

Covid-19 Inquiry Terms of Reference

The Inquiry will examine, consider and report on preparations and the response to the pandemic in England, Wales, Scotland and Northern Ireland, up to and including the Inquiry's formal setting-up date, 28 June 2022.

In carrying out its work, the Inquiry will consider reserved and devolved matters across the United Kingdom, as necessary, but will seek to minimise duplication of investigation, evidence gathering and reporting with any other public inquiry established by the devolved governments. To achieve this, the Inquiry will set out publicly how it intends to minimise duplication, and will liaise with any such inquiry before it investigates any matter which is also within that inquiry's scope.

In meeting its aims, the Inquiry will:

- a) consider any disparities evident in the impact of the pandemic on different categories of people, including, but not limited to, those relating to protected characteristics under the Equality Act 2010 and equality categories under the Northern Ireland Act 1998;
- b) listen to and consider carefully the experiences of bereaved families and others who have suffered hardship or loss as a result of the pandemic. Although the Inquiry will not consider in detail individual cases of harm or death, listening to these accounts will inform its understanding of the impact of the pandemic and the response, and of the lessons to be learned;
- c) highlight where lessons identified from preparedness and the response to the pandemic may be applicable to other civil emergencies;
- d) have reasonable regard to relevant international comparisons; and
- e) produce its reports (including interim reports) and any recommendations in a timely manner.

The aims of the Inquiry are to:

1. Examine the COVID-19 response and the impact of the pandemic in England, Wales, Scotland and Northern Ireland, and produce a factual narrative account, including:
 - a) The public health response across the whole of the UK, including
 - i) preparedness and resilience;
 - ii) how decisions were made, communicated, recorded, and implemented;
 - iii) decision-making between the governments of the UK;
 - iv) the roles of, and collaboration between, central government, devolved administrations, regional and local authorities, and the voluntary and community sector;

- v) the availability and use of data, research and expert evidence;
 - vi) legislative and regulatory control and enforcement;
 - vii) shielding and the protection of the clinically vulnerable;
 - viii) the use of lockdowns and other ‘non-pharmaceutical’ interventions such as social distancing and the use of face coverings;
 - ix) testing and contact tracing, and isolation;
 - x) the impact on the mental health and wellbeing of the population, including but not limited to those who were harmed significantly by the pandemic;
 - xi) the impact on the mental health and wellbeing of the bereaved, including post-bereavement support;
 - xii) the impact on health and care sector workers and other key workers;
 - xiii) the impact on children and young people, including health, wellbeing and social care;
 - xiv) education and early years provision;
 - xv) the closure and reopening of the hospitality, retail, sport and leisure, and travel and tourism sectors, places of worship, and cultural institutions;
 - xvi) housing and homelessness;
 - xvii) safeguarding and support for victims of domestic abuse;
 - xviii) prisons and other places of detention;
 - xix) the justice system;
 - xx) immigration and asylum;
 - xxi) travel and borders; and
 - xxii) the safeguarding of public funds and management of financial risk.
- b) The response of the health and care sector across the UK, including:
- i) preparedness, initial capacity and the ability to increase capacity, and resilience;
 - ii) initial contact with official healthcare advice services such as 111 and 999;
 - iii) the role of primary care settings such as General Practice;
 - iv) the management of the pandemic in hospitals, including infection prevention and control, triage, critical care capacity, the discharge of patients, the use of ‘Do not attempt cardiopulmonary resuscitation’ (DNACPR) decisions, the approach to palliative care, workforce testing, changes to inspections, and the impact on staff and staffing levels;
 - v) the management of the pandemic in care homes and other care settings, including infection prevention and control, the transfer of residents to or from homes, treatment and care of residents, restrictions on visiting, workforce testing and changes to inspections;

- vi) care in the home, including by unpaid carers;
 - vii) antenatal and postnatal care;
 - viii) the procurement and distribution of key equipment and supplies, including PPE and ventilators;
 - ix) the development, delivery and impact of therapeutics and vaccines;
 - x) the consequences of the pandemic on provision for non-COVID related conditions and needs; and
 - xi) provision for those experiencing long-COVID.
- c) The economic response to the pandemic and its impact, including governmental interventions by way of:
- i) support for businesses, jobs and the self-employed, including the Coronavirus Job Retention Scheme, the Self-Employment Income Support Scheme, loans schemes, business rates relief and grants;
 - ii) additional funding for relevant public services;
 - iii) additional funding for the voluntary and community sector; and
 - iv) benefits and sick pay, and support for vulnerable people.

2. Identify the lessons to be learned from the above, to inform preparations for future pandemics across the UK.