith groups and places of worship, that was held on  
3 20 February 2025; key workers, held on 25 March 2025;  
4 domestic abuse and safeguarding, held on 2 April 2025;  
5 funerals, burials and bereavement support, held on  
6 24 April 2025; the justice system, held on 7 May 2025;  
7 hospitality, retail, travel and tourism industries, held  
8 on 13 May 2025; community-level sport and leisure, held  
9 on 21 May 2025; cultural institutions, held on  
10 27 May 2025; and housing and homelessness, held on  
11 3 June 2025.

12 The preparation of reports for these roundtables  
13 continues. The first five have been disclosed to  
14 Core Participants, and each of these reports, informed  
15 by the experience of the participants, will, together  
16 with other evidence collected, inform your investigation  
17 and eventual findings, my Lady.

18 You are, of course, familiar with the value and  
19 significance of Every Story Matters. This national  
20 listening exercise has allowed the Inquiry to hear the  
21 voices of many, many people across each of the nations  
22 of the United Kingdom, and to learn from their  
23 experiences. The significance of Every Story Matters is  
24 all the greater in this module, designed, as it is, to  
25 consider the impact of the pandemic on us all, as

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1 a society.

2 Considerable work has been invested in the Every  
3 Story Matters records for Module 10. There will be  
4 separate records covering what the Inquiry has been told  
5 about mental health and wellbeing impacts, the impact on  
6 key workers, and the impact on bereavement.

7 Members of the public were invited to complete an  
8 online form via the Inquiry's website, and paper forms  
9 were also offered for those that wished to contribute in  
10 that way, between November of 2022 and May of 2025.

11 The responses to the forms were submitted  
12 anonymously. The Inquiry also held public events in  
13 towns and cities across the UK to enable people to share  
14 their experience in person in their local area.

15 For Module 10, webform stories, event stories and  
16 some targeted research interviews across England  
17 Scotland, Wales and Northern Ireland have been analysed.

18 A number of additional events have contributed to  
19 Every Story Matters, the bereavement record. In  
20 January 2025, the Every Story Matters team held three  
21 consultative workshops with bereaved people who helped  
22 to design a series of listening events. Six listening  
23 events were then held between May and June of 2025 with  
24 bereaved families across the UK. These included three  
25 online events and three in-person events. These events

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1 Health Partnership, and the Association of Mental Health  
2 Providers, Inspire Wellbeing, Homeless Connect, the Good  
3 Things Foundation, FaithAction, each of the Arts Council  
4 England, Wales, Northern Ireland and Creative Scotland,  
5 each of Sport England, Sport Wales, Sport Scotland and  
6 Sport Northern Ireland, His Majesty's Inspectorate of  
7 Prisons, the Prison Reform Trust and the Howard League  
8 and the Joseph Roundtree Trust.

9 At the date of our written note, 25 draft witness  
10 statements had been received and were in the process of  
11 consideration by the Inquiry, pending disclosure.

12 Eight final statements had been disclosed to  
13 Core Participants, and since then, eight further  
14 statements have been disclosed to Core Participants.

15 Core Participants have received monthly updates on  
16 Rule 9 requests and it has been open to anyone to pursue  
17 requests for further evidence at any time.

18 Core Participants were expressly invited to raise  
19 any requests for Rule 9 evidence by 11 September 2025.  
20 Once such response was received, further requests are  
21 now made in submissions for today's hearing. For  
22 example, Mind asks that the Inquiry issue a Rule 9  
23 request to the Royal College of Psychiatrists. My Lady,  
24 you may wish to consider inviting the RCP to provide  
25 such evidence as it has on the impact of the pandemic

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1 allowed bereaved people to share their experiences of  
2 bereavement during the pandemic, the impact on burials  
3 and end of life ceremonies, accessing bereavement  
4 support and learning for the future.

5 Targeted interviews have also been conducted with  
6 a number of bereaved people for the bereavement record.  
7 We are particularly grateful to those Core Participants  
8 who have supported the participation of bereaved people  
9 in these events.

10 Final records will be closed to Core Participants at  
11 the end of 2025.

12 Turning now to Rule 9 requests and witness  
13 statements. As our written note for this hearing  
14 explains, at the date it was prepared, Module 10 had  
15 issued a total of 39 formal requests for evidence,  
16 pursuant to Rule 9 of the Inquiry Rules 2006, including  
17 to all Core Participants.

18 Other recipients of Rule 9 requests include -- this  
19 not intended to be an exhaustive list, of course, but to  
20 illustrate the shape of the ongoing investigation stage  
21 of this module: each of the Office for National  
22 Statistics, the Northern Ireland Statistics and Research  
23 Agency, and the National Records of Scotland. The  
24 United Kingdom Commission on Bereavement, each of  
25 Scottish Action for Mental Health, Scotland's Mental

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1 and measures in response on mental health and wellbeing.  
2 However, a considerable volume of material has already  
3 been gathered in experts' reports on mental health, and  
4 of course in the preparation of the systematic evidence  
5 review.

6 Covid-19 Bereaved Families for Justice UK and  
7 Northern Ireland invite the Inquiry to issue Rule 9  
8 requests to allow for the exploration of the impact of  
9 Covid-19 on access to, and experience of, post-death  
10 investigative mechanisms, including to the Chief Coroner  
11 of England and Wales, the Coroners Service for Northern  
12 Ireland and the Crown Office and Procurator Fiscal  
13 Service in Scotland.

14 While the impact on bereaved people on limitations  
15 regarding access to complaints mechanisms and inquests  
16 or similar death investigation processes in fatal  
17 accident inquiry investigations in Scotland may form  
18 part of the impact of the pandemic, it is currently  
19 beyond the scope of this module to consider decision  
20 making on the operation of inquests and investigation  
21 processes, or decision making in local complaints  
22 processes.

23 The Domestic Abuse Group asks specifically that  
24 a Rule 9 request is made to a witness capable of  
25 speaking to the impact of the pandemic on the ability to

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1 engage solicitors and access to justice.  
 2 They ask that consideration given is to a request to  
 3 the Family Law Bar Association or the Legal Aid  
 4 Practitioners Group. Other requests include proposals  
 5 for evidence from the providers of bereavement support  
 6 who have already participated in the roundtable events,  
 7 for academic evidence on the impact of restrictions on  
 8 funerals and bereavement, and for academic evidence  
 9 relating to physical environments and on the behaviour  
 10 of people using those environments in response to the  
 11 risk of viruses spreading, mirroring evidence gathered  
 12 in earlier modules.

13 Each of these new requests will be considered by the  
 14 Module 10 team in light of the other evidence available,  
 15 the terms of reference for the Inquiry, and the  
 16 provisional outline of scope for Module 10, and each of  
 17 these requests are, of course, matters for your  
 18 discretion, my Lady.

19 Turning, then, to the provisional outline of scope  
 20 and list of issues. The Inquiry published a provisional  
 21 outline of scope for Module 10. My Lady, the Inquiry  
 22 has made clear that this outline is not set in stone.  
 23 In advance of this provisional hearing, the Module 10  
 24 team has circulated a draft list of issues to supplement  
 25 the provisional outline of scope and has invited

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1 issues are recognised as cross-cutting and are intended  
 2 to be read together across each of the thematic issues  
 3 as explained in the draft list of issues document  
 4 circulated to Core Participants.

5 I would like, in particular, to assure the  
 6 Clinically Vulnerable Families Group that there is no  
 7 intention to only consider the impact on clinically  
 8 vulnerable people in a silo, or only as a comparator to  
 9 others. It is intended that the consideration of  
 10 unequal impact and the experiences of those impacted by  
 11 particular vulnerability will inform the consideration  
 12 of each of the thematic issues where the evidence points  
 13 in this direction. The list of overarching issues is  
 14 provisional, and it is anticipated that other issues of  
 15 principle may be identified in the evidence received by  
 16 the Inquiry, whether in written evidence or in the  
 17 course of the public hearings, or in the consideration  
 18 of publicly available material concerning the impact of  
 19 the pandemic, including, for example, in the statistical  
 20 data and published research.

21 Module 10 will examine whether there were shared  
 22 experiences and common factors which may have acted to  
 23 exacerbate or alleviate the impact on individuals or  
 24 groups across the pandemic period. Some provisional  
 25 common themes and issues are identified in the draft

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1 submissions from all Core Participants. We are grateful  
 2 to those Core Participants who have made submissions,  
 3 and who will make submissions today, on the proposed  
 4 approach.

5 I do not propose to set out the draft list of issues  
 6 in full but provide some explanation of the approach  
 7 adopted by the Module 10 team. First, by way of  
 8 explanation of the document's purpose, it is designed to  
 9 be read together with the provisional outline of scope.  
 10 Like that document, the draft list of issues is not  
 11 determinative and may evolve with the evidence  
 12 considered by the Inquiry.

13 Second, the draft list of issues takes  
 14 a deliberately wide approach to the issues being  
 15 considered by the Inquiry in this module, to allow for  
 16 a broad base for the Inquiry's investigation. This  
 17 approach has been welcomed by a range of Core  
 18 Participants. Not all of these issues will necessarily  
 19 be considered in the course of the public hearings and  
 20 not all issues will be considered in the same depth.

21 Thirdly, the draft list of issues seeks to identify  
 22 a number of overarching issues and thematic issues drawn  
 23 from both the provisional outline of scope and the  
 24 emerging evidence.

25 For the avoidance of any doubt, these overarching

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1 list of issues. For the purposes of the preparation for  
 2 the upcoming hearing, the overarching issues identified  
 3 from the emerging evidence include, but are not limited  
 4 to:

5 Unequal impacts. To what extent was the impact of  
 6 the pandemic unequal, whether by reference to protected  
 7 characteristics, socioeconomic status, geography, health  
 8 status, including clinically vulnerable and clinically  
 9 extremely vulnerable people, and other demographic  
 10 disparities or factors?

11 Digital expansion or exclusion. To what extent did  
 12 access to digital technologies affect the impact of the  
 13 pandemic across all identified areas of scope?

14 Data and learning. To what extent are there gaps in  
 15 the data and research available which may shape how the  
 16 UK might understand and learn from the impact of the  
 17 pandemic and the measures introduced in response across  
 18 all identified areas of scope?

19 And:

20 Lasting impacts. To what extent have there been  
 21 lasting impacts across all of the identified areas of  
 22 the provisional outline of scope as a result of the  
 23 pandemic or measures put in place in the period defined  
 24 by the Inquiry's terms of reference, including changes  
 25 to behaviours, community practices, service models, and

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1 social or economic conditions which operated to reduce  
2 the impact of the pandemic? How have these affected  
3 people's lives, and what lessons might be learnt from  
4 those impacts for the future?

5 While the Inquiry is not considering decisions or  
6 events outside the relevant pandemic period, as defined  
7 by its terms of reference, Module 10 may consider the  
8 longer-lasting impact of the pandemic and measures taken  
9 in response during that period.

10 My Lady, you may recognise some of these themes from  
11 the evidence heard and findings made in early modules.  
12 For example, in Module 1, the Inquiry's recommendations  
13 included that the UK Government, working with the  
14 devolved administrations, should establish mechanisms  
15 for the timely collection, analysis, secure sharing and  
16 use of reliable data for informing emergency responses.  
17 That was recommendation 5.

18 Similarly, the report on Module 1 includes provision  
19 for a shared understanding of vulnerability across the  
20 United Kingdom, in the appreciation that particular  
21 risks and vulnerabilities may span more broadly than the  
22 protected characteristics in the Equality Act of 2010,  
23 the Inquiry considers that there should be a single  
24 definition of vulnerability for the UK Government and  
25 devolved administrations. This should take into account

25

1 the earlier modules and to inform and strengthen the  
2 justification for recommendations made.

3 Core Participants have raised a number of  
4 submissions in relation to the draft list of issues,  
5 ranging from high-level concerns to specific and  
6 particular requests for amendments or additions to be  
7 made.

8 Covid-19 Bereaved Families for Justice UK and  
9 Northern Ireland submit that the experience of the  
10 bereaved is a cross-cutting theme relevant to many other  
11 areas included in the draft list of issues and must be  
12 treated as such. The Module 10 team is conscious of the  
13 central role that the experience of the bereaved will  
14 play in this module. The experience of bereavement  
15 forms the fourth pillar of Module 10's provisional  
16 outline of scope, and the draft list of issues are drawn  
17 broadly. The significance of the impact on people  
18 bereaved during the pandemic period is well understood  
19 by the Module 10 team. You and other Core Participants  
20 may be assured that the fact of bereavement need not be  
21 identified as an overarching issue to be recognised as  
22 a matter central to the work of this module and, of  
23 course, the wider Inquiry.

24 Clinically Vulnerable Families express concern that  
25 clinical vulnerability is included in the overarching

27

1 the protected characteristics under the Equality  
2 Act 2010 but also be sufficiently broad and capable of  
3 adaption to the circumstances of a major emergency as  
4 information about its potential wider impact is  
5 gathered.

6 This is not a proposed exercise in the Inquiry  
7 seeking to repeat itself. Where previous modules have  
8 focused on process and decision making, this module will  
9 focus on how a clearer understanding of the impact of  
10 the pandemic might be achieved and might inform the  
11 approach to any future pandemic or civil emergency.

12 Where there is alignment in the evidence heard on  
13 impact and the findings made in earlier modules, this  
14 might inform the response to any earlier  
15 recommendations. Neither is this a lesson in stating  
16 the obvious. While many may say that it is plain that  
17 the mental health and wellbeing of a nation was impacted  
18 significantly by the pandemic or certain measures taken  
19 in response, the goal of this module is to identify  
20 a considered evidence base for the true impact on the  
21 United Kingdom of this most devastating of periods in  
22 our history. This invaluable part of your Inquiry must  
23 be completed, not only as a critical part of the  
24 trauma-informed response, but, where relevant, to  
25 highlight the significance of your findings in each of

26

1 issues and not addressed specifically in the context of  
2 the thematic issues. They consider this is limited and  
3 inconsistent with the provisional outline of scope.  
4 They stress that the impact on clinically vulnerable  
5 people must be considered in non-comparative terms.  
6 They ask that it is expressly recognised that the  
7 question of unequal impact is cross-cutting and relevant  
8 to a number of other subtopics.

9 Clinically Vulnerable Families may be comforted by  
10 my assurance that there is no intention in the draft  
11 list of issues to circumvent the consideration of the  
12 impact of the pandemic on clinically vulnerable. As  
13 I have already set out, the draft list of issues is  
14 intended to be read together with the provisional  
15 outline of scope. The overarching issues are intended  
16 to be cross-cutting.

17 Disabled People's Organisations ask that, in  
18 relation to cultural institutions, the Inquiry adds  
19 a consideration of how institutions were able to ensure  
20 that all members of the public felt safe to visit and  
21 resume engagement. This goes to concerns over the  
22 circumstances of reopening and continued concerns over  
23 impact on disabled people as to venue safety. The  
24 consideration of unequal impact on people with  
25 disabilities may be sufficiently wide to consider, as

28

1 part of the overarching issue, any evidence that  
 2 disabled people were negatively impacted in the way that  
 3 community venues and cultural institutions were  
 4 reopened. However, to the extent that the Inquiry is  
 5 invited to consider how decisions were taken to reopen,  
 6 or to manage distancing, masking, or vaccination,  
 7 my Lady may consider this was a matter for earlier  
 8 modules and is beyond the scope of this module.

9 Disabled People's Organisations ask that in respect  
 10 of housing, a specific question is added to address  
 11 disparate impact and ask whether groups were most  
 12 affected and why. My Lady may consider that this is  
 13 addressed by the inclusion of unequal impacts as an  
 14 overarching issue.

15 Disabled People's Organisations ask that places of  
 16 detention are stated to expressly include consideration  
 17 of detention in mental health settings.

18 A number of Core Participants raised the question of  
 19 whether consideration of bereavement will encompass  
 20 consideration of the limits placed on complaints and  
 21 investigation of deaths, including the lack of inquests  
 22 during the pandemic.

23 Covid-19 Bereaved Families for Justice Cymru suggest  
 24 that complaints processes were inadequate and were only  
 25 responded to after a long delay, and refer to the

29

1 in response.

2 We welcome the recognition by the Migrants' Rights  
 3 Consortium that the overarching issue of unequal impact  
 4 and many of the thematic issues are sufficiently drawn  
 5 to include the experience of those impacted adversely as  
 6 a result of their migrant status. We anticipate that,  
 7 similarly, the intersectional experience of overlapping  
 8 disadvantage might be considered in the context of  
 9 considering any matter of unequal impact where the  
 10 evidence so warrants.

11 My Lady, we invite you to consider each of these  
 12 submissions and anticipate you will wish to consider  
 13 publication of an updated draft list of issues  
 14 subsequent to the conclusion of this hearing. Where  
 15 appropriate, the Module 10 team will prepare a revised  
 16 list of issues for your consideration, taking into  
 17 account all of the submissions prepared by Core  
 18 Participants and the submissions made today.

19 A draft factual chronology has been circulated to  
 20 all Core Participants for their consideration. This  
 21 document is produced as a working document designed to  
 22 provide some high-level context to the evidence which  
 23 you will hear on the impact of the pandemic and the  
 24 measures introduced in response. Some of the evidence  
 25 you will hear will refer to specific periods in time

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1 unavailability of inquests and to communications to  
 2 their members that the ombudsman was too busy to  
 3 investigate.

4 The Inquiry has received evidence of the impact on  
 5 bereaved people of the lack of any outlet for their  
 6 investigation of the treatment of their loved ones, or  
 7 any consideration of their complaints over ill treatment  
 8 or failures by those responsible for decisions about  
 9 their care.

10 In this module, the Inquiry can consider the impact  
 11 of people finding no such route for contemporary  
 12 complaint or investigation, but the decision-making  
 13 process behind the operation of complaints and inquests  
 14 during the pandemic period remains beyond the scope of  
 15 this module.

16 Migrants' Rights Consortium are concerned that the  
 17 focus on people in the immigration and asylum system is  
 18 too narrowly drawn to catch migrants who are outside of  
 19 the system, as they are undocumented or their presence  
 20 is not recognised. This may be an unintended  
 21 consequence of the language used in the draft list of  
 22 issues. We also note the request by the Domestic Abuse  
 23 Group that the draft list of issues should allow for the  
 24 examination of migrant victim survivors impacted  
 25 distinctly by the pandemic and the measures introduced

30

1 during the pandemic or to specific decisions or  
 2 measures.

3 While many of these events will be familiar to you,  
 4 my Lady, having heard evidence in each of the preceding  
 5 modules, this high-level chronology is designed to do no  
 6 more than to identify uncontroversial dates and  
 7 developments relevant to the evidence in this module.  
 8 It will not cover every decision, measure, or  
 9 development significant to impact, and it is not  
 10 designed to do so.

11 Core Participants have welcomed the production of  
 12 the draft factual chronology and its circulation for  
 13 comment. A number have provided detailed submissions on  
 14 proposed additions and amendments. The Module 10 team  
 15 does not propose that the detail of the draft factual  
 16 chronology should be considered during today's hearing,  
 17 but we are grateful to those Core Participants who have  
 18 provided comments on this document, which will be  
 19 revised in preparation for the public hearings.

20 Each submission by Core Participants will be  
 21 considered, albeit with a view to the document  
 22 continuing to serve its core purpose of providing  
 23 a timeline of core events rather than a detailed account  
 24 of each announcement and every decision taken during the  
 25 pandemic period. Further opportunity for consideration

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1 will be afforded to Core Participants to comment on its  
2 content before the draft factual chronology is  
3 finalised.

4 Turning now, my Lady, to the approach to the  
5 investigations and hearing. There are key features of  
6 this module which were outlined at the first preliminary  
7 hearing and which I've touched upon so far in these  
8 opening remarks. These features remain unchanged and  
9 have informed the approach of the Module 10 team  
10 throughout this investigation.

11 This module will not examine decision making, as  
12 my Lady has already made clear. By the time that the  
13 hearing in Module 10 begins, you will have heard  
14 evidence in each of the preceding modules on decisions  
15 taken during some of the most critical moments of the  
16 pandemic and on many of the most fundamental issues for  
17 the United Kingdom. By the time this module comes to  
18 report, you may have made findings and recommendations  
19 arising from each of those earlier modules. This module  
20 focuses instead on the evidence available as to the  
21 impact which resulted from the pandemic and measures  
22 taken in response, and what might be learned from that  
23 available evidence, whether drawn from research,  
24 statistics or other data, or from the experience of  
25 groups who were some of the most vulnerable people

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1 necessitate a critique of existing policies or the  
2 decision to continue their application, which clearly  
3 fall beyond the scope of this module.

4 Similarly, for example, in considering socioeconomic  
5 disadvantage, the module will have evidence on the  
6 baseline experiences of poverty within the UK  
7 pre-pandemic, albeit it will be outside of the scope of  
8 the module to consider and scrutinise the drivers of  
9 poverty and public policies on social welfare and  
10 poverty.

11 Expanding the scope of this module to consider steps  
12 not taken across the range of its scope to the extent  
13 not already considered by the Inquiry would require  
14 consideration of a range of decision-making processes,  
15 which would require substantially greater time for  
16 investigation and hearing and which will be beyond the  
17 scope of this module.

18 Similarly, expanding the work of this module to  
19 consider how public policy more generally might be  
20 altered to create a stronger baseline for resilience  
21 against any future pandemic might be considered  
22 significantly beyond its scope.

23 This is not to say, of course, that the evidence of  
24 this module on impact, and specifically on unequal  
25 impact across the UK, ought not to be drawn upon by

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1 impacted.

2 Not every issue will be able to be considered in the  
3 scope of this Inquiry, and your work in this module is  
4 designed proportionately to provide a considered picture  
5 of the impact of Covid-19 across the United Kingdom. It  
6 cannot serve to address every issue which has not been  
7 considered earlier in your investigation, findings, or  
8 recommendations. Some Core Participants' submissions  
9 invite you to revisit this position, specifically the  
10 following: Migrants' Rights Consortium encourages you to  
11 consider expressly the operation of hostile environment  
12 measures and no recourse to public funds as drivers of  
13 unequal impacts. They say that the question of impact  
14 should consider both measures introduced in response,  
15 and measures not introduced in response.

16 The Domestic Abuse Group also invite the Inquiry to  
17 consider the continuation of these policies during the  
18 pandemic and their significance to the impact on migrant  
19 victims/survivors of abuse.

20 The Module 10 team considers that, in order to  
21 understand the impact upon certain vulnerable groups,  
22 the Inquiry will necessarily have to recognise the  
23 reality for those individuals, and for migrants, this  
24 will include understanding that, for example, no  
25 recourse to public funds applied. This will not

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1 decision makers in informing how baseline policies might  
2 be considered to inform planning for the next pandemic  
3 or civil emergency.

4 Clinically Vulnerable Families submit that, in order  
5 to make meaningful and practical recommendations for the  
6 future, Module 10 will need to go further than  
7 identifying impacts. They say it will need to consider  
8 how those impacts might be avoided in a future pandemic,  
9 which includes considering how to make physical  
10 environments safer and more resilient to a virus  
11 outbreak. The Module 10 team considers that this module  
12 will not be able to consider detailed evidence on the  
13 approach to securing the safety of physical  
14 environments, albeit it will be able to consider the  
15 impact on clinically vulnerable people, including the  
16 continuing impact of concerns over the safety of  
17 physical environments and will be able to consider the  
18 findings and recommendations in earlier modules,  
19 including modules 2 and 3.

20 The Trades Union Congress raises the issue that  
21 assurance may have been given in earlier modules that  
22 decision making in some areas concerning those at work  
23 during the pandemic beyond key workers could be  
24 considered in Module 10. They note your decision in  
25 Module 8, described by them as an impact module, to take

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1 some evidence on specific issues of decision making. Of  
2 course, Module 8, children and young people, has always  
3 been both a decision making and impact module, whereas  
4 Module 10 has always been focused solely on impact.

5 In any event, we welcome that the Trades Union  
6 Congress submission does not ultimately seek to persuade  
7 you, my Lady, to shift the focus of this module away  
8 from impact, recognising as it does the imperative to  
9 conclude in a proportionate and timely manner. We can  
10 assure the Trades Union Congress and other Core  
11 Participants that it is the intention of the Module 10  
12 team, as reflected in the draft list of issues, that  
13 this module will not proceed in isolation but will have  
14 in mind the findings and recommendations made in earlier  
15 modules.

16 While it will be open to witnesses to provide  
17 evidence as to how adverse impacts may be avoided in the  
18 future, it will ultimately be for your discretion,  
19 my Lady, as to the extent you are able to address this  
20 evidence during this module.

21 Covid-19 Bereaved Families for Justice Cymru stress  
22 that they are aware that the module will not consider  
23 decision making, but say they refer in their submissions  
24 to decisions taken by the Welsh Government to provide  
25 the Inquiry with important context to their prolonged

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1 how individual impact evidence will inform the work of  
2 the Inquiry, including within the public hearing. There  
3 is not capacity within three weeks of hearings, nor  
4 indeed would there be space if many more weeks or months  
5 of time were allocated, to do justice to each individual  
6 experience of pain, suffering and trauma, and indeed of  
7 resilience, community and learning, which make up the  
8 collective story of how we were changed as a society, as  
9 a result of Covid-19.

10 The Module 10 team will work with Core Participants  
11 in preparing the timetable for the public hearing to  
12 consider how individual voices might be heard and  
13 respected, particularly drawing on the experiences of  
14 those bereaved, those who are clinically vulnerable, and  
15 the groups who were most vulnerable to the negative  
16 impacts of the pandemic. We are invited by Core  
17 Participants Covid-19 Bereaved Families for Justice and  
18 Northern Ireland Covid-19 Families for Justice to  
19 consider extension of the timetable for the public  
20 hearing, if necessary, to hear from bereaved people.

21 This is a matter for your discretion, my Lady.  
22 However, you may consider that, in the interests of  
23 a proportionate and timely conclusion to the Inquiry,  
24 time should not be extended where evidence can be drawn  
25 from other sources and accommodated by means other than

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1 experiences of bereavement. They submit that these  
2 decisions are a prominent feature of their members'  
3 ongoing grief and, as such, their experiences cannot  
4 properly be understood without reference to them.

5 While it may be in scope for the bereaved to relate  
6 to the Inquiry that the impact of the pandemic and the  
7 Welsh Government's ongoing reaction to it has prolonged  
8 their experience of bereavement, it is not within scope  
9 to descend into a fresh consideration of the ways that  
10 the Welsh Government, or any other government or public  
11 agency, may or may not be criticised as alleged.

12 The Module 10 team considers that the focus of this  
13 module should remain on the impact of the pandemic and  
14 the measures taken in response. Any proposal for  
15 Module 10 to consider decision making and resultant  
16 criticism or submissions on recommendations based on  
17 such criticism is out of scope for this module. This  
18 has been communicated to all Core Participants.

19 My Lady will be aware that, given the focus of this  
20 module and impact, no government body has been granted  
21 Core Participant status, and, my Lady, I know that you  
22 are alert to avoid unfairness, consistent with the  
23 requirements of the Inquiries Act 2005 and the Inquiry  
24 Rules 2006.

25 A number of Core Participants' submissions question

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1 oral evidence.

2 The Inquiry will be required to focus on areas from  
3 which the narrative of the pandemic's impact can be  
4 clearly drawn and where there may be lessons to learn  
5 for the future, including in respect of risk factors for  
6 adverse impact or positive steps which might be taken to  
7 alleviate impact in the face of a future pandemic or  
8 civil emergency.

9 This approach will necessarily inform the Inquiry's  
10 approach to findings in this module. Your focus may be  
11 on findings and principles which can be drawn from the  
12 evidence you hear on impact. You may wish to consider  
13 how that evidence might inform planning for the next  
14 pandemic or civil emergency in order to temper the  
15 negative impacts on society as a whole, to ensure that  
16 individual and community impact informs the response to  
17 the next pandemic or civil emergency. As has been  
18 recognised in earlier modules, you may wish to consider  
19 how evidence on the disparate and unequal impact that  
20 may be borne by vulnerable groups may inform both  
21 planning and response to the next pandemic or civil  
22 emergency. And these will, of course, all be matters  
23 for your discretion in due course.

24 The Inquiry will provide a timetable for witnesses  
25 in good time to allow for preparation for the public

40

1 hearing, and to allow for the consideration of any  
2 Rule 10 applications from Core Participants.  
3 The SER, the roundtable reports, the ESM records and  
4 experts' reports will be adduced into evidence and  
5 available for consideration during the questioning of  
6 witnesses. However, the public hearing will begin with  
7 opening statements by your counsel team and by any Core  
8 Participants who wish to make an opening statement, and  
9 closing statements should focus solely on the issues for  
10 Module 10, which is essentially the impact on society of  
11 Covid-19.

12 We do not anticipate that you will wish to consider  
13 allocating longer than two days for the purposes of  
14 closing statements in this module.

15 The public hearing in Module 10 is scheduled to take  
16 place over a period of three weeks between  
17 16 February 2026 and 5 March 2026. This will be the  
18 last public hearing you have scheduled, and will, in the  
19 hearing of final oral evidence, mark a significant  
20 milestone for the Inquiry.

21 My Lady, I know that once you have had an  
22 opportunity to consider the written submissions and  
23 those that are being made orally today, you will  
24 consider whether any directions are necessary. It is,  
25 of course, a matter entirely for your discretion as to

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1 of the eight modules in which they've been granted Core  
2 Participants status.

3 Their focus has been to establish the truth as to  
4 what has happened to their loved ones, and to seek  
5 answers from decision makers for policies and practices  
6 which may have contributed to their deaths and thousands  
7 of others. It is now in Module 10 that the Inquiry  
8 turns its focus on to the bereaved families as bereaved,  
9 and the impact of the pandemic on them, recognising, as  
10 it must, that the bereaved have their own  
11 vulnerabilities, their own suffering, and their own  
12 needs. We therefore welcome the Inquiry's provisional  
13 outline of scope and the commitment to addressing how  
14 the Covid bereaved were impacted and what the protective  
15 and risk factors were for poor bereavement outcomes, and  
16 how the restrictions affected mourning rituals and how  
17 it affected access to bereavement support.

18 As the Inquiry's own roundtable on funerals, burials  
19 and bereavement support identified, the peer support  
20 provided by bereaved family campaign groups is essential  
21 for many of those who lost loved ones during the  
22 pandemic, with people often not knowing where else to  
23 turn, and being part of a bereaved family campaign group  
24 has helped many people to feel understood and begin to  
25 make sense of what has happened to their loved ones and

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1 whether those submissions are published on the Inquiry's  
2 website after today's hearing.

3 So, my Lady, that concludes all of the matters upon  
4 which I wish to address you. Your Ladyship has received  
5 written submissions from ten Core Participants, many of  
6 which have been referred to within the course of my oral  
7 address. Ten Core Participants also wish to address you  
8 orally this morning, my Lady, and so, unless I can  
9 assist you any further, may I invite your Ladyship to  
10 hear firstly from Ms Morris King's Counsel, who  
11 represents Covid-19 Bereaved Families for Justice UK.

12 **LADY HALLETT:** Thank you very much indeed, Ms Blackwell.  
13 Ms Morris.

14 **Submissions on behalf of Covid Bereaved Families for Justice**  
15 **UK by MS MORRIS KC**

16 **MS MORRIS:** Thank you, my Lady.

17 My Lady, as you know, I, along with Mr Weatherby  
18 King's Counsel and Ms Stone represent the Covid Bereaved  
19 Families for Justice UK, instructed by Nicola Brook of  
20 Broudie Jackson Canter Solicitors.

21 For five years now, the Covid Bereaved Families for  
22 Justice have campaigned for their loved ones who lost  
23 their lives during the pandemic, starting with the calls  
24 for the establishment of this Inquiry, and have played  
25 an incredibly active and engaged role in each and every

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1 to them during the pandemic.

2 This support has often been in the face of a vacuum  
3 of any form of official bereavement support and an  
4 inability for the bereaved to be able to perform  
5 significant family, cultural or religious rituals to  
6 marked their loved ones' passing, and bereaved families  
7 have experienced a lack of autonomy and choice as rules  
8 and restrictions limited the size and conduct of  
9 funerals, and they have expressed their views to your  
10 roundtable that investigations and inquests into the  
11 loved ones deaths were rushed and superficial.

12 This leads me to my first substantive submission for  
13 this preliminary hearing, picking up on paragraph 19 of  
14 our written submissions: the question of how the Inquiry  
15 approaches the evidence of the bereaved.

16 In our submission, because this module is focused on  
17 the bereaved, as bereaved, it must be ground in evidence  
18 of their lived experience, not just through the Every  
19 Story Matters and roundtable contributions. But in oral  
20 evidence delivered in public hearings.

21 We recognise that Module 10, like every module, has  
22 its timetable constraints, but we invite the Inquiry to  
23 adopt creative and collaborative approaches to maximise  
24 the voices of the bereaved people in this module,  
25 whether through panels of witnesses, as in the Scottish

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1 Covid-19 Inquiry, or by calling a number of bereaved  
2 people across expanded oral evidence hearings.

3 CBFFJ and Northern Irish CBFFJ are ready to  
4 collaborate with the Inquiry to adopt those creative  
5 processes.

6 My second substantive point is about the experience  
7 of the bereaved and the need for expert evidence.

8 As paragraph 7 of our written administrations, we  
9 repeat our request for the Inquiry to obtain expert  
10 evidence touching upon the experience of the bereaved,  
11 which, in our submission, should include the  
12 psychological, emotional and social consequences of  
13 bereavement in the pandemic.

14 This point would, in our submission, be best  
15 addressed by a psychologist, both with a clinical and  
16 research record in the area of complex grief arising  
17 from major incidents and/or public health crises. The  
18 individual bereaved can, of course, give you their  
19 experience and their impact, but what is missing, in our  
20 submission, is an understanding of how grief in  
21 a pandemic, in a complex, fast-moving and highly  
22 traumatic environment, has a particular impact on  
23 individuals, and that's what we say the Inquiry should  
24 best understand throughout expert evidence.

25 In our submission, the Inquiry should also  
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1 welcome the suggestion made by the Domestic Abuse Group  
2 that, given the degree of intersectionality in the  
3 impact of structural discrimination, which exacerbated  
4 inequalities during the pandemic and led to an increased  
5 risk of death for many marginalised groups, that the  
6 experts instructed should have the opportunity to  
7 discuss their findings and any areas of shared  
8 understanding on impact before finalising their reports.

9 Ms Blackwell King's Counsel made the point this  
10 morning, a question about: what would that add? Well,  
11 in our submission, the experience of the bereaved in  
12 particular is cross-cutting, relevant to many themes  
13 included in the expert evidence, including mental  
14 health, wellbeing, religious worship, faith communities,  
15 key workers and the justice system, and this  
16 understanding of these cross-cutting issues would only  
17 be enhanced by an expert roundtable. That is the added  
18 value that we say would be brought to this process.

19 My third substantive point, my Lady, is around  
20 specific evidence on the systemic impact on bereavement  
21 support, the obtaining of further witness evidence. As  
22 set out in section -- sorry, paragraph 10 of our written  
23 submissions, we are concerned that there will be limited  
24 evidence by way of an overview of bereavement support  
25 provision across the UK and how that changed during the  
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1 understand the cumulative impact of bereavement, when  
2 funeral restrictions are in place, financial hardship  
3 and social inequalities, that kind of complex grief  
4 pattern that affected so many. And that includes, of  
5 course, individual experiences of structural  
6 discrimination, both predating and exacerbated by the  
7 pandemic.

8 And the third point is around availability,  
9 accessibility and efficacy of bereavement support  
10 services.

11 My Lady, we don't yet know how and to what degree  
12 that's going to be covered by the systematic evidence  
13 review. We understand that had hoped to be available by  
14 today. We're going to receive that in the coming weeks,  
15 Ms Blackwell King's Counsel has updated us this morning,  
16 but we understand that that's largely a paper review, no  
17 doubt a thorough one, but we maintain that specific  
18 expert evidence is still necessary in those three core  
19 areas.

20 If I may, two additional short points on experts.  
21 We support the submissions of the Clinically Vulnerable  
22 Families which call for the instructions of  
23 Dr Christina Pagel and Dr Duncan Robertson and the need  
24 for bespoke expert evidence on the impact of the  
25 pandemic on clinically vulnerable people. And we also  
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1 pandemic.

2 We understand from Counsel to the Inquiry and  
3 updates that there has been no specific request for  
4 a witness statement from a bereavement support provider  
5 or an expert who can give an overview of the provision  
6 or address recommendations for change.

7 We note the findings of the UK Commission on  
8 Bereavement, recently disclosed by the Inquiry, which  
9 makes helpful recommendations based on high-level  
10 evidence of roundtables and surveys, that there is  
11 still, in our submission, nothing that informs the  
12 Inquiry directly about how bereavement support was  
13 actually delivered during the pandemic, what were the  
14 operational challenges, what were the daily challenges  
15 on the ground, what was the impact on those delivering  
16 that support and those needing the support?

17 So we maintain that what is still needed is direct  
18 witness evidence via a statement from a frontline  
19 organisation, such as Cruse or Cruse Scotland, who have  
20 both contributed at a high level to those roundtable  
21 processes. And we've set the out at our paragraph 12  
22 what any additional evidence should specifically  
23 address.

24 The risk is, in our submission, that the high-level  
25 evidence from the commission and from the roundtables  
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1 can only take a broad-brush approach and will not enable  
2 the Inquiry to make meaningful and focused  
3 recommendations that will be able to catalyse any real  
4 systemic change.

5 Staying with roundtable recommendations for  
6 a moment, this leads me to my fourth substantive point  
7 regarding post-death investigations. The final  
8 recommendations of the roundtable on funerals, burials,  
9 and post-bereavement support is that complaints  
10 procedures for organisations that bereaved people  
11 interacted with at the time of their loved ones' deaths,  
12 such as healthcare providers and coroners, should be  
13 more simple and empathetic, and should ensure that there  
14 is accountability to avoid exacerbating the pain and  
15 anger that bereaved people experienced.

16 This is one of the only mentions of the experiences  
17 of the bereaved with post-death investigations, which  
18 have been a great source of distress and trauma for so  
19 many. We welcome the request to the Covid Bereaved  
20 Families for Justice UK and the Rule 9 process for  
21 evidence that they could assist the Inquiry with of the  
22 impact of the pandemic on access to, and experience of,  
23 post-death investigation mechanisms, including coroners  
24 inquests, and we understand from Ms Blackwell KC's  
25 update this morning that the impact, as understood by

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1 evidence the Inquiry will not have a full understanding  
2 of what steps the process would ordinarily follow  
3 outside pandemic times, what systemic changes came about  
4 as the result of the pandemic, and what the impacts were  
5 as far as the operation of the system within the  
6 restrictions and limitations that were imposed upon it,  
7 and whether any learning and reflections have been  
8 reached as a result.

9 We also note and endorse the written submissions of  
10 the Disabled People's Organisations, at their  
11 paragraph 1.5, in respect of the impact of the pandemic  
12 on the reporting of deaths in care settings and of those  
13 receiving care at home, and the fact that the lack of  
14 inquests during the pandemic left bereaved relatives  
15 with unanswered questions and a lack of support.

16 We also endorse the suggestion by the Domestic Abuse  
17 Group at their paragraph 9 of their written submissions  
18 that a statement be sought from the Legal Aid  
19 Practitioners Group, which, in our submission, could  
20 also address issues regarding access to representation  
21 and engagement of families to coroners courts.

22 My Lady, by way of conclusion of my short  
23 submissions, the legacy of the last pandemic is not just  
24 how governments and society responded to a public health  
25 crisis and then developing understanding of what led to

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1 the bereaved, is relevant to this module.

2 But we underline our submission that a witness  
3 statement should be sought from the Chief Coroner of  
4 England and Wales, and the Coroner's Service for  
5 Northern Ireland and the Crown Office and Procurator  
6 Fiscal Service in Scotland, on the impact of the  
7 pandemic on those services.

8 Ms Blackwell's update this morning was that the  
9 operation of the coroners courts is outside of scope,  
10 yet we note from the provisional list of issues that it  
11 expressly includes consideration of how pandemic  
12 restrictions and measures introduced in response  
13 impacted on the people's experience of the justice  
14 system and courts. But for bereaved families, the  
15 coronial system and coroners courts were, sadly, a key  
16 part of their pandemic experience.

17 In our submission, seeking to understand how the  
18 criminal, civil and family courts were impacted by the  
19 pandemic and not investigating the impact of the  
20 pandemic restrictions on the coronial system and seeking  
21 evidence from those responsible for its oversight is to  
22 miss an important part of the jigsaw, and the most  
23 important part of the jigsaw for the bereaved families.

24 Bereaved families can only share their individual  
25 experiences with the Inquiry, and without further

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1 hundreds of thousands of Covid-related deaths; the  
2 legacy for our society is how we cared for the dying,  
3 how we honoured and buried the dead, and how we  
4 comforted the bereaved, and how we sought to answer the  
5 questions they asked, the questions that public bodies  
6 ought to have been asking themselves with candour.

7 The lessons for the next pandemic must go beyond  
8 recommendations for more tissues and sympathy for the  
9 bereaved. For those who felt the hardest impact of this  
10 pandemic, for those who lost their loved ones or had  
11 their lives changed forever by Covid-19, the Inquiry, in  
12 its final module, must be able to look the bereaved in  
13 the eyes, hold their gaze, and be prepared to ask the  
14 most searching questions. Because the measure of our  
15 society is how we learn from the experiences of those we  
16 have lost, ensuring the devastating impact that's been  
17 felt by millions of people can lead to meaningful  
18 change.

19 Thank you, my Lady, those are my submissions.

20 **LADY HALLETT:** Very grateful, Ms Morris, thank you very much  
21 indeed.

22 All right, I think we've got two advocates who need  
23 to get away before lunch.

24 **MS BLACKWELL:** Yes, we have, my Lady. In a change to the  
25 order of speaking note which I think is before my Lady,

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1 you're next going to hear from Roger Pezzani, on behalf  
2 of Mind, who I'm told is restricting his submissions to  
3 ten minutes.

4 **LADY HALLETT:** Mr Pezzani.

5 **Submissions on behalf of Mind by MR PEZZANI**

6 **MR PEZZANI:** Thank you, my Lady. I'm grateful for being  
7 fitted in.

8 I am instructed by Mind, the leading mental health  
9 charity in England and Wales.

10 Mind is grateful to be heard today, and grateful to  
11 Ms Blackwell King's Counsel for the indication that  
12 Mind's observations made in its written submissions,  
13 particularly the observations in relation to the  
14 evidence the Inquiry will consider in Module 10, are now  
15 under consideration.

16 Module 10 encompasses a wide range of issues, but  
17 mental health appears to be at the heart of it. Mind is  
18 therefore concerned to ensure that sufficient hearing  
19 time will be devoted to the impact of the pandemic on  
20 people with mental disorders, and on people's mental  
21 health.

22 That is a wide and, in particular, a diverse sector  
23 of society. But the experience of people with mental  
24 disorder is commonly one of stigma and marginalisation.  
25 Even today, when society and this Inquiry is

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1 a roundtable took place on the subject of prisons and  
2 other places of detention and those affected by the  
3 operation of the justice system. Mind understands that  
4 the preparation of summary reports for each roundtable  
5 continues.

6 Mind is keen to know whether the roundtable included  
7 consideration of the mental health of prisoners and  
8 other detainees. Mind's point in general in relation to  
9 this is that it may be of assistance to the Inquiry to  
10 have a clinical perspective on the impact of the  
11 pandemic on prisoners' and other detainees' mental  
12 health, and it isn't clear to Mind at this stage whether  
13 the evidence commissioned in relation to the impact on  
14 prisoners and other detainees provides or is capable of  
15 providing that perspective.

16 Mind welcomes the indication from Ms Blackwell  
17 King's Counsel that consideration is being given to  
18 Mind's suggestion that the recent Hildersley study on  
19 the impact of ethnic inequalities in compulsory  
20 psychiatric hospital detentions, that consideration is  
21 being given to the suggestion that that study should  
22 form part of the Inquiry's documentary evidence.

23 The reason that Mind suggests it is because it is  
24 referred to in the expert reports, and it appears to be  
25 the raw data and, therefore, would be useful for the

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1 increasingly open to frank discussions about mental  
2 health, which, in itself, is important for mental  
3 health, even in that context, people with mental  
4 disorders are too easily forgotten and overlooked.

5 Mind is therefore pleased that the Inquiry has  
6 sought extensive expert evidence about people from that  
7 sector with that experience and thanks the Inquiry for  
8 its endeavours.

9 In relation to a small number of substantive points,  
10 Mind supports the Disabled People's Organisations'  
11 question about the definition of other places of  
12 detention, and whether it should expressly include  
13 secure mental health settings, which is where many  
14 people with severe mental disorders find themselves,  
15 often for lengthy periods of time.

16 Mind suggests that the purpose of an express  
17 definition would simply be clarity, so that the  
18 Core Participants and the Inquiry understand what is and  
19 isn't to be included in the evidence. Mind welcomes the  
20 indication that consideration will be given to seeking  
21 evidence from the already-instructed clinical mental  
22 health experts about the impact of the pandemic on  
23 prisoners' and other detainees', for example immigration  
24 detainees', mental health.

25 In a similar vein, on 7 May of this year,

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1 Inquiry and Core Participants to have access to as part  
2 of the documentary evidence.

3 In relation to the involvement of the Royal College  
4 of Psychiatrists, Mind again welcomes the Inquiry's  
5 consideration of that suggestion.

6 Mind would observe that the Royal College might be  
7 considered to have a unique perspective on the mental  
8 health impact of the pandemic on those working in the  
9 sector and from those working in the sector during the  
10 pandemic, and on the lessons that can and should be  
11 learned as a result of that experience.

12 If that evidence is readily available from other  
13 sources of evidence which the Inquiry has already  
14 commissioned, then the point is less compelling. If it  
15 isn't, if that unique perspective is not available  
16 elsewhere, then Mind would reiterate it.

17 Mind has asked, in its written submissions to this  
18 hearing, that Dr Sarah Hughes is called to give live  
19 evidence. Her perspective as the CEO of Mind is  
20 valuable. She can speak to the wealth of relevant  
21 research that Mind itself has conducted, by speaking to  
22 people who suffer from mental health issues and who were  
23 suffering from mental health issues during the pandemic.  
24 Mind continued working throughout the pandemic and  
25 continued speaking to people who were suffering from

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1 mental disorders during the pandemic, and that is why,  
2 I say, that it is a unique perspective that Dr Hughes  
3 can bring because it is a perspective on the impact of  
4 people with mental illnesses and on people's mental  
5 health more broadly that derives from Mind's unique  
6 position.

7 So again, I would ask for consideration of whether  
8 the evidence that Dr Hughes can bring to the Inquiry is  
9 likely to be available elsewhere, and if it isn't,  
10 I would suggest that that indicates a reason for her to  
11 be called to speak to the evidence that she proposes to  
12 give.

13 Finally, Mind would ask that a person who had severe  
14 mental illness during the currency of the pandemic be  
15 approached to give their personal perspective on how  
16 they were affected. Every story does matter. It really  
17 does. And particularly the stories of people that are  
18 typically marginalised and usually unheard. And people  
19 with severe mental illnesses fall squarely within that  
20 category.

21 And, once again, that would represent a unique and,  
22 Mind considers, uniquely relevant perspective to  
23 Module 10 of the Inquiry.

24 My Lady, I'm grateful for being heard. Those are  
25 the submissions that are made on behalf of Mind at this

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1 We return to these points in just a moment.

2 Before doing so, my Lady, it is necessary to  
3 identify a critical feature of the experience of the  
4 bereaved in Wales. We do so, my Lady, bearing in mind  
5 my Lady's opening remarks: the module is not about  
6 decision making. But it is important contextual  
7 evidence that many lost loved ones in hospitals and care  
8 homes in the same devastating circumstances and without  
9 any answers as to why. It is important contextual  
10 evidence that many felt the Welsh Government failed to  
11 engage with them in any meaningful way.

12 It is important contextual evidence that many felt  
13 the Welsh Government failed to take responsibility for  
14 their actions during the pandemic. The conduct of the  
15 Welsh Government has given rise to overwhelming anger  
16 and frustration, exacerbating grief and prolonging the  
17 bereavement process immeasurably.

18 In their witness statement and written submissions,  
19 the group have sought to explain how the actions of the  
20 Welsh Government, in response to the pandemic, have  
21 exacerbated and prolonged their grief. As indicated,  
22 the group well understands the Inquiry cannot examine  
23 the relevant actions of the Welsh Government in this  
24 module. Nevertheless, my Lady, the group hopes that  
25 you'll be able to take account of this very significant

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1 stage of the module.

2 **LADY HALLETT:** Thank you very much indeed, Mr Pezzani.

3 **MS BLACKWELL:** My Lady, finally before lunch, my Lady will  
4 hear from Naomi Parsons representing Covid Bereaved  
5 Families for Justice Cymru.

6 **LADY HALLETT:** Ms Parsons, there you are. At the moment,  
7 we're all going in the wrong way. Right.

8 **Submissions on behalf of Covid-19 Bereaved Families for  
9 Justice Cymru by MS PARSONS**

10 **MS PARSONS:** My Lady, thank you for accommodating us before  
11 lunch. These submissions are made on behalf of the  
12 Covid-19 Bereaved Families for Justice Cymru.

13 The impact of Covid-19, my Lady, on the members of  
14 the group, all of whom have obviously been personally  
15 bereaved, can in some respects be easily distilled. Its  
16 impact has been heavy and it has been prolonged.

17 That impact is, of course, a highly individual and  
18 personalised matter, with each member processing and  
19 responding to the loss of their loved ones in  
20 a different way, and yet, for the members of this group,  
21 in many respects, the impact of Covid-19 in Wales has  
22 been depressingly predictable. Many suffered a lack of  
23 bereavement support, an inability to pursue complaints,  
24 a lack of access to inquests, and many witnessed the  
25 inappropriate use of photography in hospitals.

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1 contextual evidence.

2 My Lady, I turn now to highlight some key features  
3 which have prolonged the impact of Covid-19 on the  
4 bereaved in Wales.

5 Firstly, there was a lack of bereavement support.  
6 Indeed, for many, there was a total absence of  
7 bereavement support, either practically or  
8 psychologically, following the death of their loved  
9 ones. The national bereavement network, set up in 2019,  
10 proved to be completely ineffective. Bereavement  
11 support, at the time it was most needed, was suspended  
12 in hospitals. Members were forced to navigate the  
13 complexities of registering their loved one's death with  
14 all the restrictions in place, without any guidance or  
15 support. The bereaved were, my Lady, in short,  
16 forgotten about.

17 Secondly, complaints procedures were inadequate.  
18 Members had to engage in complex and lengthy complaints  
19 procedures following the death of their loved ones.  
20 Some complaints went completely unanswered. Some  
21 complaints were responded to only after a lengthy delay.  
22 Many responses were incomplete, inadequate, or  
23 inaccurate.

24 By way of example, one family member received seven  
25 different responses, each revealing new, horrific pieces

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1 of information, such as the failure to provide oxygen to  
2 their loved one for 40 minutes, each triggering fresh  
3 questions which went unanswered.

4 The inadequacy of the complaints procedure,  
5 including a lack of candour and reflection, has resulted  
6 in retraumatisation and has exacerbated the impact of  
7 Covid-19 on the bereaved in Wales.

8 Thirdly, my Lady, inquests were not available. The  
9 ombudsman told the group that they were too busy,  
10 because of Covid-19, to investigate Covid-19 deaths.  
11 That is plainly not an adequate answer. Some deaths,  
12 after all, were the subject of inquests; those of health  
13 care workers, for example. And the question is: why, in  
14 certain circumstances such as cluster outbreaks in  
15 hospitals and care homes, where multiple people died of  
16 Covid at the same time and in the same place, no  
17 inquests were available.

18 This was the desperate scenario, my Lady, faced by  
19 many of the group's members. An inquest would have  
20 provided answers, and answers which would have helped  
21 them to bring closure to the death of their loved ones.  
22 Such failures are compounded by the failures to  
23 meaningfully investigate nosocomial infections in  
24 hospitals and in care homes across Wales.

25 Fourthly, some local health boards authorised

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1 grief, promote healing, and foster a sense of unity.  
2 They also serve as a reminder of the importance of  
3 community and shared humanity.

4 As one member put it:

5 "A failure to organise such memorials or a proper  
6 memorial or place of remembrance in Wales, the sheer way  
7 that they are still trying to brush it under the carpet  
8 like it never happened is an insult to us all."

9 And many of the group's members, my Lady, would  
10 agree with that.

11 Finally, my Lady, the Bereaved Families for  
12 Justice Cymru wish to note one important impact not  
13 confined to the bereaved. It is one which relates to  
14 the people of Wales as a whole. The Welsh Government's  
15 handling of the pandemic and its aftermath has fostered  
16 a complete mistrust of those in government, the impact  
17 of which, my Lady, will no doubt be enduring and far  
18 reaching.

19 Thank you, my Lady.

20 **LADY HALLETT:** Thank you very much indeed, Ms Parsons, and  
21 I very much understand the concerns that you've  
22 expressed, so thank you for your additional help. Thank  
23 you.

24 Very well. I shall adjourn now and return at 2.00.

25 **MS BLACKWELL:** Thank you, my Lady.

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1 photography of the dead and dying. The experience of  
2 grief and bereavement of the group's members have been  
3 significantly prolonged by the discovery that  
4 photographs of the dead and dying had been taken within  
5 the hospitals where their loved ones died. Over 7,000  
6 photographs of this nature were taken, with the images  
7 published widely on social media, Twitter, Instagram,  
8 published within books, on websites, YouTube, media  
9 articles, and so on.

10 One member's loved one was filmed by a news channel  
11 whilst he was being treated with CPAP oxygen. His  
12 family members saw this for the first time on TV with no  
13 prior warning given.

14 When challenged about photography, local health  
15 boards were typically defensive, evasive and unhelpful.  
16 The impact of such thoughtlessness and insensitivity has  
17 exacerbated trauma and should not be ignored.

18 Fifthly, there has been a lack of any meaningful  
19 commemoration of those who died from Covid-19 in Wales.  
20 Three memorial woodlands in controversial areas were  
21 announced, two of which have yet to be launched. There  
22 has been no national Covid-19 memorial, nor has there  
23 been a national Covid-19 day of reflection or anything  
24 similar. Research has shown that things such as this  
25 can provide a powerful way to validate feelings of

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1 (12.59 pm)

2 (The Short Adjournment)

3 (2.01 pm)

4 **LADY HALLETT:** Sorry if I'm a bit late. Right.

5 Ms Mitchell, over there.

6 **Submissions on behalf of Scottish Covid Bereaved by DR**

7 **MITCHELL KC**

8 **DR MITCHELL:** Thank you, my Lady. I appear as instructed by  
9 Aamer Anwar for the Scottish Covid Bereaved. We're  
10 grateful to Counsel to the Inquiry for providing  
11 a detailed note setting out the matters to be addressed  
12 in her submissions this morning. These submissions have  
13 been tailored accordingly.

14 The bereaved appreciate and understand that Covid-19  
15 had a significant impact on all the people of the  
16 United Kingdom, and accordingly, this Inquiry has yet  
17 another mammoth task ahead. There was barely an area of  
18 our lives that was not impacted in some way by the  
19 pandemic.

20 We note that while this module will deal with  
21 impact, it will not be dealt with in a hermetically  
22 sealed bubble, but will build upon the understanding  
23 that the Inquiry has gained over the past years of  
24 evidence, whilst not revisiting decisions taken by  
25 public bodies.

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1 The Scottish Covid Bereaved feel the burden of this  
2 module in a way perhaps greater than other modules.  
3 They want to get it right for those that they have lost  
4 to the pandemic, in terms of explaining the impact. But  
5 in addition to that, they want their experience to  
6 benefit those in the future who will be subject to the  
7 next pandemic.

8 So it is that the Scottish Covid Bereaved are  
9 grateful with the roundtable events relating to  
10 funerals, burials and bereavement support. It's hoped  
11 that this roundtable, as well as others on different  
12 topics, will provide the individual stories that inform  
13 the greater picture of how Covid affected our society.

14 The bereaved look forward to learning of the  
15 experience of those throughout the country who took part  
16 in the Every Story Matters programme and are  
17 particularly keen for the Every Story Matters  
18 bereavement record.

19 There's no evidence more powerful than those with  
20 lived experience. No evidence, with pun intended, more  
21 impactful. All that can be done to highlight the lived  
22 experiences of those who lost loved ones will bring  
23 a richness of understanding and may inform previous  
24 evidence that's already been heard.

25 That being so, we invite the Chair to consider  
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1 Northern Ireland Covid Bereaved Families for Justice  
2 echo everything that was said by Ms Morris and by  
3 Ms Parsons on behalf of our sister UK and Cymru  
4 campaigns. We are grateful for the continuing efforts  
5 of your team to ensure timely disclosure to enable  
6 effective and efficient preparation to be planned and  
7 undertaken by all Core Participants to assist the  
8 Inquiry in its examination of the impact of Covid on the  
9 country's mental health and wellbeing, as well as its  
10 key workers, to whom Northern Ireland CBFFJ would like  
11 to pay particular tribute, as well as the most  
12 vulnerable and bereaved.

13 My Lady, we know that the Inquiry intends to try and  
14 capture the impact of bereavement in this module, and we  
15 are grateful for the inclusion of the impact on the  
16 bereaved as a thematic issue. In this regard, your  
17 Ladyship is aware of our members' particular interest in  
18 the disruption of funeral rights during the pandemic and  
19 their significance across both communities.

20 The impact of restrictions on traditional mourning  
21 ceremonies should not be underestimated, and not just  
22 because, as one member of our group has observed, the  
23 experience of our members was that their loved ones  
24 were, to quote, "buried like a pauper", while those with  
25 powerful friends appeared, at times to many, to receive

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1 making it clear that if the view of the Inquiry, on  
2 hearing any evidence, is that additional recommendations  
3 would be appropriate, building on previous evidence  
4 heard in previous modules, there is no bar from it doing  
5 so. This may assist in alleviating concerns that  
6 nothing is, as it were, missed out.

7 Turning to the matters raised by Counsel to the  
8 Inquiry. The only request that the bereaved make in  
9 relation to disclosure is the one it's always been  
10 making, which is that we have insufficient time to allow  
11 Core Participants to properly consider it. We are very  
12 grateful for the draft factual chronology as the hanger  
13 to put the clothes of disclosure on.

14 For our part, the formal request for evidence in  
15 terms of Rule 9 of the Inquiry Rules are currently being  
16 most carefully considered, and this will be provided to  
17 the Inquiry in a timeous manner. We've got no further  
18 submissions to make at this time.

19 **LADY HALLETT:** Thank you very much indeed, Ms Mitchell.

20 Now, I think we've got a new order. Mr Bindman.

21 Thank you very much for letting people go earlier than  
22 you this morning.

23 **Submissions on behalf of Northern Ireland Covid-19 Bereaved  
24 Families for Justice by MR BINDMAN**

25 **MR BINDMAN:** Thank you, my Lady. My Lady, I can be brief.  
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1 special treatment.

2 Accordingly, we make no apology for our repeated  
3 emphasis on this topic and repeat our suggestion that  
4 the Inquiry would be assisted by expert evidence about  
5 the disruption of these death rights and their  
6 psychological and emotional impact on individuals and  
7 society in the north of Ireland as a whole.

8 As we have set out in writing for this preliminary  
9 hearing and for the previous one, the issue of burial  
10 rights for those we represent is one of real  
11 significance, one that transcends faith or tradition and  
12 remains one of the most painful aspects of the pandemic  
13 for those that we represent.

14 On a linked topic, my Lady, you will have noted that  
15 in our written submissions, we have suggested that the  
16 Inquiry should obtain an additional Rule 9 statement  
17 from the Coroners Service for Northern Ireland to  
18 address the concerns raised by our members that there  
19 appears to have been a default position in Northern  
20 Ireland of not holding inquests where Covid-19 was the  
21 apparent cause of death. At the very least, the fact  
22 and impact of such a position can be considered within  
23 the scope of this module.

24 My Lady, in the words of one of Northern Ireland's  
25 greatest sons: "If we can winter this one out, we can

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1 summer anywhere."

2 While Seamus Heaney's words offered hope -- many  
3 hope in the dark days of the pandemic, Northern Ireland  
4 Covid Bereaved Families for Justice would urge the  
5 Inquiry to shine a light on the particular experience  
6 the bereaved in its investigation of the impact of the  
7 pandemic and the measures put in place to combat that  
8 awful disease which caused such disruption to the lives  
9 of our members and their loved ones. Thank you.

10 **LADY HALLETT:** Thank you very much indeed, Mr Bindman. I'm  
11 very grateful.

12 Ms Beattie, I think you've moved up the list.

13 **Submissions on behalf of the Disabled People's Organisations**  
14 **by MS BEATTIE**

15 **MS BEATTIE:** My Lady, we act for three Disabled People's  
16 Organisations, or DPO, from across the UK, they  
17 Disability Rights UK, Inclusion Scotland, and Disability  
18 Action Northern Ireland.

19 As the Inquiry finalises preparations for its last  
20 module, the DPO make four points with a view to  
21 assisting the Inquiry team and your Ladyship to do  
22 justice to the enormity of the topic of the impact on  
23 society, and to the immense body of work which the  
24 Inquiry has undertaken to date.

25 Our first point is on that subject of the importance  
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1 For Module 10, where the Inquiry turns to consider  
2 the impact of the pandemic on society, the Inquiry will  
3 need to grapple not only with the impact on particular  
4 groups and sections of the population, but also with the  
5 intersections of groups, whether defined by protected  
6 characteristics, socioeconomic status, or other factors.

7 For disabled people, the impact was often felt most  
8 acutely at such intersections. And for this reason, the  
9 DPO have invited each of the experts instructed in  
10 Module 10 to consider the position of disabled people  
11 among the cohort or part of the population which their  
12 expert evidence primarily addresses.

13 The disproportionate impact often increased when  
14 disability status intersected with other protected  
15 characteristics. For example, disabled women faced  
16 disproportionate risks of domestic abuse and  
17 particularly acute barriers to accessing food, services,  
18 and employment. Disabled black, Asian and minority  
19 ethnic people faced additional barriers in accessing  
20 information, communications, and pandemic support.  
21 Disabled LGBTQ+ people were more likely to want access  
22 to mental health support, but they were more likely to  
23 experience difficulties in accessing it.

24 An intersectional approach is essential because it  
25 reflects the reality of individuals' lives and of

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1 of this module, because we are, now, a changed society.  
2 A major pandemic legacy is that many people have been  
3 left disabled by it. This will not come as a surprise  
4 to your Ladyship or to your legal team, given the  
5 evidence obtained to date, including the expert evidence  
6 in this module.

7 But the DPO do wish to place on record the disabling  
8 nature of the pandemic, and to give voice to the many  
9 who have been met with outright denial or, at best,  
10 minimisation of the impact they continue to suffer.

11 This legacy is not one which is necessarily  
12 understood or properly engaged with by government  
13 policy, but it is one which the DPO trust will be  
14 captured and conveyed in this final module. Because the  
15 impact, in terms of mental health and post-pandemic  
16 conditions, is undoubtedly considerable.

17 Second, intersecting inequalities. The DPO welcome  
18 the further report of Professors Shakespeare and Watson  
19 on the impact of the pandemic on inequalities  
20 experienced by disabled people across the UK, which  
21 builds on their foundational report for Module 2.

22 That Module 2 report recognised that disabled people  
23 went into the pandemic in a weakened socioeconomic  
24 situation, and facing other pre-existing health and  
25 social inequities.

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1 society, and how the pandemic was in fact experienced by  
2 disabled people. Without it, the distinct and unique  
3 experience of intersectional marginalisations in the  
4 pandemic will be missed.

5 Probing the intersections will, the DPO contend, be  
6 particularly revealing about inequality in the impact of  
7 interventions and inequality of outcomes.

8 On this point, the DPO echo and endorse submissions  
9 made by Clinically Vulnerable Families, about  
10 recognising that the question of unequal impacts is  
11 cross-cutting, and by the Migrants' Rights Consortium,  
12 about exploring fully the role of intersecting  
13 inequalities.

14 On clinical vulnerability, the DPO see force in the  
15 proposal in the written submissions by Clinically  
16 Vulnerable Families that any additional issues may best  
17 be addressed by separate expert evidence on this point.

18 Third, reporting and investigations into deaths.  
19 Considering the impact on the bereaved and access to  
20 bereavement support would be incomplete without  
21 considering the impact on reporting and investigations  
22 into deaths, which, in the pandemic, meant altered  
23 reporting requirements and few investigations.

24 Notwithstanding the staggering numbers of deaths  
25 during the pandemic, in 2020 the number of all deaths

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1 reported to coroners in England and Wales was the lowest  
2 figure since 1995, when annual data was first collected,  
3 due in part to easements to requirements around death  
4 registration and reporting by medical practitioners.

5 In practice, there were relatively few inquests into  
6 Covid-related deaths, and unnatural factors that may  
7 have contributed to preventable or premature medical  
8 causes of death have not, and likely will not, be the  
9 subject of official state recording.

10 The DPO appreciates that your Ladyship's Inquiry is  
11 itself an investigation into systemic contributory  
12 factors to the pandemic response and thus to Covid  
13 deaths overall. But in terms of impact, the role of  
14 individual death investigations and inquests as  
15 a regular part of the justice system was largely missing  
16 during the pandemic, and so the bereaved were not able  
17 to rely on the form of accountability which the system  
18 provides in normal times to find out what happened to  
19 their loved ones, why it happened, and whether changes  
20 should be made.

21 Such investigation and accountability, involving, as  
22 it does, the next of kin, is part of the post-death  
23 process, and part of bereavement support, even if not  
24 one that most deaths require. And it is, as the Chief  
25 Coroner of England and Wales said in his witness

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1 accessibility standards.

2 My Lady, Module 10 will consider societal strengths,  
3 resilience, and innovation. Beyond any individual  
4 examples in the evidence of where this happened across  
5 the UK, Module 10 is an opportunity for the Inquiry to  
6 consider the principles and systemic approaches which  
7 underpin and which foster these approaches, wherever  
8 that may be, and about whatever aspects of a pandemic or  
9 civil emergency response.

10 Where the Inquiry seeks to identify the lessons to  
11 be learned about forms of innovation, community  
12 responses, new practices, and service delivery changes,  
13 this may best be done by examining their structural  
14 foundations and what they have in common.

15 Without pre-empting the Module 10 evidence, the DPO  
16 suggests that the common structural foundations of  
17 societal strengths, resilience and innovation are found  
18 in co-production, co-design, community and citizen  
19 participation, and accessibility.

20 As the DPO submitted at the conclusion of Module 2,  
21 the practical benefit of co-production and co-design  
22 would have been to bring diverse lived experience and,  
23 where necessary, rebel voices into the room, providing  
24 vital knowledge to government that would otherwise only  
25 be recognised after the damage is done.

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1 statement, adduced in Module 3 of the Inquiry, a small  
2 but vitally important part of the justice system.

3 My Lady, addressing this issue would build on the  
4 Inquiry's work to date, including the Chief Coroner's  
5 witness statement already mentioned, evidence from the  
6 bereaved themselves of prolonged and aggravated grief  
7 while lacking answers to how their loved ones died, and  
8 the funerals, burials and post-bereavement support  
9 roundtable.

10 The DPO support the proposal made by the bereaved  
11 families' Core Participant groups for further evidence  
12 from the Chief Coroner of England and Wales and from  
13 each of the devolved nations, and for examination of the  
14 impact of this matter, as part of Module 10.

15 And fourthly and finally, my Lady, the principle of  
16 co-production. The DPO have, throughout your Ladyship's  
17 modules, cited the principle of co-production, which is  
18 key to respect for the rights of disabled people under  
19 the UN Convention on the Rights of Persons with  
20 Disabilities, and requires both consultation and active  
21 involvement in the development and implementation of  
22 legislation and policies and in other decision-making  
23 processes.

24 The Inquiry has also heard repeatedly of failures of  
25 co-production, and also of failures even to meet basic

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1 Articulating and embedding those principles might  
2 prove to be the most enduring and effective form of  
3 preparation which the Inquiry could proffer for future  
4 pandemics across the UK.

5 Thank you, my Lady.

6 **LADY HALLETT:** Thank you very much indeed, Ms Beattie, I'm  
7 very grateful.

8 Ms Sergides, I gather -- yes, you are behind --

9 I was looking for you over there, but you're there.

10 **Submissions on behalf of the Domestic Abuse Group by MS**  
11 **SERGIDES**

12 **MS SERGIDES:** My Lady, can you hear me?

13 **LADY HALLETT:** I can, thank you.

14 **MS SERGIDES:** I'm grateful for you taking me out of order  
15 also.

16 Thank you, my Lady, I appear for the DA Group, led  
17 by Liz Davies KC, and we are instructed by the Public  
18 Interest Law Centre.

19 You'll recall, my Lady, the organisations within our  
20 DA Group are Southall Black Sisters --

21 **LADY HALLETT:** I wonder if you could get closer to the  
22 microphone? I think you just moved away.

23 **MS SERGIDES:** Ah.

24 **LADY HALLETT:** That's better.

25 **MS SERGIDES:** Is that better, my Lady?

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1 **LADY HALLETT:** Yes, sorry. Thank you.

2 **MS SERGIDES:** -- Solace Women's Aid and the Latin American  
3 Women's Rights Service, or LAWRS.

4 The oral submissions, my Lady, supplement the  
5 DA Group's written submissions, which we know you and  
6 your counsel and solicitor team will take into  
7 consideration, and of course already have, my Lady.

8 Our written submissions identify a number of issues,  
9 three of which I will briefly address now. We put them  
10 forward as suggestions to help the Inquiry achieve the  
11 best possible consideration of the overarching issues  
12 and to focus on the impact of the pandemic on the most  
13 vulnerable.

14 Firstly, the DA Group note that the draft list of  
15 issues is an evolving document kept under review  
16 throughout the investigation, and indeed likely to  
17 develop as preparation for the public hearing  
18 progresses.

19 As set out in our written submissions, we note that  
20 they are generally broad enough to cover most factors  
21 relevant to the DA Group, however nowhere in the lengthy  
22 list of issues is there any mention of those victim  
23 survivors with no recourse to public funds, or insecure  
24 immigration status, who are amongst the most vulnerable  
25 in our society, yet one of the only groups entirely

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1 It concerns evidence in the criminal courts and  
2 non-molestation orders and occupation orders in the  
3 family courts and beyond. Given that the justice group  
4 is no longer a core participant, we would urge my Lady  
5 to make Rule 9 requests of those within the justice  
6 sector and on the front line.

7 Lastly, the number and nature of CPs in Module 10,  
8 together with the list of issues, make clear that this  
9 module is concerned not only with the experiences of the  
10 most vulnerable in our society but also with the  
11 intersectionality of those vulnerabilities. No doubt  
12 it's for that reason that your Ladyship has instructed  
13 the experts covering the broad range of issues.

14 In our written submissions, however, we have  
15 suggested that the experts should, in their specific  
16 consideration of intersectionality and vulnerability,  
17 find a way of coordinating and cross-referencing their  
18 individual responses, particularly to those matters that  
19 are likely to have been raised by the CPs. The benefit  
20 of doing so is well demonstrated in the written  
21 submissions of the MRC group, particularly at  
22 paragraph 20 of those written submissions, where they  
23 highlight that Professor Nazroo and Becares' report on  
24 race and ethnicity does not acknowledge the separate  
25 impact of the pandemic on migrant people, an obvious

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1 excluded in the range of sectors and settings identified  
2 in the overriding issues and beyond.

3 The core question is not how was housing affected  
4 for victim/survivors of domestic abuse with no recourse  
5 to public funds, or how were services affected, but,  
6 rather, what was the impact of not having such access at  
7 all. Accordingly, we would welcome specific reference  
8 to those survivors excluded from public services and  
9 support by virtue of their status, the status that did  
10 not change throughout the pandemic.

11 Secondly, my Lady, and in respect of Rule 9  
12 requests, we note the 39 formal Rule 9 requests that  
13 have been made in Module 10, and we understand that  
14 my Lady is not minded to make any more Rule 9 requests  
15 at this stage. However, we are concerned that no  
16 Rule 9 requests have been made of those who work within  
17 the justice sector and on the front line. The  
18 provisional scope refers to those affected by the  
19 operation of the justice system, and the list of issues  
20 refers specifically to measures introduced that affected  
21 the ability of the civil, criminal and family courts to  
22 progress cases. In the context of domestic abuse, our  
23 interest is obviously access to emergency protective  
24 orders which, in some cases, would be the difference  
25 between surviving and not.

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1 omission against the backdrop of the hostile environment  
2 and the point that the DA Group has also made.

3 In our written submissions we have suggested how  
4 cooperation between the experts could possibly be  
5 approached, perhaps by way of a roundtable meeting,  
6 which is an approach adopted elsewhere, of course. It  
7 would be an opportunity to discuss and share their  
8 expertise, their knowledge of the data and research, and  
9 to provide my Lady with the best possible evidence.

10 We understand that each expert is likely to have  
11 read the reports of the other experts before their oral  
12 evidence, as was set out this morning. This is unlikely  
13 to provide the opportunity to discuss and analyse with  
14 each other their findings and understanding of  
15 intersectionality. This is particularly important given  
16 the potential gaps in data and evidence gathering during  
17 the pandemic that was again highlighted this morning.

18 My Lady, those are the submissions from the  
19 DA Group. Thank you.

20 **LADY HALLETT:** Thank you very much indeed for your help.

21 Mr Wagner, thank you for letting people go before  
22 you.

23 **Submissions on behalf of Clinically Vulnerable Families by**  
24 **MR WAGNER KC**

25 **MR WAGNER:** Thank you. As you know, I act for Clinically

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1 Vulnerable Families alongside Hayley [Douglas] and  
2 Margherita Cornaglia, and we are instructed by  
3 Kim Harrison and Shane Smith of Slater & Gordon.

4 As you know, my Lady, CVF represents those who are  
5 clinically vulnerable, clinically extremely vulnerable,  
6 and severely immunosuppressed, as well as their  
7 households, and across all four nations, and they are  
8 the people who will be at most risk from a future  
9 pandemic, essentially by definition.

10 I first wanted to acknowledge the Inquiry legal  
11 team's helpful notes and draft documents and the  
12 constructive engagement with CVF's concerns, which we  
13 aim to address in a collaborative way.

14 CVF is reassured that there will be now more  
15 explicit focus on the clinically vulnerable, as  
16 identified in the scope and the list of issues. And  
17 arising from that, CVF wish to raise two matters this  
18 afternoon which are, in a nutshell, first of all, expert  
19 evidence, and we request that separate expert evidence  
20 is obtained to reflect the impact on clinically  
21 vulnerable people. And secondly, on Rule 9 requests, we  
22 make a suggestion for a further Rule 9 request to ensure  
23 that the Inquiry can reach fully informed conclusions on  
24 issues in this module, and I do accept that we're facing  
25 an uphill task here because CTI has recommended you

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1 clinically vulnerable people are also a much wider group  
2 than clinically extremely vulnerable people. We note  
3 that the disability groups agree with that principal  
4 point.

5 Our second point, in any event, is that the report  
6 we've seen in draft simply doesn't do the job the  
7 Inquiry has commissioned it for. I'm not going to beat  
8 around the bush on that because the issue is too  
9 important to my clients. We say that the report's  
10 consideration of clinical vulnerability is perfunctory  
11 and inadequate, and that's not really primarily  
12 a criticism of the authors, because CVF recognises there  
13 is a structural issue that clinical vulnerability is  
14 a relatively new concept arising from the pandemic, and  
15 there are obstacles -- for example, data gaps -- to  
16 fully understanding the impact the pandemic has had on  
17 clinical vulnerability.

18 But even despite those challenges, we submit that  
19 the result is there is now an almost total lack of  
20 bespoke expert evidence on the impacts of the pandemic  
21 on clinically vulnerable people, not only in Module 10  
22 but across all the modules.

23 There have been multiple expert reports in different  
24 modules in relation to other equalities groups, and  
25 perhaps that's because they are more established

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1 don't get any more expert evidence or any more Rule 9  
2 statements, but I hope that I can persuade you  
3 otherwise.

4 We did also raise, in our written submissions,  
5 a point about connecting the overarching issues with the  
6 thematic issues and were reassured by Ms [Blackwell]  
7 saying this morning that there is no intention to only  
8 consider the impact on clinically vulnerable people in  
9 a silo or as a comparator to others, and she said it's  
10 intended that the consideration of unequal impacts and  
11 the experiences of those impacted by particular  
12 vulnerability will inform the consideration of each of  
13 the thematic issues where the evidence points in that  
14 direction, so we're grateful to the Inquiry team for  
15 that, and that means I can be shorter in my submissions.

16 So on expert evidence, the Inquiry has commissioned  
17 an expert report to consider the impacts of the pandemic  
18 on disability and clinical vulnerability, and CVF have  
19 two significant concerns about that approach.

20 First, in principle, we say it's wrong to treat  
21 clinically vulnerable people as a subgroup of, or  
22 somehow intrinsically connected to, disabled people.  
23 Clinically vulnerable people faced and face different  
24 issues, different risks, and required and still require  
25 different protections to disabled people. And

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1 equalities group, they have legal protection through the  
2 Equality Act which will apply to certain clinically  
3 vulnerable people but not lots of others, only the ones  
4 that fall within either age or disability, but there are  
5 lots of clinically vulnerable people who are not covered  
6 by the Equality Act.

7 But the Inquiry has commissioned reports on racial  
8 inequality, inequalities faced by LGBTQ+ people,  
9 inequalities faced by disabled people, inequalities  
10 faced by people with mental health issues, and the  
11 missing link is the inequalities faced by clinically  
12 vulnerable people, and if that's not addressed in the  
13 Inquiry's final module, we respectfully submit that that  
14 will be a huge missed opportunity.

15 This is, after all, the Covid Inquiry. If it does  
16 not commission an expert report on clinical  
17 vulnerability to Covid-19, nobody will. And it will  
18 also be unjust to clinically vulnerable people.

19 CTI said in the written submissions that the expert  
20 evidence of Professors Shakespeare and Watson, taken  
21 together with the evidence provided in response to the  
22 CVF Rule nine request, and publicly available material  
23 will be sufficient to inform the Inquiry's investigation  
24 of the matters and scope, which also reflected what was  
25 said earlier by Ms [Blackwell] in oral submissions.

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1 Of course, CVF really does welcome the Rule 9  
2 request being made of Professors Majeed and Herrick,  
3 which were requests made by CVF, although we're  
4 requesting that they give expert evidence. But their  
5 factual evidence won't remedy the current deficiencies  
6 in the expert evidence.

7 There was a point made by Ms Blackwell earlier in  
8 essence that an expert report would not be useful or  
9 desirable because there are data gaps. We say that's  
10 putting the cart before the horse, because one  
11 conclusion that an expert may reach is that there's an  
12 absence of data, but that's by no means a given. There  
13 is data out there on clinical vulnerability, albeit it's  
14 newer and more recent, but a really important role that  
15 an expert plays is to rigorously review what's out there  
16 and identify any gaps. To not instruct an expert  
17 because there might not be enough data risks leading to  
18 a self-fulfilling prophecy because it seems like there  
19 is no data and, therefore, we don't need an expert  
20 report.

21 If an expert is instructed, there can be a rigorous  
22 process -- at least a rigorous process to identify what  
23 is and isn't available, and then, by the end of ten  
24 modules, at least the Covid-19 Public Inquiry will have  
25 a properly considered expert report. It will be a great

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1 targeted policy decisions. It is therefore important,  
2 in conclusion to this, that expert evidence is obtained  
3 to ensure that the Inquiry can make key recommendations  
4 that are necessary to ensuring that clinically  
5 vulnerable people are properly understood and better  
6 protected going forward.

7 The second point I wanted to make was about Rule 9  
8 requests. What we're really focusing on here is safety  
9 in environments where clinically vulnerable people live  
10 their lives. We've listened carefully to  
11 Ms [Blackwell's] points in her submission this morning.

12 She said:

13 "The Module 10 team consider that this module will  
14 not be able to consider detailed evidence on the  
15 approach to securing the safety of physical  
16 environments, albeit it will be able to consider the  
17 impact on clinically vulnerable people, including the  
18 continuing impact on safety of physical environments,  
19 and we will be able to consider the findings and  
20 recommendations made in earlier modules, including  
21 modules 2 and 3."

22 We entirely appreciate, and we've heard  
23 your Ladyship say at the beginning and during the  
24 hearing today, that this is an impacts module and so  
25 will focus in the most part on the experiences of the

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1 shame if clinically vulnerable people were left -- as  
2 a distinct equalities group, were left pretty much where  
3 they were at the beginning.

4 And we say the Rule 9 statements are simply not  
5 proportionate to the weight of the importance of the  
6 issue, and so we maintain our position that expert  
7 evidence is required to ensure the Inquiry properly  
8 understands and assesses the pandemic's impact on  
9 clinically vulnerable people.

10 And we propose -- we've given some names -- and  
11 we've encouraged the Inquiry to consider instructing  
12 Professors Christine Pagel and Dr Duncan Robertson, who  
13 are leading experts in operational research, data  
14 modelling and public policy analysis, and they were both  
15 central in analysing and communicating real-time data to  
16 both the government and the public via the Independent  
17 SAGE group and have unique expertise on how pandemic  
18 data was used and misused, and what it was able to  
19 capture and how it influenced the experience of  
20 clinically vulnerable individuals.

21 CVF believes there are important economic and social  
22 consequences of data gaps, such as lost employment due  
23 to early retirement and unpaid caring roles, alongside  
24 the wider harms of prolonged isolation, exclusion and  
25 stigma resulting from flawed assumptions and poorly

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1 people who were directly impacted by Covid-19. However,  
2 there is a fundamentally important issue for clinically  
3 vulnerable people which cuts across many of the modules  
4 and certainly is relevant here, which is how to make  
5 social environments safer for them, and indeed for  
6 everyone. And you've heard me say this -- you're  
7 probably close to being sick of hearing me say this, but  
8 you've heard me say this in the healthcare modules, in  
9 the children and young people's modules, and even about  
10 the Inquiry's own hearing centre, that if you make  
11 spaces where people do things together safer from  
12 pathogens, you can avoid some of the hardest dilemmas we  
13 faced during the pandemic, because if you make those  
14 spaces safer, for example, by using proper ventilation  
15 or masks or other IPC measures, you might be able to  
16 avoid closing them. And it would be a wasted  
17 opportunity for the Inquiry to hear the impact on  
18 vulnerable groups but not be able to access -- sorry, on  
19 not being able to access important social institutions,  
20 for example, hospitality, sports and culture, but not  
21 then be able to make recommendations about what to do  
22 about it in the future.

23 The Inquiry cannot be left in a situation of  
24 concluding that bad things happened to people without  
25 being able to suggest how to stop those bad things

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1 happening again. And of course, we know that's not what  
 2 the Inquiry intends or will end up doing, but at  
 3 present, we believe that the Inquiry will not have  
 4 sufficient evidence to be able to make meaningful  
 5 recommendations about safety in this module. And we  
 6 offer a proportionate solution, which is a solution we  
 7 also offered in Module 8, which is to do some of what  
 8 Counsel to the Inquiry in their written submissions  
 9 suggested, which is to make use of the evidence provided  
 10 in other modules, but also to supplement that with  
 11 further evidence from Professor Noakes who, we submit,  
 12 provided very helpful evidence in Modules 2 and 8. And  
 13 what she would be able to provide is a supplemented view  
 14 in respect of the environments that are at issue in this  
 15 module.

16 So having already provided evidence which can be  
 17 supplemented by Professor Beggs and the IPC experts, she  
 18 could also provide evidence about some of the  
 19 environments which are the focus of this module, which  
 20 would just top up the evidence which the Inquiry already  
 21 has without having to really get lots of further  
 22 evidence.

23 So in conclusion, as CVF have noted before,  
 24 Module 10 is the final chance for the Inquiry to listen  
 25 directly to the voices of clinically vulnerable people

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1 we're grateful for the careful consideration given to  
 2 our submissions to date, all of which now enables me,  
 3 I hope, to make some brief submissions in three broad  
 4 areas.

5 But if I may, I'd like to start with some  
 6 background, or to note some important background to the  
 7 MRC, the membership of which, on this occasion, differs  
 8 from previous modules.

9 Firstly, in this module, MRC consists of nine  
 10 constituent organisations: Joint Council for Welfare of  
 11 Immigrants, Kanlungan, Independent Workers of Great  
 12 Britain, United Voices of the World, Project 17,  
 13 Together with Migrant Children, JustRight Scotland,  
 14 Doctors of the World UK and Medact.

15 Their interests in this module are set out in our  
 16 written evidence and our submissions. A central  
 17 unifying feature is their focus on the rights and  
 18 interests of migrant people in the UK, a group often on  
 19 the margins of society and whose experiences are often  
 20 not seen.

21 Secondly, we have highlighted in our written  
 22 submissions the distinct impact on this group of migrant  
 23 people, and as distinct from other non-migrant  
 24 minoritised ethnic groups, and who are subject to  
 25 immigration control, whether their presence on UK

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1 and understand the profound and lasting impact which  
 2 Covid-19 had on them. And we do welcome the Inquiry's  
 3 acknowledgement that Module 10 is not only an important  
 4 but also the last opportunity to properly reach  
 5 conclusions on this matter -- on those matters, but if  
 6 appropriate expert evidence and appropriate factual  
 7 evidence is not in front of it, then it will risk  
 8 jeopardising that opportunity.

9 So those are my submissions, and I hope that we  
 10 can -- I have persuaded you in some way that more can be  
 11 done. Thank you.

12 **LADY HALLETT:** Thank you very much indeed, Mr Wagner.

13 Ms Weeraratne, you're over there I think, yes.

14 **Submissions on behalf of the Migrants' Rights Consortium by**

15 **MS WEERERATNE KC**

16 **MS WEERERATNE:** Thank you. Struggling with my microphone.

17 Thank you very much. My Lady, I appear on behalf of  
 18 the Migrants' Rights Consortium, MRC, along with my  
 19 learned friend, Rowena Moffatt. We're instructed by the  
 20 Public Interest Law Centre, and I'm accompanied by  
 21 Myriam Naoual today. We welcome this opportunity to  
 22 address your Ladyship today in this important module.  
 23 We've filed written submissions and are grateful to have  
 24 had the opportunity to speak to Counsel to the Inquiry  
 25 last week, as requested in our written submissions, and

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1 territory is recognised by the Home Office or not.

2 Our evidence is that this distinct impact has been  
 3 caused by a suite of migrant-specific policies, commonly  
 4 known as the hostile environment or no recourse to  
 5 public funds policies, which are key drivers of the  
 6 unequal or disproportionate impact of Covid-19 on  
 7 migrants, and I understand what counsel has said about  
 8 that today.

9 It is the vital context to understanding the unequal  
 10 impact on migrants. We have provided statistics on that  
 11 disproportionate impact. And one additional example we  
 12 provided is at paragraph 7 of our written submissions,  
 13 and here we cite evidence that's available to the  
 14 Inquiry through disclosure made in Module 3 and not yet  
 15 in Module 10 that suggests that migrant status in itself  
 16 was a risk factor that is separate and additional to  
 17 other axes of inequality, specifically of ethnicity and  
 18 race.

19 The data in that study indicated that nearly 83% of  
 20 ethnic minority healthcare worker deaths were  
 21 individuals who had been born outside the UK, thereby  
 22 identifying the clear likelihood that migration is  
 23 a risk factor to be considered alongside ethnicity.

24 We now simply ask for this to be added to the  
 25 multiplicity of existing statistics, and we've provided

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1 those -- some of those at paragraph 17 and also in our  
2 Rule 9 evidence.

3 So we say that this background informs the approach  
4 advocated on behalf of migrants impacted by the Covid-19  
5 pandemic, and it's relevant to all the submissions that  
6 we make, particularly today.

7 It's very important, we say, in considering the  
8 impact of Covid-19 on society as a whole in this  
9 important final module.

10 So, with that, I'd like to turn to some of the  
11 points on the agenda: scope and the list of issues.

12 So we've had a back and forth with the Inquiry team,  
13 for which we're grateful, on the scope, but also in the  
14 context of the need for expert evidence. This led us to  
15 understand, with some mounting alarm, that, for example,  
16 impacts on migrants of NHS charging, data sharing  
17 between the NHS and Home Office, and exclusion from  
18 mainstream welfare benefits, together with issues  
19 pre-existing the pandemic that did not occur  
20 specifically as a result of the pandemic, all matters on  
21 which we had provided extensive evidence, were out of  
22 scope on this module.

23 Now, thankfully, Counsel to the Inquiry has sought  
24 to reassure us that this is not the case, and we're  
25 really grateful for that, and we've heard what my Lady

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1 pandemic, continued to restrict migrants' access to  
2 healthcare, basic services, housing, support groups,  
3 immigration advice, work, and proper working conditions,  
4 all of which are otherwise protective factors against  
5 identified health risks and mortality at a time of  
6 a pandemic.

7 In the light of what we've heard today, and to  
8 clarify, and hopefully to put this to rest once and for  
9 all, we have proposed to the Inquiry that it would be  
10 helpful for there to be some minor adjustments in the  
11 list of issues document to include some specific  
12 reference to migrant status and the consequences of the  
13 migrant-specific policies.

14 Now, these were provided in writing yesterday to the  
15 Inquiry so I won't rehearse them today. They relate to  
16 paragraphs 4, 5, 9D, 17A and B. So I leave it at that,  
17 if I may.

18 I think attention has already been drawn to  
19 paragraphs 11-14 of our written submissions, which  
20 highlight other aspects of experiences of this group  
21 that are not expressly referenced in the scope document,  
22 and in particular, it relates to those outside the  
23 immigration asylum system, and that they should not be  
24 excluded from consideration, and by reference to  
25 a reassurance that we received by, at the first

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1 said this morning also, and that was elaborated upon  
2 further by Counsel to the Inquiry.

3 We do understand that the Inquiry team are focused  
4 on delineating criticisms of decision making on Covid-19  
5 from impact. We feel, however, still the need to  
6 emphasise that the application and consequences of the  
7 migrant-specific policies during the pandemic are not  
8 a critique of the underlying national rationale or  
9 decision making regarding those policies, are crucial to  
10 a proper understanding as context to the impact of  
11 Covid-19 on migrants.

12 And listening to Counsel to the Inquiry earlier, and  
13 if I've understood this correctly, and I apologise if  
14 I haven't, we submit that this does also need  
15 a consideration of what adjustment to the implementation  
16 of those migrant-specific policies might have mitigated  
17 the significant impacts that are apparent, with a view  
18 to future pandemics or civil emergencies.

19 This is not a matter of evidence on initial decision  
20 making, we say, and we also say that the Inquiry is  
21 likely to be assisted by expert evidence on impact and  
22 adjustments that may have ameliorated that impact. And  
23 if I may, I'll return to that shortly.

24 But I just want to, again, underline that these  
25 policies, where they were maintained during the

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1 preliminary hearing, on that point from Counsel to the  
2 Inquiry.

3 On expert evidence, we make our points at  
4 paragraphs 15-22 of our written submissions. Again, I'm  
5 grateful that I've been able to have a conversation with  
6 Counsel to the Inquiry aligned with our overall point on  
7 the significant impact on migrant status and the role of  
8 migrant-specific policies, and indicating the importance  
9 of expert evidence. We say that would assist the  
10 Inquiry's investigation in this module.

11 Professors Marmot and Bambra say they were expressly  
12 asked to consider only socioeconomic status and the  
13 other axes of inequality would be addressed elsewhere.  
14 We've been in correspondence with the Inquiry team on  
15 this issue for many months and we're disappointed to  
16 note that a gap we consider still remains in this area,  
17 and we ask for a limited extent of expert evidence,  
18 understanding that this door is closing very rapidly and  
19 very firmly, and that is that Professors Marmot and  
20 Bambra be asked to consider specific impacts in  
21 inequalities by reference to migrant status by way of an  
22 addendum.

23 We bear in mind the need to take a proportionate  
24 approach to evidence, and this would help, we say,  
25 a focus on recommendations for mitigating impact in the

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1 future.

2 We hope it's clear why we say that the report on  
3 race and ethnicity, while it may overlap with migrant  
4 communities, cannot be elided with migrant status, and  
5 we point to paragraphs 20 and 21 of our written  
6 submissions.

7 We are concerned that currently there appears to be  
8 no specific consideration of the impact of the pandemic  
9 on migrant people and the distinct risk factor of  
10 migrant status, and we hope that the parameters of our  
11 request are now clear.

12 On other evidence, expert evidence, we are, just to  
13 flag up, in agreement with Mind in their request for  
14 evidence on immigration detention, and also the TUC  
15 where they ask for evidence on outsourcing and  
16 subcontracting, also relevant to migrants.

17 And in relation to, then, the next -- my final  
18 point, on roundtable events, we'd like to add to the  
19 submissions that we've made in writing, and we join the  
20 Disabled People's Organisations in questioning the  
21 status of those reports at this hearing -- at the  
22 hearings that are forthcoming, and whether any witnesses  
23 will be called to speak to those reports, for example,  
24 and so we'd ask for clarity around that.

25 Having now seen the report on prisons and other  
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1 to add.

2 **LADY HALLETT:** Thank you very much indeed for your help.  
3 I'm very grateful.

4 Mr Jacobs, you're last again.

5 **Submissions on behalf of the Trades Union Congress by MR**  
6 **JACOBS**

7 **MR JACOBS:** My Lady, on behalf of the Trades Union Congress,  
8 we're grateful for Ms Blackwell King's Counsel  
9 addressing the points raised in our written submission  
10 and, in the circumstances, we can be brief.

11 Firstly, as to the general approach to this module,  
12 it is now evident to us that decisions made in respect  
13 of some occupations that saw particularly significant  
14 impact during the pandemic, and indeed high mortality  
15 rates, will not be examined, and that is  
16 a disappointment to the affected unions, but as in our  
17 written submissions, we recognise the imperatives that  
18 bear upon whether it is realistic for the Inquiry to do  
19 otherwise.

20 Nonetheless, impact cannot be wholly understood when  
21 divorced from decision making, and the lessons to learn  
22 certainly can't, and the Migrants' Rights Consortium  
23 have made some powerful observations in that vein just  
24 a few moments ago.

25 We welcome, therefore, the reassurance from your  
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1 places of detention and those affected by the operation  
2 of justice -- of the justice system, we take the view  
3 that the roundtables provide high-level evidence, often  
4 highlighting the availability of relevant evidence, and  
5 we would say simply that this report identifies areas  
6 for more detailed evidence, and also the organisations  
7 likely to be well placed to provide it, so we suggest  
8 respectfully that a Rule 9 is a good tool for this  
9 purpose.

10 And with that in mind, we note that Bail for  
11 Immigration [Detainees] and ILPA, Immigration Law  
12 Practitioners Association, who participated in the  
13 roundtable, make useful points about the justice system  
14 and also to those in immigration detention. We would  
15 respectfully invite the Inquiry to consider issuing  
16 Rule 9 requests for further detail of such evidence.

17 My Lady, I think I'll bring my submissions to  
18 a close there. We've made someone submissions about  
19 oral evidence and witnesses. We will just flag up that  
20 there are nine clients in our group, so we're going to  
21 struggle with one witness; no doubt we can have  
22 a conversation with the Inquiry team about that. And  
23 also to note that we have provided some additional dates  
24 for the chronology as well.

25 So I hope with that, my Lady, I've nothing further  
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1 counsel team that this Inquiry will not proceed in  
2 a manner that seeks to isolate impact from decision  
3 making. What we would emphasise is the need for  
4 a flexible approach in the Inquiry permitting  
5 submissions and evidence on matters that do touch upon  
6 decision making.

7 As Ms Blackwell observed, it will ultimately be in  
8 your discretion as to if and how you ultimately deal  
9 with an issue in your report. What we ask is that you  
10 err on the side of permitting evidence and submissions  
11 which touch, within reason, upon decision making as  
12 relevant to impact.

13 Second, my Lady, the impact on those at work,  
14 including key workers. It is an obviously important  
15 issue, and looking at the Rule 9 list, the TUC and union  
16 evidence is doing a fair amount of the heavy lifting.  
17 There is no complaint about that, but can I make this  
18 point: without straying too much into a witness list  
19 that is yet to be circulated, the best evidence of  
20 impact across the whole breadth of sectors will not,  
21 my Lady, come from a single witness. It should be  
22 representatives from a small number of unions that cross  
23 a spread of sectors. This is not about multiplying the  
24 time taken at the hearing, and it could even be by way  
25 of a joint panel. It is about better, rather than  
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1 longer, evidence. And we would welcome the opportunity  
2 to discuss the matter with your counsel team.

3 My Lady, on expert evidence, two points.

4 First, the quality of work, in particular the  
5 precarity of work, as it intersects with impacts. We  
6 have repeated submissions made at the first preliminary  
7 hearing as to the relevance of this being covered in  
8 expert evidence, including its relevance to  
9 understanding some of the inequalities of impact, and  
10 that does remain a matter of continued concern to the  
11 TUC.

12 Second, the TUC does see the force in, and support,  
13 the observations made by Clinically Vulnerable Families  
14 as to the need for expert evidence on the issues they  
15 raise. A great many clinical vulnerable workers were  
16 impacted in the pandemic, and the TUC does have evidence  
17 to give on work-related issues faced by those who were  
18 clinically vulnerable. However, it goes beyond that and  
19 beyond the evidence the TUC can give. Those who were  
20 clinically vulnerable faced particular and different  
21 impacts during the pandemic, and there must be a real  
22 question mark as to whether, presently, the best  
23 available evidence is before this module.

24 My Lady, it may well be -- and this is a matter to  
25 which Ms Blackwell alluded -- that, to some extent, the

1 **MS BLACKWELL:** Thank you, my Lady.  
2 **(2.53 pm)**

3 **(The hearing concluded)**  
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1 gaps in evidence reflect gaps in the knowledge and data  
2 available on clinical vulnerability in the pandemic, but  
3 that underlines the need for and value of inquiry,  
4 rather than the opposite.

5 My Lady, that's all. Thank you.

6 **LADY HALLETT:** Thank you very much indeed, Mr Jacobs.  
7 I think that completes the submissions that I'm due  
8 to hear today.

9 Thank you to everybody who has made submissions,  
10 both oral and written, and I shall consider them all  
11 with care with my Module 10 team, bearing very much in  
12 mind the two points I made at the beginning, which are  
13 that there is a tight timetable, as ever, and that this  
14 is an impact module.

15 I will confess that, looking at terms of reference  
16 that directed me to consider the impact of the Covid-19  
17 pandemic on the entire population of the United Kingdom  
18 was somewhat daunting, but with the assistance and the  
19 constructive engagement of the Core Participants that  
20 I've seen to date, and obviously with the assistance of  
21 my team, I'm confident we can conduct a thorough and  
22 effective investigation.

23 Thank you all very much indeed. I shall see  
24 everybody, as far as this module is concerned, next  
25 February.

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90/22 99/2 99/25 100/8 100/9 101/2</p> <p><b>your Ladyship [1]</b> 87/23</p> <p><b>YouTube [1]</b> 62/8</p>
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