



Report and Recommendations In Brief

The UK Covid-19 Inquiry is an independent public inquiry examining the response to, and impact of, the Covid-19 pandemic, to learn lessons for the future. It is bound by its terms of reference set by the then Prime Minister Boris Johnson.

The scale of the pandemic was unprecedented; the Inquiry has a huge range of issues to cover.

The Chair of the Inquiry, The Rt Hon the Baroness Hallett DBE, decided to address this challenge by dividing its work into separate investigations known as modules. Each module is focused on a different topic with its own public hearings where the Chair hears evidence.

Following hearings, recommendations for changes are developed and put into a Module Report. These reports contain findings from the evidence collected across each module and the Chair's recommendations for the future. The report for [Module 1 \(Resilience and Preparedness\)](#) has already been published.



Module 2, 2A, 2B, 2C: Core decision-making and political governance

The second set of modules, Module 2 (UK), Module 2A (Scotland), Module 2B (Wales) and Module 2C (Northern Ireland), focuses on the core political and administrative decision-making across the UK in response to the Covid-19 pandemic.

This 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.

Future reports will focus on specific areas, including:

- Healthcare systems
- Vaccines and therapeutics
- Procurement and distribution of key equipment and supplies
- The care sector
- Test, trace and isolate programmes
- Children and young people
- The economic response to the pandemic
- The impact on society



Module 2, 2A, 2B, 2C: Core decision-making and political governance

The UK Covid-19 Inquiry has found that the response of the four governments was a repeated case of ‘too little, too late’.

Lockdowns in 2020 and 2021 undoubtedly saved lives, but only became inevitable because of the acts and omissions of the four governments.

Key findings

The emergence of Covid-19

1. The initial response to the pandemic was marked by a lack of information and a lack of urgency.
2. Despite clear signs that the virus was spreading globally, all four nations failed to take sufficiently timely and effective action.
3. Limited testing capacity and a lack of adequate surveillance mechanisms meant that decision makers did not appreciate the extent to which the virus was spreading undetected in the UK and they failed to recognise the level of threat posed. This was compounded by misleading assurances from the Department of Health and Social Care and the widely held view that the UK was well prepared for a pandemic.
4. The devolved administrations were too reliant on the UK government to lead the response.

The first UK-wide lockdown

5. The UK government’s initial approach was to slow the spread of the virus. By 13 March 2020 it was clear the true number of cases was several times higher than previously estimated and that this approach would risk healthcare systems being overwhelmed.
6. The UK government introduced advisory restrictions on 16 March 2020, including self-isolation, household quarantine and social distancing. Had restrictions been introduced sooner - when the number of cases was lower - the mandatory lockdown from 23 March might have been shorter or not necessary at all.

7. This lack of urgency and the huge rise in infections made a mandatory lockdown inevitable. It should have been introduced one week earlier. Modelling shows that in England alone there would have been approximately 23,000 fewer deaths in the first wave up until 1 July 2020.
8. The Inquiry rejects the criticism that the four governments were wrong to impose a mandatory lockdown on 23 March 2020. All four governments received clear and compelling advice to do so. Without it, the growth in transmission would have led to an unacceptable loss of life. However, their failure to act promptly and effectively had put them in this position.

Exiting the first lockdown

9. When entering the first lockdown, none of the four governments had a strategy for when or how they would exit the lockdown.
10. On 4 July 2020 the majority of restrictions in England were eased, despite advice to the UK government that this was high-risk and infections could spread more quickly.
11. Wales, Scotland and Northern Ireland governments eased restrictions more gradually over summer 2020, increasing the chance that further lockdowns may not be necessary or as restrictive.
12. But, none of the four governments gave enough attention to the possibility of a second wave, meaning there was very little contingency planning in place.

The second wave

13. The UK government, Welsh Government and Northern Ireland Executive introduced restrictions too late when faced with rising case rates in autumn 2020 and they were not in place for long enough, or were too weak to control the spread of the virus.
14. In England, despite warnings, the UK government imposed weak restrictions, allowing the virus to continue to spread rapidly. If a ‘circuit breaker’ lockdown had been introduced in late September or early October 2020, the second national lockdown in England on 5 November could have been shorter or possibly avoided entirely.

15. Despite being advised on 5 October 2020 that further restrictions were needed, the Welsh Government did not implement a two-week 'firebreak' until 23 October.
16. In Northern Ireland, politically divided Executive Committee meetings led to chaotic decision-making. A four-week circuit breaker was introduced on 16 October 2020, despite advice that a six-week intervention was needed.
17. In Scotland, the quick introduction of stringent, locally targeted measures in the autumn meant cases grew more gradually, avoiding a nationwide lockdown.
18. In late 2020, the more transmissible Alpha variant rapidly increased cases. Whilst entirely foreseeable, all four governments failed to recognise this threat and did not take action until infection levels were critical. This created a situation in which a return to lockdown restrictions seemed to them to be unavoidable.

The vaccination rollout and Delta and Omicron variants

19. In December 2020, the UK was the first country in the world to approve a vaccine and commence a vaccination programme.
20. When the Delta variant emerged in March 2021, all four governments had learned from the experience of earlier lockdowns. They delayed planned relaxations to allow time for the vaccine rollout to progress. They exited lockdown by balancing the scale of infection against the additional protection the vaccine offered.
21. The Omicron variant - less severe but much more transmissible - emerged in the winter of 2021. Despite the protection of the vaccine, the sheer number of cases meant more than 30,000 people died with Covid-19 in the UK between November 2021 and June 2022.
22. The approach of all four governments in the second half of 2021 had an element of risk. If the vaccines had been less effective or if Omicron was as severe as previous variants, the consequences would have been disastrous.



Key themes have emerged.

The need for proper planning and preparedness

This is a constant theme throughout the Inquiry. Had the UK been better prepared, lives would have been saved, suffering reduced and the economic cost of the pandemic far lower. The choices before decision makers would have been very different.

The need for prompt and effective action to combat a virus

Governments must act swiftly and decisively to stand any chance of stopping the spread of a virus.

Scientific and technical advice

SAGE (the Scientific Advisory Group for Emergencies) provided high-quality scientific advice at extreme pace, but the effectiveness of SAGE's advice was constrained by various factors including a lack of clearly stated objectives by the UK government.

Vulnerabilities and inequalities

The pandemic affected everyone but the impact was not equal. Older people, disabled people and some ethnic minority groups faced a higher risk of dying from Covid-19. The increased risk of harm was also strongly influenced by socio-economic factors.

Vulnerable and disadvantaged groups were also affected by the restrictions introduced to control the virus. Despite harm being foreseeable, the impact on them was not adequately considered in pandemic planning or when decisions were taken to respond to the virus.

Government decision-making

The UK Cabinet was often sidelined in decision-making. Similarly, in the Scottish Government, authority rested with a small group of ministers. But, the Welsh Cabinet was fully engaged, with decisions mostly by consensus.

Coordination of the Northern Ireland Executive's response was weakened by the operational independence of departments and decision-making was marred by political disputes.

At the centre of the UK government there was a toxic and chaotic culture.

Public health communications

Controlling the virus was dependent on the public understanding the risk they faced and acting accordingly. The 'Stay At Home' campaign was effective at maximising compliance in the first lockdown, but its simplicity had risks, such as discouraging those needing to seek help or medical treatment from leaving home.

The complexity of regulations, localised restrictions and variations in rules across the four nations made it difficult for the public to understand what rules applied.

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

Legislation and enforcement

Confusion between advice and binding legal restrictions undermined trust and compliance and made enforcement by the police practically impossible or legally uncertain in some cases. This was particularly the case where legal rules diverged across the UK.

Intergovernmental working

A lack of trust between the then Prime Minister and some of the leaders of the devolved nations affected the collaborative approach to decision-making. It is incumbent on politicians to work collectively in the public interest in any future emergency.

Specific recommendations

In addition to identifying 10 lessons to inform the planning for and response to a pandemic, a comprehensive description of recommendations can be found in the full Module 2, 2A, 2B, 2C Report. These are designed to work together with the recommendations from the Inquiry's Module 1 Report, to better safeguard the UK in any future pandemic.

The recommendations include:

- **Improving consideration of the impact that decisions might have on those most at risk in an emergency:** changes should aim to identify any risks to vulnerable groups, in both the planning for and response to emergencies.
- **Broadening participation in SAGE (the Scientific Advisory Group for Emergencies),** through open recruitment of experts and representation of devolved administrations.
- **Reforming and clarifying the structures for decision-making during emergencies within each nation.**
- **Ensuring that decisions and their implications are clearly communicated to the public.** Laws and guidance should be easily understood and available in accessible formats.
- **Enabling greater parliamentary scrutiny of the use of emergency powers** through safeguards such as time limits and regular reporting on how powers have been used.
- **Establishing structures to improve the communication between the four nations during an emergency** to ensure better alignment of policies where desirable and to provide a clear rationale for differences in approach where necessary.

The Chair expects that recommendations are acted upon and implemented within the time frames set out in the recommendations. The Inquiry will be monitoring the implementation of the recommendations during its lifetime.

To find out more or to download a copy of the full Module 2, 2A, 2B, 2C Report or other accessible formats, visit: <https://covid19.public-inquiry.uk/reports>