

## **Summary of Equality Hub COVID-19 Lessons Learned Session on 18 November**

This is a summary of the points raised in the session held on 18 November.

### **Redeploying staff externally**

- The first staff to be redeployed were the analysts working on the COVID-19 dashboard, which became the single source of truth and informed the early government daily briefings. This happened quickly and easily and the dashboard made a real difference.
- EH staff made a good impression in other departments. Almost all of the gender team that were redeployed moved on to new roles.
- Going out on redeployment gave EH staff great insights into other departments and helped them establish good networks of contacts.
- Other experiences of redeployment were less positive. For example, DIT did not know the grades of the EH staff coming on redeployment and so did not match them all to appropriate roles. Eventually staff were able to shape decent roles in these departments, but EH could have been clearer on what we were offering.
- Work necessarily involved very long hours including weekends, but staff accepted this in the short term.
- Issues around access to IT etc. meant that some people experienced delays in getting up to speed in other departments.
- It was felt that Cabinet Office over-egged the redeployment process and redeployed too many people overall. Some people were told they were going on emergency redeployment but then had little or nothing to do after they had moved.

### **Redeploying staff internally**

- EH was able to respond in an agile way through, for example, providing additional support to DU, enabling COVID work to become a critical function within the Unit.
- RDU redeployed staff to areas listed as Critical Functions, but when RDU was itself added to the list, no staff were deployed to us, despite completing weekly returns to the centre.
- EH demonstrated resilience and innovation under pressure.
- This included good collaboration between GEO, DU and RDU - such as weekly Covid meetings, collating feedback/input on key documents and speaking to other departments in a single forum or through a single voice.
- RDU worked well together and built a strong relationship with MSE and her Special Adviser.

### **Experience of working with the centre**

- There was too big a focus on presenteeism in the early days of the pandemic regardless of the risks. This meant a number of key people all became infected at the same time.
- Conversely, this approach excluded the No.10 disability SpAd from key decisions. As a result, mistakes were made - e.g. not having a BSL interpreter at the daily briefings.
- It was felt that equalities interests weren't properly represented in early meetings.
- There were mixed views on working with the CO Covid-19 Taskforce.

- Communication from the Taskforce was often poor - key documents were only shared at the very last minute and with very short deadlines. This led to some OGDs disengaging from the process.
- EH views sometimes seemed to be disregarded - e.g. the appointment of a lead on ethnicity and disproportionately impacted groups - which led to duplication in the early days.
- Relations improved over time and the work then felt much more coordinated.
- There have been a number of ongoing issues with the handling of Covid-O. The governance seemed to lack any cohesion - for example a meeting in December 2020 set out a forward look of decisions to be made in the coming weeks on a relatively downbeat set of planning assumptions - but four days later we entered another national lockdown.
- Papers for the meetings were circulated so late they often arrived minutes before the meetings, which made briefing Ministers really tricky.
- Some key decisions had clearly been taken in advance of the meeting (e.g. mandatory vaccination of care home staff) which left Ministers only able to influence delivery of the policy.

### **Experience of working with other government departments**

- Some departments fared better than others in dealing with the pandemic. Generally the parts of government that did well were those that had good data - or were able to find it.
- We had particular difficulties in working with DHSC. Data was very hard to come by (e.g. getting access to the Foundry system) and DHSC/NHSEI should have anticipated that ethnic minorities would be more hesitant towards vaccination. Only collecting/publishing ethnicity data on vaccinations from the end of January was also a mistake.
- The decision to axe Public Health England at the height of the pandemic was also felt to be a poorly-timed decision.
- DfE redeployed its SEND team onto other work at an early stage, which left a policy vacuum for one of the most disproportionately impacted groups.

### **Communications**

- Some things worked well - good join up with the centre, positive work on translating key advice and guidance
- Ministers were visible and accessible to stakeholders
- Comms were quick to recognise which people could speak to particular groups
- But some lessons not learned - e.g. disabled people still being referred to as 'vulnerable'.
- There were too many changes in terminology - e.g. the tiering system - which undermined public trust.

### **Working from home**

- It was felt that the Cabinet Office decision to tell people to work from home at the start of the pandemic was taken very late.
- Pursuing the CO Office relocation during the pandemic at a time when everyone was working from home landed badly and was difficult to explain to staff.

- Similarly the messaging about civil servants returning to the office by the end of October 2020 when the cases were beginning to rise again was a mistake (compounded by the more recent instruction to civil servants to 'get off their pelotons' and back to work).
- Most staff in practice had a very positive experience of working from home, particularly those with longer commutes.