

UK Covid-19 Inquiry public hearings: module 2, week 2 (09-13 October 2023)

The UK Covid-19 Inquiry (the Inquiry) public hearings for module 2 began on 3 October 2023 and will conclude on 14 December 2023.

Module 2 is focused on core political and administrative governance and decision-making for the UK. It will examine 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. It will also assess decision-making about non-pharmaceutical measures and the factors that contributed to their implementation. Module 2 opened on 31 August 2022 with evidence gathered through rule 9 requests under the [Inquiries Rules 2006](#) and three preliminary hearings.

This week the Inquiry heard from witnesses including Lord Gus O'Donnell, Sir Mark Walport, Professor Sir Ian Diamond and experts in epidemiology. The Inquiry heard evidence on: health inequalities and structural discrimination, the use of the Covid-19 government response tracker, testing and the use of data.

Next week the Inquiry will be hearing evidence from Professor Carl Heneghan, director of the centre for evidence-based medicine and a number of professors in infectious disease epidemiology.

This briefing summarises the proceedings most relevant to NHS trusts, and is the second in the series of weekly briefings on the Inquiry's public hearings on module 2. You can see our earlier briefings on the preliminary hearings and other public hearings on [our website](#), as well as a set of [frequently asked questions on rule 9 requests](#) we prepared with our legal partners.

Monday 09 October

Witnesses

Professor Thomas Shakespeare, Professor Nicholas Watson, Kamran Mallick, Professor Laia Bécares and Professor Ailsa Henderson.

Summary of witness evidence

Professor Thomas Shakespeare and Professor Nicholas Watson

Professor Thomas Shakespeare is a professor of disability research at the London School of Hygiene and Tropical Medicine. Professor Nicholas Watson is a professor of disability research at the University of Glasgow.

Professor Shakespeare and Professor Watson said that the issue of how the government might respond to the needs of disabled people in an emergency situation was highlighted prior to the Covid-19 pandemic the [2017 UN Committee on the Rights of Persons with Disabilities report](#). The committee recommended that the “state party collect information and adopt a strategic and measurable plan of action for improving the living conditions of all persons with disabilities.”

Government decision-making and measures imposed during the Covid-19 pandemic had a direct impact on the lives of disabled people and they were disproportionately affected by that impact. Professor Shakespeare said that disabled people were an afterthought in many of the Covid-19 pandemic provisions.

Disabled people are more likely to live in poverty and have comorbidities unrelated to their primary condition. Due to increased vulnerability disabled people are therefore more likely to respond less well to a health challenge. Professor Shakespeare and Professor Watson said that respiratory infections are the major cause of death for people with a learning disability and should be well known by those working in social policy or public health.

Professor Shakespeare said that people with learning disabilities found public health messaging very complicated. Many people with learning disabilities rely on the ‘Easy Read’ format to understand information. But access was dependent on somebody providing it to them from an internet source. A large proportion of those who experience digital exclusion are disabled people.

Kamran Mallick

Kamran Mallick is chief executive of Disability Rights UK (DRUK), a national membership organisation run by and for disabled people founded in 2012.

In March 2020 the DRUK wrote to Justin Tomlinson MP, Minister for Disabled People, Health and Work, setting out concerns about guidance on care homes, stating that it did “not take full account of the ease of transmission of this virus within confined communities, relying too much on modelling for influenza.”. Because of the way care homes and the care sector is structured and staffed DRUK were advocating for a suppression approach rather than a mitigation approach to the virus. The government did not address this in their response.

DRUK provided feedback as part of the National Voices group in March 2020 on the framework for the moral and ethical advisory group (MEAG). They were worried about the frailty index and that

disabled people would be judged to be frail purely based on their health condition. They also raised concerns that treatment decisions were being applied and made in a way that would be discriminatory.

Mallick said that during the Covid-19 pandemic there was no systematic or formalised way of collecting data on disabled people. Throughout the Covid-19 pandemic DRUK raised repeated concerns about the number of disabled people suffering from long Covid.

Mallick highlighted a November 2020 report from Public Health England (PHE) which said that the risk of death was multiple of times higher for disabled people than the rest of the population.

Professor Laia Bécares

Professor Laia Bécares is a professor of social science and health at King's College London. She has expertise in the role of structural and societal determinants leading to health inequalities.

Professor Bécares explained that the LGBTQ+ community generally experience worse health outcomes. They also have worse mental health and are more likely to experience social isolation, particularly the LGBTQ+ youth and those aged 50 and older.

She said that LGBTQ+ people can also experience exclusion from health and social care and so are less likely to seek primary care, leading to their health worsening and having to seek emergency care. She said there is a persistent underinvestment in the infrastructure and research for LGBTQ+ populations, and that data is crucial to planning interventions.

Professor Bécares said that because of these pre-existing inequalities the LGBTQ+ population should have been identified during the Covid-19 pandemic as a vulnerable group.

Professor Ailsa Henderson

Professor Ailsa Henderson is a professor of political science at the University of Edinburgh.

Professor Henderson described the UK as a state in which policy decisions and law is made at multiple levels. She said there was a chronic lack of clarity from the UK government about when it was referring to England or the whole of the UK. During the Covid-19 pandemic there was a plea from devolved ministers for the prime minister to speak with clarity when announcing England-only measures.

Summary of responses to the Inquiry's equality questionnaires

LGBTQ+

The Inquiry obtained no questionnaire responses from LGBTQ+ groups and organisations so they had to rely on available research. They concluded that the Covid-19 pandemic had a negative impact on the mental health of those within the LGBTQ+ population. The Inquiry's research noted a reduced level of access to health services and sexual health services during the Covid-19 pandemic. The Inquiry also noted the increase in online harassment and discrimination experienced by LGBTQ+ people as a consequence of the move to online meetings.

Sex and gender

The Inquiry received responses from 13 voluntary and civil society organisations in relation to issues facing women during the Covid-19 pandemic.

The underlying theme was that the government did not adequately consider how decisions made would affect women. Organisations noted that the Covid-19 pandemic exacerbated existing domestic abuse issues and there was a struggle to access supportive services. Ethnic minority women and refugee women were vulnerable to compounding disadvantages.

Respondents also highlighted that restrictions on maternity services were not lifted at the same time as wider restrictions. Along with limited community healthcare provision, these issues had an impact upon the mental health and wellbeing of new mothers.

The full transcript of the day's proceedings is available [here](#).

Tuesday 10 October

Witnesses

Lord Gus O'Donnell, Professor Sir Ian Diamond and Gavin Freeguard.

Summary of witness evidence

Lord Gus O'Donnell

Lord Gus O'Donnell was cabinet secretary in the Cabinet Office from 2005 to 2011 and is now a crossbench member in the House of Lords. He is also the president of the institute's council in the Institute of Fiscal Studies (IFS).

During the Covid-19 pandemic [the Scientific Advisory Group for Emergencies](#) (SAGE) assessed the scientific and medical implications of Covid-19 and possible interventions. Lord O'Donnell suggested

that there should be a committee structure above SAGE which examines socio-economic issues surrounding interventions and responses to a crisis. The people involved would need to be crisis specific, gathered with a clear objective. He said the lead department model for crisis response is not effective when a crisis, such as the Covid-19 pandemic, spans so many departments. In the event of cross-departmental crises, the Cabinet Office would be in a better place to lead and bring together the relevant departments in response.

Lord O'Donnell said that during a crisis the public need to know that ministers believe the guidance and advice they are giving and that behaviours displayed by Number 10 during the Covid-19 pandemic were incredibly destructive. He questioned whether public compliance with government guidance would be as high in the event of a future pandemic as a result.

Professor Sir Ian Diamond

Sir Ian is the national statistician and is chief executive of the UK Statistics Authority (UKSA), the independent body responsible for the regulation and production of official statistics. He is also head of the office for national statistics (ONS) and head of the government statistical service (GSS).

At the onset of the Covid-19 pandemic the ONS embedded someone inside the Covid taskforce in the Cabinet Office in order to understand the key issues.

From an early stage the weekly opinions and lifestyle surveys (OPN) focused on the impact of the Covid-19 pandemic on members of ethnic minority groups and on those who were clinically extremely vulnerable. Because death registration does not include ethnicity, they applied an experimental method linking death registration to census data.

During the Covid-19 pandemic Sir Ian said they were able to make progress in the sharing of patient data but that is now coming to an end. Sir Ian, together with Sir Chris Whitty and Tim Ferris from the NHS have asked Professor Cathie Sudlow to do a review of the barriers to data sharing in health, because they believe we can share data in the future in a way that is ethical, privacy-enhanced, with public engagement and in the public interest.

Sir Ian confirmed that mortality rates were highest in the oldest age group and higher among men than women. He confirmed that nine out of ten deaths involving Covid-19 in England occurred in a hospital or care home, with the highest peak in the first wave. The majority of deaths in England occurred among disabled people but that was due to the association between old age and disability. The link between disability and old age and death still existed after accounting for factors such as socio-economic and demographic characteristics and vaccination status.

Data shows the highest rates of self-reported long Covid was amongst adults aged 35 to 69; among women; those living in more deprived areas and among disabled people. The mortality rate was significantly higher for, firstly, all non-white groups, and secondly, it was highest overall for those of Bangladeshi ethnicity. However, in the first wave the highest group was actually for people from black African and black Caribbean backgrounds, and Sir Ian said that that could be due to the geography of the first and second wave. The second wave was much more in the northwest and north of England, and less so, initially, in London.

Sir Ian agreed that the mortality rate was not affected simply by the fact of ethnicity, but by the socio-economic conditions, deprivation, housing or poverty, experienced by members of that particular ethnic group, and those who were of working age, the higher likelihood to be in public-facing occupations. In the later waves the differences in vaccine uptake played a real role in the probability of mortality.

Gavin Freeguard

Gavin Freeguard is a freelance data consultant who works on data policy, research and advocacy. He is a special advisor at the Open Data Institute.

Freeguard noted that there had been a high turnover of ministers in the Cabinet Office since 2015 and a lack of a chief data officer for government, which could have impacted on the political focus and strategic leadership on data sharing issues.

Freeguard said that in the early stages of the Covid-19 pandemic there weren't protocols in place to bring and share data quickly and easily. The control of patient information (COPI) notice issued by the then Secretary of State, Rt Hon Matt Hancock MP, on 17 March 2020 was extremely important in sending a signal across the whole system that it was important to share particular types of health data during the Covid-19 pandemic.

Commonly recognised information pictures (CRIP) were produced to provide a single source of critical information for decision makers. Freeguard was shown a CRIP prepared for the prime minister on 18 March 2020 where data was missing on the number of intensive care unit (ICU) beds occupied and the percentage of ICU beds occupied by Covid-19 patients. Freeguard noted that important data was missing at the start of the Covid-19 pandemic. He was asked to comment on emails from Dominic Cummings sent on 25 March 2020 saying that the "NHS numbers remain a mess" and that numbers being calculated "shouldn't be too much to ask of the NHS". Freeguard said these issues arose because of information being recorded in different ways and in different places and this made it more difficult to bring together information into a single version.

The full transcript of the day's proceedings is available [here](#).

Wednesday 11 October

Witnesses

Professor Khamlesh Khunti, Professor Tom Hale and Sir Mark Walport.

Summary of witness evidence

Professor Khamlesh Khunti

Professor Khamlesh Khunti is a professor of primary care in diabetes and vascular medicine. He is the director of the UK National Institute for Health Research (NIHR) and director of the Centre for Ethnic Health Research (CEHR). Professor Khunti was a participant in SAGE from 24 September 2020 to 10 February 2022. He was chair of the SAGE ethnicity subgroup from August 2020 to March 2021. He is chair of the national long covid research working group.

Professor Khunti highlighted that many young South Asian people were being admitted into hospital with severe Covid-19 in a tweet on 1 April 2020. On 4 April 2020 he shared research from the Intensive Care National Audit and Research Centre (ICNARC) in another tweet which showed that 30-35% of people being admitted into intensive care units were from ethnic minority groups. Professor Khunti along with Professor Sir Nilesh Samani emailed the chief medical officer, Sir Chris Whitty, on the same day to notify him. Sir Chris responded the next day, saying that the issue was rising up the agenda and that he would put out a call to the National Institute for Health and Care Research for further research on ethnicity.

Professor Khunti said 1.2-1.5 million working in the NHS are from an ethnic minority group. In June 2020, the first Public Health England (PHE) report into Covid-19 was published. Professor Khunti said PHE missed an opportunity by not including recommendations around the wider social determinants of Covid-19 infection, such as housing, occupation, education and communication.

At a SAGE meeting on 4 June 2020 it was accepted that evidence pointed to a significantly higher likelihood of ethnic minorities testing positive, being admitted to critical care and then dying from Covid-19. Black and South Asian people were identified as particularly at risk. On 5 August 2020 the SAGE ethnicity subgroup was set up to focus on ethnicity and the broader social determinants of health.

Professor Khunti said data during the second wave of the Covid-19 pandemic showed a higher risk of infection in Bangladeshi and Pakistani people. The SAGE ethnicity subgroup identified that occupation

and housing density were the likely drivers of higher infection rates. Professor Khunti said there is no conclusive evidence to show that higher infection risk was driven by genetics.

There was a need for real-time local data during the Covid-19 pandemic but data wasn't being shared with him. There was also a need for culturally tailored messaging in different languages and formats. Professor Khunti felt that targeted interventions by the government to address the heightened risk of Covid-19 based on race and ethnicity were not properly coordinated.

Professor Khunti said that long Covid should be one of the factors taken into account when assessing the need for non-pharmaceutical interventions (NPI)s. He said we are still in our infancy in terms of understanding long Covid and the interventions needed to help people with long Covid aside from NPI and vaccination programmes.

Professor Thomas Hale

Professor Thomas Hale is a professor of global public policy at the Blavatnik School of Government in the University of Oxford. He leads the team that produces the [Oxford Covid-19 government response tracker](#).

The Oxford Covid-19 government response tracker tracked various responses to Covid-19 by governments around the world. It was used during the Covid-19 pandemic by many governments, researchers and media organisations to create a record of government actions and to compare and facilitate learning.

Professor Hale said that speed mattered in government response. He said one of the studies he analysed showed a single day delay in imposing a ban on mass gatherings had an impact of around 7% in the cumulative death toll. Studies show that there was a two-week lag between when a policy might come into effect and when you might notice the impact on the number of cases. He said that on average there is a tendency for stronger restrictions on travel to be associated with reductions in the spread of Covid-19.

Professor Hale said that restrictive measures across the UK came into place much more slowly than in other comparator countries or regions. He said the UK government's response displayed more "rollercoaster" like tendencies where restrictions were put into place only after it becomes apparent there would be a very severe threat to the health system.

Professor Hale said that during the later stages of the Covid-19 pandemic, when populations were more vaccinated, stringent government measures, such as a lockdown, would have had less impact and less effect.

Professor Hale's said that a 2020 study shows that test, trace and isolate (TTI) measures strategies could have been successful, particularly for the second wave of Covid-19 in the UK, if the strategy had been more effective at capturing a wider range of contacts and more quickly.

Sir Mark Walport

Sir Mark Walport was the UK government's chief scientific advisor (GCSA) from April 2013 to September 2017. He was the founding chief executive officer of the UK Research and Innovation (UKRI) public body. He attended 54 SAGE meetings during the Covid-19 pandemic.

Sir Mark said that the imposition of NPIs at the beginning of the Covid-19 pandemic was due to a very strong incentive to slow the spread of infection. He said there was very little prior evidence on how effective NPIs would be because it depends so much on the transmissibility of the virus.

Research published by [The Royal Society](#) in relation to NPIs found that mask wearing was effective. Respirator masks were more effective than surgical masks and mask wearing by mandate was also more effective. Of stay at home orders, he said the more stringent the measure, the more effective it was. Sir Mark said in care homes, if you could restrict the movement of care workers, between homes or populations, then that would reduce the chance of an infected care worker infecting large numbers of people.

Sir Mark said that screening measures on their own were not helpful in controlling the spread of Covid-19 across borders, due to asymptomatic infection. Effective quarantine was an essential feature of infection control during the Covid-19 pandemic.

Sir Mark said that trust was found to be a major factor in effective communication during the Covid-19 pandemic. In terms of the communication of NPIs, he said it is important that communication distributed reflects the diverse nature of a community. He said there is good evidence that people trust people who they feel are of similar culture to them.

Sir Mark gave a personal judgement on the position of the UK in its ability to have a scalable system of TTI and said we are not as strong as we would like it to be. He said there is much more work to do and that disinvestment in public health needs to be tackled.

The full transcript of the day's proceedings is available [here](#).

Thursday 12 October

Witnesses

Dr Stuart Wainwright, Professor Graham Medley and Professor Matt Keeling.

Summary of witness evidence

Dr Stuart Wainwright

Dr Stuart Wainwright is director of the government office for science (GO-Science). GO-Science supports the GCSA by producing scientific advice to the government (including No10, Cabinet Office and Treasury). He was concerned that SAGE was heavily relied upon during the pandemic because it frequently published SAGE minutes and advice, while other forms of advice were not being published. The government message that they were “following the science” blurred the line between giving scientific advice and decision making.

Professor Graham Medley

Professor Graham Medley is a professor of infectious disease modelling at the London School of Hygiene and Tropical Medicine. He was co-chair of the Department of Health and Social Care (DHSC) committee, the scientific pandemic influenza group of modelling (SPI-M) until the start of the Covid-19 pandemic, and co-chair of the SPI-M operational sub-group (SPI-M-O). SPI-M-O is activated and provides rapid modelling for the DHSC and PHE when a significant disease outbreak is coming.

In February 2020 it became increasingly clear that NHS capacity in the UK would be overwhelmed and SAGE asked for a working group to be set up to discuss the extent of overwhelm. It was unclear as to whether key decision makers were aware of the possible level of overwhelm as it did not appear in the minutes.

In April 2020 Professor Medley emailed the GCSA, Sir Patrick Vallance, to highlight his concerns that while transmission within the community had fallen, there was widespread ongoing transmission in the health and social care systems, that hospital and community health and social care appeared to be driving transmission, and potentially at an increasing rate. He told Sir Patrick that “In effect, “In effect, this is the opposite of shielding --vulnerable are being preferentially infected.” The GCSA responding saying that he would “reinforce again with the accountable departments that this is key area that they need to get on top of.” Professor Medley didn’t hear any more about it.

Professor Matthew Keeling

Professor Keeling is a professor of mathematics and life sciences at the University of Warwick. He was a member of (SPI-M) committee during the Covid-19 pandemic, He was particularly active in SPI-M - O. He sometimes attended SAGE meetings.

The role of SPI-M-O and SAGE did not extend to considering the economic consequences of infection or control measures. In late 2020 Professor Keeling reached out academics from other disciplines and co-authored a paper exploring the wider costs and benefits of social distancing

measures, including the economic losses the country would be willing to sacrifice to preserve one year of healthy life. Professor Keeling said this type of approach could be used to model the broader impacts of pandemics but would require a wide spectrum of academic disciplines and is best undertaken before a pandemic. He doesn't know anyone undertaking this type of work at the moment.

Professor Keeling pointed out that whereas scientific advice considered by SAGE was made public they did not see any of the other evidence being considered by decision makers. This gave the impression that scientists had too much influence.

During the early Covid-19 pandemic period there was some degree of misunderstanding between modellers. It wasn't until early 2021, that there was sufficient dialogue and understanding between policymakers and the scientists that they could generate policy-ready answers.

He said problems they experienced accessing data during the Covid-19 pandemic would crop up again. He cited the lack of an integrated electronic healthcare system as an example. Professor Keeling said that data access issues had actually worsened when the monkeypox outbreak occurred a year ago: UK data was only available to UK Health Security Agency (UKHSA) affiliated staff with a UKHSA laptop and the entirety of the datasets was not available to all users. UKHSA understand this is a problem and they are working towards solutions, but Professor Keeling doesn't think any of these solutions are trivial. He pointed to a large amount of ethics, general data protection regulation (GDPR), and other regulations on data sharing. He believes it will need a large amount of work to integrate this into a reasonable system.

The full transcript of the day's proceedings is available [here](#).

Friday 13 October

Witnesses

Alex Thomas, Professor Chris Brightling, Dr Rachael Evans and Ondine Sherwood.

Summary of witness evidence

Alex Thomas

Alex Thomas is a programme director at the Institute for Government (IFG), leading their work on the civil service and policy making. He was in a senior civil servant position from 2011 to 2019.

Thomas said that responsibility for the coordinated UK government response to crisis sits in the Cabinet Office and the Civil Contingencies Secretariat. The cabinet secretary is the principal adviser to

the prime minister and has a vital and difficult role supporting cabinet, the prime minister and the civil service. Thomas said one of the things that hinders the cabinet secretary's ability to respond is a lack of clarity over what authority they have over other levers of government.

Thomas said that the material provided to him by the Inquiry, show a loss of confidence in the cabinet secretary, Lord Mark Sedwill, from the then Prime Minister, Rt Hon Boris Johnson, and his most senior adviser. People within the government felt that DHSC was not sufficiently gripping the Covid-19 situation. He said there is a question about DHSC's authority as a lead government department in the Covid-19 pandemic crisis. He said there was a lack of data and information flowing into Number 10 from DHSC, which could have been a source of frustration.

Thomas said that it was clear from material seen by the Inquiry that Johnson's leadership engendered a chaotic government system with competing power sources, unclear lines of responsibility and poor decision-making.

Professor Christopher Brightling and Dr Rachael Evans

Professor Christopher Brightling is a professor of respiratory medicine at the University of Leicester and is a consultant physician. Dr Rachael Evans is an honorary respiratory consultant physician at the Glenfield Hospital, part of the University Hospitals of Leicester NHS Trust. Dr Evans is also an associate professor at the University of Leicester. Professor Brightling and Dr Evans produced a report for the Inquiry on long Covid.

Professor Brightling said that the possibility of long-term effects of Covid-19 was foreseeable in 2019. Scientists were aware of the post-viral syndrome of SARS-CoV-1 syndrome as well as other viruses.

Dr Evans said that with hindsight, the NHS and public health authorities could have done more to prepare for potential post-viral syndromes and support patients suffering from long Covid. Dr Evans said their studies in long Covid clinics showed that over 70% of people were not fully recovered from Covid-19 by five to six months and there was little recovery from six months to one year.

Professor Brightling said that SAGE acknowledged early in the Covid-19 pandemic that the duration of symptoms after an acute case of Covid-19 was variable. He said there was a missed opportunity in terms of timing because of the focus on acute episodes of Covid-19 and the development of a vaccine so little time was spent assessing long Covid.

Dr Evans said that the early stages of the clinical messaging on long Covid was met with a certain amount of scepticism from medical professionals. She said it became clear when speaking to patient support groups that patients were finding it difficult to get access to the appropriate healthcare.

Professor Brightling said comments made by the prime minister at the time on reports into long Covid from October 2020 and February 2021 were deeply saddening. Dr Evans said the then prime minister's words were "shocking and disappointing". They said that the science at the time of those reports was already compelling and that it was unbelievable to think that long Covid was something that could continue to be ignored.

Ondine Sherwood

Ondine Sherwood is a founding member of Long Covid SOS and a representative of Long Covid Kids and Long Covid Support.

Long Covid SOS is a patient advocacy and campaign group that was established in June 2020 as a support group for people who had continuing symptoms. Sherwood said that people experiencing long Covid felt abandoned, particularly those within the community, and that ongoing symptoms were often met with scepticism.

On 3 July 2020, Long Covid SOS wrote to a number of people including the prime minister, the health secretary, Sir Chris Whitty, Sir Patrick Vallance and the chief executive of NHSE. The letter detailed the experiences of people who continued to suffer from Covid-19 symptoms and called on the government to support the needs of this group of people experiencing ongoing poor health. The group received a reply from Professor Stephen Powis from NHSE suggesting contact with DHSC but they received no response from the UK government.

Sherwood said that by the time the long Covid taskforce was announced in October 2020, Long Covid SOS was having regular meetings with NHSE. She said during taskforce roundtable meetings government ministers were very interested and sympathetic, but that changes in policy didn't seem to happen.

Sherwood said that in the lead up to July 2021, when the government was planning to fully lift distancing measures, there was concern that there was no public messaging on long Covid. She said there was a lack of information to help the public to appropriately assess risk.

The full transcript of the day's proceedings is available [here](#).