

## **Module 2, Week 1 Evidential Hearings Summary**

Module 2 will look into core political and administrative governance and decision-making for the UK. It will include the initial response, central government decision making, political and civil service performance as well as the effectiveness of relationships with governments in the devolved administrations and local and voluntary sectors. Module 2 will also assess decision-making about non-pharmaceutical measures and the factors that contributed to their implementation.

The Inquiry have been publishing the timetable for the week ahead every Thursday. You can view that document by [clicking here](#).

To view all public information currently available for Module 2, please visit the Covid Inquiry website by [clicking here](#).

If you'd like to watch the hearings, you can view them live online (subject to a three-minute delay) on YouTube by [clicking here](#).

### **Summary of evidence**

#### Opening remarks by Chair

'I know that some of the bereaved have campaigned for me to call more bereaved as witnesses during this Inquiry. I understand their concerns. However, we simply do not have the time to call more witnesses. The need for me to reach conclusions and make recommendations to reduce suffering in the future when the next pandemic hits the UK is pressing. I say "When the next pandemic hits the UK" because the evidence in Module 1 suggested it is not 'if another pandemic will hit us, but when.' The more witnesses we call the greater the delay in making recommendations. The Inquiry is not ignoring the bereaved or any other group who suffered; far from it. They may be called as witnesses in later modules where there will be a greater focus on the impact of the pandemic or where they can assist me on the subject of systemic failings.'

#### Opening Statement by Hugo Keith KC – Counsel to the Inquiry

The number of deaths across the United Kingdom calculated by whether Covid-19 is mentioned on the death certificate is now over 230,000. The consequences of the lockdowns were of course grievous too. There was an explosion of mental health disorders, an entire generation of educational prospects was harmed, pre-existing inequalities were seriously exacerbated. Non-Covid health conditions went untreated and undiagnosed. How was the danger to health posed by the virus weighed up against the risk of societal and economic damage to vulnerable and at-risk groups? To what extent was the possibility of serious long term health consequences arising from the NPIs foreseen and addressed?

In the first wave more than 80% of the approximately 50,000 deaths occurred in those aged over 70. Those over 70 had a 10,000 times greater risk of dying as those aged under 15.

But infection was not inevitable. The figures show a massive difference in mortality rates between the United Kingdom and, for example, South Korea. The overarching question will be whether the massive casualties of the first and second waves were the direct result of a plain and obvious failure to put in place proper infection control across the country.

Mr Cummings will say in his evidence that the government had a deliberate strategy of herd immunity. On 2 March He sent a text message to Lee Cain saying the PM doesn't think it will be a big deal and main danger is the economy.

- 5th March – SAGE conclude no evidence that banning mass gatherings would reduce transmission
- 10th March – Cheltenham Festival and first outbreak in care home
- 12th March – Text from Cummings: "We've got big problems coming, the Cabinet Office is terrifyingly shit, no plans, totally behind the pace, we must announce today stay home."

Sir Patrick's diaries reflected a growing level of concern at the government's approach

- 9th July - "The PM cancelled the big announcement and has gone more cautious. The PM is simply not consistent, as he wasn't at the beginning."
- 13th July - "The ridiculous flip-flopping is getting worse."
- 28th July - "The Chief Medical Officer and I are both worried about the extreme inconsistency from the Prime Minister, lurching from open everything to panic."

Eat Out to Help Out

- It didn't appear to have been discussed with the Chief Medical Officer or the Chief Scientific Adviser.
- Professor Whitty and Professor Vallance's written evidence is that had they been consulted they would have advised it was highly likely to increase transmission.

We then moved onto opening statements from Core Participants.

Pete Weatherby KC - CBFFJ UK

- Families want candour not self-serving justifications.
- On 25th January, Dominic Cummings asked Matt Hancock about the extent of the preparedness. Mr Hancock replied, "we have full plans up

to and including pandemic level regularly prepped and refreshed". It will be interesting to see how he squares that assertion with his Module 1 assessment that the UK level of preparedness was "woefully inadequate".

- Mr Johnson claims that although he's downloaded the phone, the WhatsApp messaging from the crucial period of 31st January to 7th June 2020 are unrecoverable - a remarkable and unfortunate coincidence, we would say. In line with your forthright warnings earlier in the process around the integrity of evidence, we would urge the Inquiry to commission experts to see why those messages can't be retrieved, and whether they may have been deleted.
- In a diary entry dated from April, Professor Vallance quotes Matt Hancock admonishing him: "Science advice we can't do because of supplies is worse than useless." The clear inference was that the Government was not following the science but wanted cover from scientific advisers for shortcomings in provisions.
- The families have real concerns that the ongoing failures of policy and erratic response firstly led to mass discharge of mainly older patients from hospitals to care facilities without testing causing greater transmission into the most vulnerable settings and then led to the under admission of older people who needed hospital treatment and the triaging of patients resulting in the denial of critical care for older and vulnerable people and the inappropriate use of DNACPRs.

#### Brenda Campbell KC – NI CBFFJ

- Our previously voiced concerns at the decision you took not to hear from devolved witnesses in this module, and those concerns persist.
- Cheltenham Festival and Liverpool football match; invited thousands of NI fans to travel, many returning home with the virus. Our clients strongly believe that these decisions allowed the disease to flourish on the island of Ireland and considered that it was obvious at the time that this would happen.
- Not a single NI Public health expert or coronavirus expert on SAGE in the early stages of the pandemic.

#### Clare Mitchell obo Scottish Covid Bereaved

- On the 14th of March Dominic Cummings said to the PM "you are going to have to lock down but there is no lockdown plan. It does not exist. SAGE haven't modelled it. The Department of Health and Social care don't have a plan."

#### Laura Shepherd obo Covid Bereaved Families for Justice Cymru

- Prior to the onset of the pandemic, it was recognised by the Welsh Government that Wales has a higher proportion of older people than the rest of the United Kingdom, and that this cohort are more likely to develop chronic conditions and become frail.

- Where there was evidence of a risk asymptomatic transmission, decision-makers should have erred on the side of caution. In light of what was known, the decision in both England and Wales to discharge people from hospital into care homes without testing was indefensible.

#### Danny Friedman obo DPO

- The person the government imagined when it told us all to stay at home was someone who could financially, physically and logistically afford to stay there.

#### Ms Davies obo Southall Black Sisters

- At the same time as domestic abuse increased, women seeking help found that options normally available to them had significantly diminished.

#### Sam Jacobs obo TUC

- The TUC is disheartened to see that so many witness statements of the decision-makers are striking only for how utterly anodyne they are. There is very little ownership of what went wrong.
- The Cabinet Office in its written opening has described this Inquiry as an unprecedented moment of transparency about the government of this country. There is more than a little irony in that observation, given the intransigence of the Cabinet Office in refusing to provide the requested disclosure to this Inquiry and judicially reviewing a notice requiring disclosure.
- The apparent dysfunction in government decision-making which resulted in avoidable loss of life. Eat Out to Help Out is a striking example. The aim of supporting the hospitality industry was a perfectly valid and important one, but there needed to be some careful thought as to how the scheme fitted within the overall strategy. What we find is that it was a Treasury scheme about which neither SAGE nor the Department of Health and Social Care were even consulted.

#### Leslie Thomas KC obo FEHMO

- Was there a parallel commitment from our government to ensure that every healthcare worker, irrespective of their racial or ethnic background, was being equally protected? Sadly, the heart -breaking reality suggests otherwise.
- The very workers we cheered for, the faces of many of our doctors, nurses and support staff from diverse backgrounds faced systemic challenges that made them more vulnerable.
- Failure to connect the dots between historical inequalities and present vulnerabilities revealed a significant lapse in holistic understanding and governance. There was a dual failure. A failure to anticipate and a failure to respond.

- On 10th April 2020, less than three weeks after the national lockdown was declared, the British Medical Association warned that the first ten NHS doctors to die from the virus were from black, Asian and ethnic minority backgrounds
- The downgrading of Covid-19 from a high-consequence infectious disease status, which dictated the type of protective equipment that would be used. This decision, we say, contradicted robust scientific evidence at the time and adversely impacted on the safety of FEHMO members.

#### Mr Stanton obo BMA

- The United Kingdom Government's actions to reduce the spread of Covid-19 were too slow, with non-pharmaceutical interventions (NPIs) implemented too late and lifted too early. Examples include the failure to cancel mass gatherings and large sporting events in March 2020, which undoubtedly led to higher cases, hospitalisations, and very likely deaths, and the first UK wide lockdown, which only began on 23rd March 2020, 11 days after contact tracing was abandoned.
- 94% of doctors who died up to April 2020 were from ethnic minority backgrounds, even though this group makes up only 44% of NHS medical staff.
- BMA raised concerns about this with NHS England on 9th April 2020.

#### Evidence from the bereaved

After the opening statements the Inquiry moved on to hear evidence from each of the 4 groups representing the bereaved. Joanna Goodman gave evidence on behalf CBFFJ UK and did a fantastic job of explaining why the Group was formed, how it campaigned to change the Government's response to the Pandemic and for this inquiry to take place.

#### Expert evidence

On Thursday the Inquiry moved on to hear expert evidence in Inequalities interspersed with evidence from a number of organisations about the impact of the decisions of the Government.