

Statement from the Chair, The Rt Hon the Baroness Hallett DBE

Today I publish the second Report of the UK Covid-19 Inquiry.

This Report concerns the core political and administrative decision making across the UK in response to the Covid-19 pandemic, drawing on the work of four of the Inquiry's modules. Module 2 United Kingdom, Module 2A Scotland, Module 2B Wales, and Module 2C, Northern Ireland.

It covers the period from the emergence of Covid-19 in January 2020, until the final restrictions were lifted in May 2022.

Bringing the four modules together in one Report has taken a great deal of work. But it has provided the Inquiry with the opportunity to compare and contrast the different choices made by the four governments in responding to the same emergency, and to identify the most important lessons for responding to future UK wide emergencies.

In the Inquiry's first Report, the resilience and preparedness of the United Kingdom, I concluded that the UK lacked resilience and was ill prepared for dealing with a catastrophic emergency, let alone the coronavirus pandemic, that actually struck.

Against that backdrop, the second Report examines the response to the Covid-19 virus and how the UK government and the devolved administrations made the high-level decisions to combat it. It assesses whether those decisions were reasonable and made on the best available information. Most importantly, it considers whether the appalling loss of life from the Covid-19 virus and the devastating socio-economic consequences that ensued, both from the virus and the response, could have been reduced.

While the lockdowns of 2020 and 2021 undoubtedly saved lives, they also left lasting scars on society, the UK economy, they brought ordinary childhood to a halt, delayed the diagnosis and treatment of non-Covid health conditions, exacerbated societal inequalities and had a severe impact on people's mental health. These are all issues being explored in other modules in greater detail.

In the face of a novel and deadly virus spreading rapidly around the country, politicians and administrators in the UK government and the devolved administrations were presented with unenviable choices. Whatever decision they took, there was often no right answer or good outcome.

They also had to make decisions in conditions of extreme pressure and initially without access to data or a full understanding of the epidemiological position.

To assess what was reasonable, one must therefore put the decisions into proper context. Nonetheless, I can summarise my findings of the response as too little, too late.

All four governments failed to appreciate the scale of the threat or the urgency of response it demanded in the early part of 2020, relying in part on misleading assurances that the UK was properly prepared for a pandemic.

Once the scientific community and the scientific advisers for each nation had become aware that the virus was causing substantially more cases of moderate or severe respiratory illness in China than was being officially reported, and that it had spread from China, the warning signs were there.

The tempo of the response should have been increased. It was not. February 2020 was a lost month.

There was a serious failure by all four governments to appreciate the level of risk and the calamity that the UK faced, and the need to inject urgency into the response. The obviously escalating crisis required leadership from the very top.

All four governments knew that in the reasonable worst case scenario, up to 80% of the population would be infected, with a very significant loss of life.

At the same time, it also became clear that the test and trace system was inadequate for a pandemic, as a result of flawed pandemic planning. Yet still they failed to take the necessary steps. This meant a national lockdown became more likely.

The Inquiry does not advocate for national lockdowns, far from it. Restricting people's liberty in such a draconian fashion, with all the devastating consequences, should be avoided if at all possible. But to avoid them, governments must take timely and decisive action to control a spreading virus. The four governments of the UK did not.

Had the more stringent restrictions short of a 'stay at home' lockdown announced on the 16th of March 2020 been introduced earlier, when the number of Covid-19 cases was lower, the mandatory lockdown that was subsequently imposed might have been shorter. Conceivably, it might not have been necessary at all.

At the very least, there would have been time to establish the effect of the restrictions on levels of incidence and whether there was a sustained reduction in social contact. As it was, the likelihood of a mandatory lockdown significantly increased as a result of the failure to add more speedily and effectively before the 16th of March.

By mid March, the UK government and devolved administrations had received clear and compelling advice. The exponential growth in transmission would likely lead to a loss of life on a scale that was unconscionable and unacceptable. No government, acting in accordance

with its overarching duty to preserve life, could ignore such advice or tolerate the number of deaths envisaged. The governments of the UK, in taking the ultimate step to impose a mandatory lockdown, acted in the genuine and reasonable belief that it was required. They had no choice by then. But, it was through their own acts and omissions that they had no choice.

Also, the failure to lockdown earlier may have cost lives. Had the lockdown been imposed one week earlier than the 23rd of March, the evidence suggests that the number of deaths in England alone in the first wave up until the 1st of July 2020, would have been reduced by 48%. That is approximately 23,000 fewer deaths.

The decision to impose the first UK-wide lockdown was remarkable for the failure on the part of all four governments to anticipate or plan for the possible need for a mandatory lockdown. Plans for imposing stringent restrictions and for lifting restrictions should have been worked out from the outset. They were not.

None of the governments in the UK had adequately prepared for the challenges and risks that a national lockdown presented. They did not scrutinise sufficiently seriously its wider societal workforce and economic impacts. In particular, the impact on the vulnerable and the disadvantaged and the impact of school closures on children's education and their physical and mental health.

Many of the same failings were repeated later in 2020. This was inexcusable. The second wave had been predicted from early in the pandemic. The UK should have been well-equipped to respond. Scientific understanding of the virus had matured and data flows were much improved. Testing and surveillance capacity had been strengthened. Each government had ample warning that the prevalence of the virus was increasing and would continue to do so into the winter months. Yet again there was a failure to take timely and effective action.

Such measures as were introduced in England were unlikely to be effective. For example, the rule of six and the tier system.

Yet, measures like a short circuit breaker lockdown that may have been effective were not imposed in late September or early October 2020.

The evidence suggests that had one been imposed in September 2020, the second lockdown on the 5th of November could have been reduced in length and severity, and might conceivably have been avoided altogether.

Similarly, in Wales, there was a lack of timely planning in relation to the circuit breaker lockdown, which was imposed too late to bring about a significant reduction in the R rate, the figure that represents the average number of people infected by a single infected person.

From August to December 2020, Wales had the highest age-standardised mortality rate of the four nations. It is likely that this was a result of a combination of failed local restrictions and the decision to relax non-pharmaceutical interventions too quickly.

The decision making in Northern Ireland was chaotic and infected by political machination. The strained relationship between ministers contributed to an incoherent approach. The circuit breaker restrictions were extended for a week, then lapsed for one week, before being reintroduced for two weeks, with the one week lapse in restrictions correlating to a 25% increase in cases.

By contrast, the number of cases in Scotland in autumn 2020 did not peak to the same level as the rest of the UK. By using stringent, locally targeted measures swiftly to deal with outbreaks, case numbers grew much more gradually and avoided the need for a nationwide lockdown in the autumn.

Nonetheless, in late 2020, all four nations were hit by a wave of cases. The more transmissible Alpha variant emerged in Kent during the autumn and drove a rapid rise in cases. The emergence of a more transmissible variant was entirely foreseeable, but all four governments failed to take decisive action in response.

Rather than recognising the threat early on and introducing measures to control the virus, the four governments continued to press on with plans for relaxing measures over Christmas, while cases grew rapidly, only to change course when levels of infection became critical. The failure to take sufficiently decisive and robust action in response created a situation in which governments saw a return to lockdown restrictions as once again unavoidable.

In December 2020, the UK became the first country in the world to commence a vaccination programme. This was a remarkable achievement. However, it would take time for the programme to become fully effective. In the meantime, the new variant was still spreading. A failure to take swift and decisive action yet again led to the imposition of another lockdown and closure of schools in January 2021.

However, belatedly, the four governments had learned some lessons from 2020 and planned the exit for the 2021 lockdown more effectively. All four governments sought to balance the relaxation of restrictions against the risk that potentially more transmissible and deadly variants would emerge. The task was made considerably easier by the vaccines programme. However, in late 2021, the emergence of the more transmissible Omicron variant caused an increase in infections and led to the further reintroduction of restrictions.

An escape variant that can overcome immunity was repeatedly identified as the biggest strategic risk. Yet there were no detailed contingency plans for such a possibility. The sheer number of infections from the new variant demonstrates that had vaccines being less effective, or if the new variant had been as severe as previous ones, the consequences would have been disastrous. Yet with all their experience of the consequences of a pandemic and the response to it, governments still failed to act appropriately.

In addition to reaching these conclusions, the Inquiry has also addressed other important themes that arise from core political decision making under the following headings:

The membership, role and functions of the administrative structures, particularly, the emergency advisory bodies providing scientific and technical advice.

The Scientific Advisory Group for emergencies, known as SAGE, one of the primary sources of expert advice, provided high-quality advice at extreme pace throughout the pandemic. But some aspects of its operation were constrained by the breadth and duration of its operation, the lack of clearly stated objectives by the UK government, and the repeated use of the mantra 'following the science'.

This gave the false impression that decisions were being taken solely on its advice. As a result, some experts were subjected to appalling abuse and threats.

What was done to protect the vulnerable from harm.

Although the pandemic affected everyone in the UK, it was the vulnerable and the disadvantaged who suffered the most. They were the most affected by the restrictions imposed to control the virus. They were the ones most likely to die. Yet not enough was done to protect them from the virus or the response measures.

Whether there were clearly defined, effective and transparent structures for government decision making.

Structures for government decision making across the UK varied.

At the start of the pandemic, the UK government did not have in place a sufficiently robust structure for decision making long term, and largely bypassed traditional Cabinet government. More effective structures were later developed, but this took time.

In Wales, the Welsh Cabinet under the First Minister of Wales, was fully involved throughout.

In Scotland, decision making rested with a small group of ministers led by the First Minister. She took responsibility for decisions with the result that ministers and advisers were often excluded from decision making.

In Northern Ireland, the power sharing arrangements weakened the ability of the Executive to respond and decision making by the Northern Ireland Executive itself was marred by political disputes.

The pandemic response also exposed wider issues. The very least the public is entitled to expect is that those making the rules will abide by them. Across the UK, there were instances

and allegations of rule breaking by ministers and advisers that caused huge distress and undermined the confidence of the public in their governments.

Finally, under this heading, there was a toxic and chaotic culture at the heart of the UK government and the relationship between ministers in Northern Ireland was poor. This kind of culture is detrimental to good decision making.

How well the four governments communicated with the public.

Communications with the public are a critical aspect of pandemic response and messaging should be carefully crafted to reach as many people as possible, to be as clear as possible and ensure maximum adherence to the message. For example, the 'Stay at Home' message, developed by communications experts in Number 10, and without input from the NHS or behavioural scientists, was simple and easily understood.

It was effective at maximising compliance with the first lockdown. However, its simplicity meant that nuances in the guidance and in the regulations were poorly understood and people were discouraged from seeking help when they needed it. Other campaigns across the UK varied in their effectiveness.

Legislation and enforcement.

The UK government relied on existing public health legislation rather than the Civil Contingencies Act 2004. While this enabled rapid action, it came at a cost. It led to fragmented decision making, reduced parliamentary scrutiny and it caused public confusion. The regulations introduced were often overly complex and extremely difficult to enforce.

Intergovernmental working.

The choice of public health legislation to combat the virus meant that each of the devolved nations would be responsible for the response in their areas. Yet the UK remains one country and cross border travel is constant. It is bound to affect any measures imposed. Close cooperation between the four governments is therefore essential. The Inquiry heard there was a lack of trust between the then Prime Minister and some of the First and deputy First Ministers that affected their relationship.

Key lessons.

The Inquiry has identified a number of key lessons learned to inform the response to a future pandemic. They must be considered during the development of future pandemic preparedness strategies.

They include:

The need for multiple scenario planning.

The formulation of clear objectives.

The need for more constructive working between the governments of all four nations.

The need for better communication with the public.

The importance of data and the absolute requirement for quick and decisive action.

In all, I make 19 key recommendations that I believe will better safeguard the UK in any future pandemic and improve decision making in a crisis.

They cover:

The operational workings of SAGE;

the extension of the socio-economic duty within the Equality Act 2010 and the use of child rights impact assessments;

reforming and clarifying the structures for decision making during emergencies in each nation;

ensuring that decisions and their implications are better communicated for the public;

enabling greater parliamentary scrutiny of the use of emergency powers;

improving the communication of rules to the public;

and establishing structures to improve communication between the four governments during an emergency.

I emphasise that further, no less important, aspects of how the UK government and the devolved administrations responded to the pandemic are being separately addressed in other of the Inquiry's modules.

By the end of this year, we will have completed nine of our ten module hearings, with reports published throughout 2026 and early 2027. The Inquiry's final set of hearings, investigating the impact on society, Module 10, have been confirmed for February 2026.

As with Module 1, I want to express my gratitude to all those who have given so much of their time and resources in supporting the Inquiry's Module 2 investigation.

I would like to thank the teams in Modules 2, 2A, 2B and 2C and the Core Participants and their legal teams, without whose hard work, diligence and dedication the hearings and this Report would not have been possible.

Finally, I want to thank those who lost loved ones or suffered harm in some other way during the pandemic, who gave evidence, contributed to the moving films played at each hearing, attended Inquiry events or contributed to the Inquiry's listening exercise, Every Story Matters.

They have all shown great courage. Their harrowing accounts not only help me and inform the Inquiry's work, but they serve for all time as a reminder of why the work of this Inquiry is so important. Unless the lessons are learned and fundamental change is implemented, the human and financial cost and sacrifice of the Covid-19 pandemic will have been in vain.