

IN THE MATTER OF THE INQUIRIES ACT 2005
AND IN THE MATTER OF THE INQUIRY RULES 2006

THE UK COVID-19 INQUIRY

OPENING STATEMENT ON BEHALF OF THE CABINET OFFICE
FOR MODULE 2 (CORE UK DECISION-MAKING AND POLITICAL GOVERNANCE)

INTRODUCTION

1. The period between January 2020 and February 2022 presented challenges to our country that were unprecedented in peace time. The government is committed to ensuring that lessons are learned.
2. In this short opening statement, the Cabinet Office does not seek to comment on individual policy decisions by ministers. Rather, we focus on key aspects of the structures and processes that facilitated those decisions and which adapted over time to the demands of the pandemic and as lessons were learned.
3. The Cabinet Office including No.10 recognises that in order to ensure that the country is well prepared for any future risks and threats, this module of the Inquiry is vital.
4. This statement will cover the following areas:
 - 4.1. the role of the Cabinet Office in establishing the overarching strategy for the pandemic response;
 - 4.2. the decision-making structures that were put in place and their evolution over the Module 2 period, including COBR which operated throughout, supplemented by the Ministerial Implementation Groups (MIGs) of Spring 2020 and then by the COVID-19 Strategy (COVID-S) and COVID-19 Operations (COVID-O) Cabinet committees, which endured to the end of the relevant period;

- 4.3. the assimilation and use of data and evidence and the innovations that were made to improve the analytical picture over time;
- 4.4. the importance of considering equalities in understanding and responding to the pandemic; and,
- 4.5. ways of working with local government and the devolved administrations.

STRATEGY

- 5. Throughout the relevant period the Government managed its response to different phases of the pandemic with strategic plans. The Cabinet Office led work on the coordination of these strategic plans and provided oversight of overall implementation of the strategy at any one time.
- 6. The strategic response was prepared with input from experts and other departments, and was agreed by the Prime Minister and other ministers ahead of publication. Particularly in the early period, the Cabinet Office including No.10 sought to lead the response at a time of exceptional pressure on the centre of government, including during the illness of the Prime Minister, for whom Dominic Raab, the then First Secretary of State, deputised.
- 7. A key role of the Cabinet Office was to seek to ensure that the Prime Minister and other ministers were equipped with strategic advice which balanced the different impacts of the pandemic on health, the economy and society. The Cabinet Office coordinated the response across government to bring the range of departmental views together and help ensure that ministerial decisions were implemented effectively. In addition, the Cabinet Office was involved in initiating and driving the delivery of important strands of work led by other departments, such as the procurement of ventilators and the development and deployment of vaccines.
- 8. Strategic plans, particularly in the early phases, were developed in an environment of significant uncertainty about the characteristics of the virus and the path of the pandemic, and against the backdrop of catastrophic reasonable worst-case scenarios. As scientific understanding of the virus developed - for example with the emergence of variants of concern - and as lessons arising from the response were learned, strategic planning had to innovate and adapt.

9. Strategic planning was also conditioned by the tools that were - or were not - available at any given stage. For example, once the Department of Health and Social Care (DHSC) had built a testing architecture, the planning could reflect the advantage that the testing ability provided. Similarly, the vaccine rollout provided a further opportunity to revise the strategy. The vaccines - along with the lessons that had been learned over 2020 - were at the heart of the February 2021 roadmap for lifting the third and final lockdown, and the strategy for living with the virus, published at the end of the relevant period in February 2022.
10. Strategic plans were also underpinned by legislation. The Coronavirus Act 2020 was introduced as primary legislation on 25 March 2020. Ministers made decisions and introduced secondary legislation in line with their statutory powers over this period. Changes were made to COVID-19 legislation and regulations following parliamentary scrutiny.

STRUCTURES FOR COLLECTIVE DECISION-MAKING

11. Cabinet is the ultimate decision-making body of government. The purpose of Cabinet and its committees is to provide a framework for ministers to consider and make collective decisions on policy issues. The Cabinet system of government is based on the principle of collective responsibility. Individual Cabinet committees are established to consider a particular area of government business, such as home or domestic affairs, and thereby help to ensure that government business is processed more effectively. Cabinet committee decisions have the same authority as Cabinet decisions. Of course, departments routinely take many decisions that do not require collective agreement.
12. In the initial phase of the pandemic, collective decisions about the pandemic response were made at ministerial COBR meetings, in line with the conventional process for dealing with major emergencies which have international, national or multi-regional impact.
13. Following the emergence of the outbreak in Wuhan in January 2020, the Cabinet Office worked closely with DHSC to monitor the situation and set out trigger points for escalation. The Cabinet Office convened the first ministerial COBR meeting on 24 January, bringing together ministers to discuss the Government's response. Ministerial COBR meetings were an effective way to bring relevant departmental stakeholders together, including the heads of the devolved administrations.

14. The COBR process is intended to respond to short term crises, so as the pandemic escalated and the response developed, correspondingly so did the structures required to meet it.
15. From 16 March 2020, the volume and scale of decisions demanded a bespoke architecture. Ministerial Implementation Groups (MIGs) were introduced to lead the Government's key lines of operation, running alongside COBR and Cabinet meetings. The MIGs reported into a 9:15am strategy meeting chaired by the Prime Minister.
16. In early May 2020 the Government published a phased roadmap out of lockdown ('Our plan to rebuild: The UK Government's COVID-19 recovery strategy'). It had become clear that a governance structure less complex and more sustainable for the longer term was required. From 28 May 2020, the four MIGs were stood down and replaced by the COVID Strategy Committee (COVID-S) and the COVID Operations Committee (COVID-O).
17. Throughout this evolution of governance structures, the Government sought to maintain the principle of Cabinet collective responsibility despite the speed of events. By way of example, COVID-O met over 200 times (over the Module 2 period) to help ensure that significant decisions were made collectively and rapidly.
18. To support decision-making, the COVID-19 Taskforce ('the 'Taskforce') was established in May 2020 and increased in size over subsequent months. It was the unit at the centre of government which joined together strategy, analysis and coordination with departments across Whitehall. The Taskforce worked closely with No.10, other government departments such as DHSC, HM Treasury and the Department for Education, and also with the Chief Medical Officer and Government Chief Scientific Adviser.
19. As was explored in Module 1, the Cabinet Office has reflected on learnings from the pandemic to create a dedicated resilience function and Head of Resilience role, which sits separately to the crisis management work of the new COBR Unit. The UK Government Resilience Framework, published in December 2022, set out the first steps in the Government's new strategic approach to resilience and implementation is progressing, for example with the updated National Risk Register and refreshed Lead Government Department guidance published in August this year.

DATA AND EVIDENCE

20. As many witnesses make clear in their written statements to the Inquiry, the availability of accurate and comprehensive information, in close-to-real-time, is essential in managing a crisis. They were working, however, with a novel coronavirus and consequently with imperfect information, particularly in the early period. The Inquiry will hear of many such challenges, for example the 5- to 7-day lag in hospital case data.
21. Collecting and synthesising data in the initial – and critical – stages of the pandemic was not a challenge unique to the UK Government, but rather a global issue. This was a particular problem given that so much about COVID-19 was unknown.
22. Nevertheless, the Government sought to develop the additional structures required to collect the necessary data and evidence and integrate it into a single analytical picture.
23. The COVID-19 Dashboard, operated by the Cabinet Office, brought together a wide range of information provided by an analytical community across government. It was used frequently to present updates to the Prime Minister and others, as well as to brief Cabinet and other ministerial meetings.
24. Over time, the availability of data across a broad range of health and wider indicators significantly improved, enabling better-informed decisions with a higher degree of certainty. A crucial example was the COVID-19 Infection Survey (CIS) which was carried out by the Office for National Statistics and commissioned by Public Health England in April 2020, with the first results made available in May 2020.
25. There remained, of course, many unknowns such as how the public would react to non-pharmaceutical interventions, whether and when a vaccine might be available and delivered at scale, the emergence of new variants and the extent to which vaccine protection might wane. As emphasised by Professor Chris Whitty, this meant that the government had to make its best judgements based on assumptions of risk and trade-offs without certainty.
26. The National Situation Centre (SitCen), which supports COBR and the Resilience Directorate, was established in 2021 to bring timely data analysis and insights from across and beyond government to support situational awareness on crisis and national security issues. It has supported the Government's response to crises including Russia's invasion of Ukraine, extreme heat, industrial action and Sudan. Other governments regard SitCen as a world-leading capability.

27. The Cabinet Office would welcome any additional recommendations the Inquiry may have for improving capabilities in this area.

EQUALITIES

28. Equality concerns were an important part of understanding and responding to the virus. The Taskforce had analytical and policy teams dedicated to understanding the impact of the pandemic on disproportionately impacted groups. They conducted a broad range of analysis which informed policy-making across government, ministerial meetings and equalities impact assessments. The Taskforce helped build a shared understanding of these issues across government and ensured they were embedded into wider activity.
29. The Equality Hub provided data and evidence to assist the Cabinet Office and government more widely, including on the prevalence and impact of COVID-19 on disabled people, women and the LGBT community as well as other communities who were considered to be at risk.
30. The Race Disparity Unit, which became part of the Equality Hub in September 2020, led work to inform government's understanding of the prevalence and impact of COVID-19 in different communities and helped to shape the Government's response to the pandemic throughout this period, including on non-pharmaceutical interventions and the vaccine roll-out.

LOCAL GOVERNMENT AND DEVOLVED ADMINISTRATIONS

31. The pandemic posed novel challenges to frameworks for decision-making by, and coordination between, all levels of government in the United Kingdom. The spread of the virus across the country and the measures in place in different parts of the country were not always uniform.
32. As the Inquiry heard in Module 1, subject to some specific reservations, the devolved administrations have legislative competence in relation to health, social care and education. While there were broad similarities in COVID-19 strategy, the devolved administrations were able to make decisions specific to the issues faced in Scotland, Wales and Northern Ireland.

33. The Cabinet Office endeavoured to engage constructively with the devolved administrations. From the start of the pandemic, for example, the First Ministers of Scotland, Wales and Northern Ireland were regularly invited to COBR meetings.
34. Recognising the shared challenge presented by the pandemic and to support coordination between the devolved administrations and UK Government, the Chancellor of the Duchy of Lancaster had regular calls with First Ministers, alongside other discussions at ministerial and official level.
35. There is significant evidence of data-sharing between the UK Government and devolved administrations throughout the pandemic, and where concerns were raised, efforts were made to address them. Provision of data to local authorities and regional mayors also improved substantially over the period.
36. There were communication challenges, especially in the early stages, where decisions needed to be made and announced to the public, and to Parliament, at pace. Several local and regional leaders acknowledge in their statements to the Inquiry that the Government's general engagement with the local and regional tier - managed by the Department for Levelling Up, Housing and Communities - improved substantially during the course of the pandemic.

CONCLUSIONS

37. This Inquiry is an unprecedented moment of transparency about the government of this country. Many thousands of documents have been provided to the Inquiry and you will hear from dozens of witnesses who had direct involvement in decisions and decision-making.
38. In that context, the Cabinet Office looks forward to hearing further evidence in Module 2. In responding to COVID-19 the Government sought to balance the impacts of the virus on health, on the economy and on society. The response began in the face of acute uncertainty and evolved over time as the virus was better understood, more tools were developed to combat it and as lessons were learned.
39. The Cabinet Office can assure the Chair that it welcomes the opportunity to further improve its capability to respond in the event of any future pandemic.