



## **DIRECTIONS FOLLOWING THE MODULE 2, 2A, 2B and 2C PRELIMINARY HEARINGS ON 31 OCTOBER, 1 AND 2 NOVEMBER 2022**

I am grateful to the Core Participants who made oral and written submissions for the Preliminary Hearings into Modules 2, 2A, 2B and 2C. The submissions were both helpful and constructive. As I have [already ruled](#) following Module 1 on most of the issues, I do not see the need to issue a further ruling but consider it may assist Core Participants to make the following directions:

1. Disclosure of rule 9 requests to Core Participants: I wish to see how the monthly updates from the lead solicitors for each Module work. If the combination of the updates and the disclosure itself do not provide the information I consider Core Participants need effectively to participate in the Inquiry's work, I will revisit the issue.
2. "Strand tying": I am not yet persuaded of the necessity for a "strand-tying" or concluding session after the public hearings into Modules 2, 2A, 2B and 2C.
3. "Pen portrait evidence of the bereaved" and "impact" evidence: I have already ruled that I am not persuaded that pen portrait evidence should be admitted in Modules as a general rule and I make the same decision in respect of Modules 2, 2A, 2B and 2C for the same reasons.
4. As I have also already ruled, evidence of the impact of the pandemic or the government's response to it may be admitted where relevant to possible systemic failure. I have already noted that, in the case of bereaved family members, they may well have relevant evidence to give on possible systemic failings, for example the use of Do Not Resuscitate notices and the NHS 111 system. If so, they may well be called to give evidence that includes the circumstances of their loved one's death. Further, I see force in the suggestion that such "impact" evidence should not be limited to the bereaved. Some issues, for example, the impact on care homes, the elderly, children, ethnic minorities, women and girls, Long Covid sufferers and at-risk workers may also be considered for the purposes of demonstrating possible systemic failure. This is

likely to be particularly so in relation to the later modules concerning healthcare, the care sector, vaccines, and PPE. I have also directed the Inquiry team to work on ways in which some limited "impact evidence" can be admitted where appropriate, at the public hearings, for some of the "system Modules" in order to set the context.

5. However, I must emphasise that the focus of Modules 2, 2A, 2B and 2C will be on key decision-making at a high level. Some issues, for example, the impact on care homes, the elderly, children, the disabled, ethnic minorities, women and girls, Long Covid sufferers and at-risk workers is not therefore directly in issue. What will be examined instead is the *extent* to which decision-makers were obliged to have, but may not have had, regard to the likely impact of their decisions. The in-depth investigation and consideration of the impact of the pandemic will come in later Modules that are targeted at those and other important groups.
6. I shall therefore keep the issue of "impact evidence" in relation to Modules 1, 2, 2A, 2B and 2C under consideration.
7. The listening exercise and commemoration: The Inquiry Team will also be developing the listening exercise (the results of which will be fed into the Inquiry hearings) and ways to commemorate the bereavement and suffering caused by the pandemic, in close collaboration with those most affected.
8. Other issues: I have directed the Inquiry Team to explore the use of listening rooms for relaying hearings, the ways in which the UK Inquiry will interact with the Scottish Inquiry, the relationship between the devolved governments and the UK government and between the government in Northern Ireland and the Republic of Ireland, the island of Ireland as a single epidemiological unit and "super spreader" events.
9. I will continue to keep all matters under review.

**9 November 2022**

**Rt Hon Baroness Heather Hallett DBE PC**