Date: 10 December 2021

The Rt. Hon Boris Johnson
Prime Minister
10 Downing Street
London
SW1A 2AA

Email: boris.johnson.mp@parliament.uk

Dear Prime Minister,

Re: COVID-19 Public Inquiry – Section 5 Inquiries Act 2005 – Assurances Sought

This letter is sent on behalf of bereaved family groups, doctors, medical organisations, trade unions, charities and community organisations; and others with a direct interest or personally affected by the pandemic; a list of the signatories is annexed to the letter.

It is anticipated that those listed in the annex to the letter will in due course apply for Core Participant status to the COVID-19 public inquiry announced by you on 12th May 2021, as they each have a significant interest in important aspects of the matters that the inquiry must address.

The COVID-19 pandemic has been the most significant challenge the UK has had to face since the Second World War. There have been an estimated 10.5 million cases of the disease in the UK (8.95m in England) and 170,000 deaths (143,979 deaths in England). While every country has suffered as a result of this pandemic, the UK has stood out as having one of the highest number of recorded coronavirus deaths in the world.

The scale and devastating consequences of the disease necessitates the most robust inquiry possible, and we therefore welcome your statement to the House of Commons on 12 May 2021 when you said:

“Amid such tragedy, the state has an obligation to examine its actions as rigorously and as candidly as possible and to learn every lesson for the future, which is why I have always said that, when the time is right, there should be a full and independent inquiry. I can confirm today that the Government will establish an independent public inquiry.
on a statutory basis, with full powers under the Inquiries Act 2005, including the ability to compel the production of all relevant materials and take oral evidence in public under oath.... Every part of our United Kingdom has suffered the ravages of this virus, and every part of the state has pulled together to do battle against it. If we are to recover as one Team UK, as we must, then we should also learn lessons together in the same spirit. We will consult the devolved Administrations before finalising the scope and detailed arrangements, so that this inquiry can consider all key aspects of the UK response.

I expect that the right moment for the inquiry to begin is at the end of this period, in spring 2022.

...this inquiry must be able to look at the events of the past year in the cold light of day and identify the key issues that will make a difference for the future. It will be free to scrutinise every document, to hear from all the key players, and to analyse and learn from the breadth of our response. That is the right way, I think, to get the answers that the people of this country deserve, and to ensure that our United Kingdom is better prepared for any future pandemic”. Covid-19 Update, Hansard volume 695

Given that this will be an independent statutory inquiry you will now; in accordance with your obligations under the Inquiries Act 2005; be considering the appointment of the chair, the terms of reference and the commencement date.

We therefore write to request your urgent written assurance that:

1. The panel will be selected in an open and transparent manner; and

2. That its composition will reflect the diversity of the UK population, but in particular the groups most impacted by the virus; and

3. There will be an urgent public consultation on the terms of reference; and

4. A date will be set now for the commencement of the inquiry to be no later than April 2022.

The Appointment of a Panel

Your statement to the House of Commons emphasises the utilitarian function of the inquiry in terms of learning lessons so that the United Kingdom is better prepared for any future pandemic. While this is clearly necessary, it is but one aspect of the process. The inquiry must also be concerned with restoring human dignity to those that have suffered and restoring public confidence in the Government, Health and Care services given the scale and impact of this disease across the UK.

It is of paramount importance that there is widespread confidence in the inquiry; indeed, the implicit statutory purpose of a public inquiry under the Inquiries Act 2005 is to address public concern.

Given that few families in the UK have been unaffected; many individuals and families have lost livelihoods along with loved ones, and everyone has been impacted by the government’s various responses to the pandemic, a panel must be appointed at the earliest opportunity that is reflective of the diversity of those communities most affected. The recruitment and selection of that panel must be rigorous and open to gain public confidence and it should avoid any suggestion that members have been chosen by an informal ‘tap on the shoulder’.

In terms of diversity, in June 2020 Public Health England (PHE) produced a report which stated:

“\textit{The PHE review of disparities in the risk and outcomes of COVID-19 shows that there is an association between belonging to some ethnic groups and the likelihood of testing positive and dying with COVID-19. This review found that the highest age standardised diagnosis rates of COVID-19 per 100,000 population were in people of Black ethnic groups (486 in females and 649 in males) and the lowest were in people of White ethnic groups (220 in females and 224 in males).}”

There is similar evidence of a disproportionate impact on disabled people, older people and the poorest communities.

Aside from the Public Sector Equality Duty under s.149 Equality Act 2010 to have due regard to the need to ‘advance equality of opportunity’ and to ‘foster[ing] good relations between persons who share a relevant protected characteristic and persons who do not share it’ it must follow, given the disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) and disabled people, that the constituent makeup of the panel properly reflects that diversity.

The Terms of Reference

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3 https://www.bmj.com/content/372/bmj.n376
There has so far been only speculation as to the likely Terms of Reference but the common themes emerging include:

- Preparedness - health services and social care
- Workplace safety and the impact on frontline workers
- Supplies - available equipment (especially PPE) and personnel
- Lockdowns including public health measures and messaging
- Border closures and controls
- Care Homes and care services
- Test and trace and the support available to self-isolate
- Disproportionality in impact on certain groups

If the inquiry is to “be free to scrutinise every document, to hear from all the key players, and to analyse and learn from the breadth of our response” it should follow that the terms of that inquiry can only be set after a properly constituted, relatively short (weeks not months), and urgent consultation with those individuals, organisations and communities most affected by the disease; and further that this consultation should commence without further delay.

**Date of the commencement of the Inquiry**

In your statement to Parliament, you stated that you expected the inquiry would begin in Spring 2022. The institution day under the Inquiries Act only triggers the process and is not the beginning of evidence hearings. In the circumstances there has already been an inordinate delay in announcing the initiation of the inquiry.

An announcement now of a ‘setting-up’ date no later than 4 April 2022 will concentrate minds on the task at hand and reduce the very real risk that memories will fade or be reformulated, documents will be lost, and it will help those who have lost most to start to feel that there will be an explanation coming for that loss.

We ask that you respond with the written assurances sought by 21st January 2022.

Sent by the following firms of Solicitors:

- Bates Well
- Bindmans LLP
- Birnberg Pierce
- Broudie Jackson Canter
- Hickman and Rose
- Hodge Jones and Allen
- Leigh Day
- Public Interest Law Centre
- Saunders Law
- Thompsons Solicitors

on behalf of those referred to in the attached annex.