Witness name: Imran Shafi

Statement No.: 002

Exhibits:

Dated: 19 June 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF IMRAN SHAFI

I, IMRAN SHAFI, Director for Digital Infrastructure at the Department for Science, Innovation and Technology, 100 Parliament Street, London, SW1A 2BQ, WILL STATE, as follows:

1. I make this statement in response to the Inquiry's request for evidence from me dated 12 December 2022 and in order to set out the key aspects of what I recall of my involvement in the core political and administrative decision-making relating to the UK's response to COVID-19 in my role as Private Secretary to the Prime Minister for public services from March 2018 to March 2021 (as set out in further detail below).

2. Some of the events about which I have been asked to give evidence occurred more than three years ago and at an exceptionally busy and challenging time for the UK government.

3. Due to the Chair's understandable wish to conduct the Inquiry as quickly and efficiently as possible, I have been heavily reliant in preparing this statement upon my recollection of events in conjunction with the contemporaneous notes which I made at the relevant time (specifically, the notebooks that I have provided to the Inquiry). I recognise that there may well be gaps both in my memory and in my contemporaneous notes. For this reason, upon receiving the Inquiry's request for evidence, I promptly requested access to the documents and emails to which I had access at the material time.

4. It has not been possible for me to undertake a comprehensive review of the many thousands of emails which I sent and received during the period in which I served as Private Secretary to the Prime Minister. For technical reasons beyond my control I was only able to access and review emails and papers relating to my involvement shortly before the deadline for my draft statement. I have been heavily reliant upon my memory and the efforts of the lawyers supporting me to identify key emails and correspondence but without having had the opportunity or time to consider all emails and correspondence to which I may have been party.

5. Within the limited time and using those resources made available to me, I have endeavoured to give an accurate account of the key aspects of my involvement in the core political and administrative decision-making relating to the UK's response to COVID-19. However, I recognise that further documents and emails might be brought to my attention at a later date and I would, therefore, welcome the opportunity to supplement, clarify and / or to amend my evidence (if necessary) in the light of any such documents.

6. I have been asked about my use of WhatsApp. I was on some WhatsApp groups during the pandemic using my personal phone. In particular, I recall the 'DHSC/NO10' group and the 'No. 10 coordination group' as the most-used groups. I had no WhatsApp functionality on my work phone. I was not on any WhatsApp group which included the Prime Minister. At the time I left my role in March 2021, the Cabinet Secretary asked me to remove work-related messages from my personal phone, which I complied with. I assumed his rationale was that I should not continue to store these messages on a personal device when I no longer needed them for work purposes. I was not aware of any policy for retaining work related messages on my personal phone, nor was I instructed at the time to keep or provide the Cabinet Office a record of any substantive or significant work-related messages stored on my personal phone. There were many participants in the main WhatsApp groups in which I was involved. If the messages can be obtained from other participants, I would be happy to review them and provide a further statement if requested. As a private secretary, I also ensured that any formal decisions taken by the Prime Minister that I needed to communicate to others were relayed through the appropriate channels, such as e-mail readouts, which form a significant basis of the evidence I provide below.

My role in No. 10 during COVID-19

7. I was the Private Secretary ("PS") to the Prime Minister ("the PM") for public services from March 2018 to March 2021. The PM has a number of private secretaries who are responsible for different portfolios. In January 2020, my portfolio covered the Department for Health and Social Care ("DHSC"), the Department for Education ("DfE"), the Department for Work and Pensions ("DWP") and the Department for Digital, Culture, Media and Sport ("DCMS").

8. Before taking on this role in March 2018, I was a management consultant at McKinsey & Company, and prior to that a policy adviser at HM Treasury and a specialist for the House of Commons Foreign Affairs Committee. I have an undergraduate degree in Philosophy, Politics & Economics, and an MPhil in International Relations.

9. I worked on the COVID-19 response at Number 10 Downing Street ("No. 10") from January 2020 to March 2021 due to my portfolio covering DHSC. In March 2021, I took on a new role as Director for Digital Infrastructure at DCMS.

10. The role of a private secretary to the Prime Minister includes a range of responsibilities, covering (amongst other things) the submission of written advice to the PM, arranging and / or attending meetings with the PM, and obtaining clearance (i.e. approval) of public statements from a relevant Department or, as needed, from the No. 10 press office.

11. For written advice, the private secretary will usually commission advice from the branch of government with responsibility for or oversight of the relevant policy issue. This might be another Government Department, the Cabinet Office or from within No. 10. The PS will then submit this advice to the PM, provide a summary of the PM's comments back to officials (including any decisions made or requests for further information), and set deadlines for further updates to the PM.

12. In relation to meetings, the private secretary will typically work with senior officials and senior special advisers to agree the agenda and the list of attendees, (where appropriate) review and comment ahead of time on materials brought to a meeting (e.g. slides), support the PM through the meeting as required, and, as needed, issue a readout (i.e. a summary) with key steers (though for formal Cabinet or Cabinet sub-committee meetings, some of these duties will be performed by the secretariat).

13. The private secretary will also work with other Government Departments to provide formal clearance for Written Ministerial Statements, oral statements and other public lines (typically having consulted affected teams within No. 10, such as the policy unit and press office, and - where required - Cabinet Office team before providing clearance). This may, at times, require brokering agreement between other Government Departments, for instance where two Departments disagree on a position. As required, the private secretary will also - alongside others - review statements issued by the No. 10 press office to ensure they align with the current policy position.

14. My responsibilities on COVID-19 fluctuated through the period from January 2020 to March 2021. In the paragraphs which follow, I set out my involvement in the decision-making committees, groups and forums in the Cabinet Office which were responsible for dealing with the UK Government's response to COVID-19. I have not sought to define or describe these decision-making bodies as I have read the corporate witness statement of Simon Case dated 25 January 2023 and I am content to adopt the definitions and abbreviations which are used in that statement.

15. The beginning of the cross-Government focus on COVID-19 was as much international as domestic (for instance addressing the evacuation of British nationals from Wuhan province, China), so I jointly worked on it alongside the relevant private secretary in the foreign policy team Name Redacted, including attending COBR and other meetings. As the cross-Government focus became increasingly centred on domestic issues, the amount of time I spent on COVID-19 increased proportionally.

16. On 28 February 2020, Dominic Cummings requested that the Prime Minister's usual morning meeting (which would cover the key issues of the day on a range of topics, and would include COVID-19 as required) be switched to become a COVID-19 daily meeting. I became the main private secretary for these meetings, helping set the agenda based on conversations with senior Cabinet Office and DHSC officials and the No.10 political team, and writing out on key steers following the meeting (by which I mean providing an indication to colleagues in No. 10, the Cabinet Office and other Government Departments of the PM's current thinking of a given issue, communicating his decisions where taken and, as needed, setting out the consequential actions which needed to be taken).

17. Alongside these daily meetings, the PM also chaired a range of strategy meetings and COBR meetings, for which I typically provided support to him. This support would often

entail attending (and sometimes arranging) pre-meetings with key officials to agree the issues we needed to discuss with the PM, as well as providing input into the briefing notes and slides which were prepared to inform the COBR meetings. I also attended (as a non-contributing observer) several meetings of SAGE alongside others in the Cabinet Office and No.10 teams to listen to the latest scientific developments.

18. From 12 March 2020, I attended the daily 08.15 meetings of officials and advisers which I believe were initially chaired by Dominic Cummings (but shortly after their establishment were jointly chaired with Mark Sweeney in the Cabinet Office). These meetings were scheduled ahead of the PM's daily COVID-19 meeting in order to share information and identify urgent issues for consideration by the PM.

19. From 17 March 2020, the daily PM meetings were replaced by formal Cabinet Committee meeting structures, including MIGs and eventually COVID-O and COVID-S meetings, as set out in the corporate witness statement of Simon Case dated 25 January 2023.

20. By the middle of March 2020, as the number of cross-Government policy questions continued to grow, more private secretaries within No. 10 shifted their responsibilities to COVID-19 and away from their regular duties. After lockdown, for instance, different individuals in the PM's private office were responsible within the office for issues such as borders, testing, schools and vaccines.

21. Throughout this period, and until I left No. 10 in March 2021, my central focus remained the Government's overall strategy. I and other private secretaries also remained flexible to manage workload across the office - for instance, I often covered issues related to COVID-19 testing in the summer and autumn of 2020.

22. I was also the lead private secretary responsible for supporting the Prime Minister with his press conference statements. My responsibilities would include reviewing draft statements from the communications team (alongside the relevant senior civil service and political team from No. 10, the Cabinet Office or, where required, other Government Departments), ensuring the PM had time to review and edit statements (where he had a natural desire to put points in his own words), and ensuring he and others joining him on the podium had time to prepare for likely questions from the media.

23. From time to time, I supported the PM in his engagement with the Devolved Administrations or regional or local authorities, for instance supporting his COBR meetings (which were also attended by the First Ministers of Wales, Scotland and Northern Ireland). Much of the formal engagement with local authorities was managed through the Ministry of Housing, Communities and Local Government ("MHCLG"), DHSC and - when the Government was looking to agree specific local restrictions in autumn 2020 in response to local outbreaks - through engagement led by the COVID-19 Taskforce and Eddie Lister from No. 10.

24. Through my role as PS, I worked closely with those leading data modelling on COVID-19, including officials in the Cabinet Office Taskforce, the Joint Biosecurity Centre ("JBC") and occasional discussions with members of SAGE. The complex models built by various universities, typically discussed at SPI-M and then SAGE, played an important role in understanding likely trajectories of the virus under different scenarios.

25. I typically worked with the Cabinet Office Taskforce to agree on the commission that the centre of Government would send to these modellers, for instance, and the Taskforce would then include relevant graphs in advice that they provided. Ministers were also keen to build in-house modelling capability, a task that was led by the Cabinet Office Taskforce and the JBC.

Initial Understanding and Response to COVID-19

26. I believe I was first made aware of COVID-19 in my official capacity through an email from Martin Reynolds, the Principal Private Secretary to the Prime Minister, in early January 2020 in which he summarised a senior Cabinet Office meeting he had attended which touched briefly on the outbreak in China.

27. The cross-Government response to COVID-19 was initially managed through a series of COBR meetings, beginning on 24 January 2020, alongside updates to the Prime Minister. As a result of advice received from the Civil Contingencies Secretariat ("CCS"), the COBR meetings were initially chaired by the Health Secretary and then later chaired by the Prime Minister as the situation evolved (**Exhibit IS/1 - INQ000146641)**. Where the meeting was chaired by the Health Secretary, the PM would typically receive an update from officials (a private secretary or others) on the key points addressed at the meeting either in his daily box in writing, or orally at his morning meeting.

28. Following the initial COBR meeting on 24 January 2020, the Health Secretary chaired a further four meetings on 29 January, 5 February, 18 February and 26 February 2020. I regularly attended these meetings as an observer, alongside others from No. 10, and updated the PM as required alongside his other briefings. Details of the items discussed and of the actions and decisions agreed at these meetings are set out in the Cabinet Office's Narrative Chronology of COBR meetings.

29. The COBR meetings which I attended covered a range of issues with an immediate focus on evacuating British nationals from Wuhan, China and then wider areas, alongside assessments of the implications of the novel coronavirus for the UK and our domestic response. The scientific judgement underpinning these discussions was led by SAGE which I occasionally attended as an observer. When I did not attend the meetings of SAGE, I would be informed of their advice and conclusions either by reading the minutes which were later circulated, by reviewing the summaries which were contained within the COBR Situation Reports or by attending oral briefings delivered to the Prime Minister by the Chief Medical Office ("CMO") and / or the Chief Scientific Adviser ("CSA").

30. On 28 January 2020, the CMO responded via email to a question from a No. 10 colleague, indicating a range of scenarios that Government was considering, including the potential that China would bring the virus under control with no sustained onward transmission, and, "on the opposite end of the risk scale", something that could turn into "a significant pandemic relatively swiftly". He added that "what makes this a difficult dichotomous decision is that the economic consequences of over-calling can be substantial, but the mortality and social consequences of under-calling are even more substantial". He noted that "it will take a few weeks before it becomes clear whether the substantial efforts of the government of China have reduced R, and if so by how much and whether it is now below 1". The CSA replied to say he agreed with this assessment **[Exhibit: IS/2 - INQ000146557]**.

31. I am aware (although I do not recall attending the meeting) that the first occasion on which the novel coronavirus was discussed in Cabinet was at a meeting held on 31 January 2020. It is clear from the minutes of that meeting that the focus of discussion was upon the number of confirmed cases in the UK and China, the characteristics of the virus (such as the rate at which the virus was reported to be spreading in China, as well as its mortality rate) and the evacuation of British nationals from Wuhan

province. At the conclusion of the meeting, the PM is recorded to have said that the government should be seeking to reassure the public in view of the low mortality rate.

32. During this initial phase, the PM received regular updates on developments in a range of formats, such as a verbal briefing by the Chief Medical Officer on 4 February 2020 as part of a wider DHSC stocktake discussion [**Exhibit IS/3 - INQ000146558**]. At this meeting, the CMO noted that the doubling time in China appeared to be 5 days, and that if China was not able to stop the virus (and it was increasingly unlikely that it would be able to), the next aim would be to delay it in the UK out of the winter months. The PM stressed the need to take every possible step, and asked whether we should ban flights [**Exhibit IS/4 - INQ000146636, Page 2**]. I do not recall the response the PM received to his query about banning flights but the consistent advice which was being provided by SAGE at this time was that banning flights would have minimal effect in reducing the risk of infection being brought into the UK (see for example the minutes of SAGE on 3 February 2020).

33. Other methods by which the PM was kept abreast of developments throughout February included verbal updates during his morning meetings and the submission of written, daily update notes in which a summary was provided of key information across a range of policy areas [**Exhibit IS/5 - INQ000146562; and Exhibit IS/6 - INQ000146564]**. He also received specific standalone briefing notes in his box, from me and my colleague, Name Redacted, on 30 January, 4 February, 8 February, 13 February and 27 February 2020 [**Exhibit IS/7 - INQ000136734; Exhibit IS/8 - INQ000136735; Exhibit IS/9 - INQ000136737; Exhibit IS/10 – INQ000136740; Exhibit IS/11 - INQ000146559; Exhibit IS/12 - INQ000146560; Exhibit IS/13 - INQ000146561; Exhibit IS/14 - INQ000136747**].

34. On Friday 21 February, Italy announced an outbreak of coronavirus in Lombardy and Veneto, with several towns in Lombardy closing schools, public buildings, restaurants and cafes. On Sunday 23 February, I contacted a group of senior officials and scientists by email to request that they address the following hypothetical question "would we be doing something similar to the Italian lockdown of 10 towns if something like that happened in the UK?", in anticipation that this issue could be raised at the PM's morning meeting scheduled for the following day. The response from Patrick Vallance, the CSA at the time, and co-signed by the CMO Chris Whitty, reflects succinctly the general view across Government and the scientific community at that stage:

"It is reasonable to assume that an outbreak like the one detected in Italy could occur in the UK and we should plan accordingly. The effects of various interventions - school closures, avoiding large gatherings, travel restrictions, isolation of the area of a cluster outbreak etc - are being modelled but the effects will be highly dependent on the overall stage of the epidemic (i.e. has it already spread a long way or is it, as present low level in Europe) … it is important not to implement ineffective measures that then cannot easily be undone and can have very significant consequences".
[**Exhibit IS/15 - INQ000146563**].

35. On 25 February 2020, the Prime Minister received an update on the novel coronavirus at a meeting attended by the Health Secretary, Development Secretary, Foreign Secretary, CMO, CSA and others. The readout of that meeting prepared by my colleague Name Redacted recorded that the PM stressed the importance of consistent public messaging concerning the government's decision to continue permitting flights to enter the UK from abroad and that this was a position based on medical advice. Moreover, during a discussion of domestic preparedness, Dominic Cummings had requested that No. 10 be given sight of all plans in place to deal with a worst case scenario which the Health Secretary undertook to provide. As one of the key actions arising from the meeting, the CCS was commissioned to prepare a briefing for the PM highlighting the most significant choices the government would face if a pandemic were to occur in the UK. [**Exhibit IS/16 - INQ000146565**].

36. The briefing, which the CCS was instructed to prepare on 25 February 2020 in collaboration with the Health Secretary, the CMO and the CSA, was circulated on the morning of 28 February 2020 [**Exhibit IS/17 - INQ000146566**]. The advice to the PM recognised that COVID-19 could be a "once in a generation event" and identified at paragraph 17 the decisions which the government might be required to take if and when SAGE assessed that the UK was "moving towards some variant of the reasonable worst case scenario". These decisions included "whether we discourage public gatherings and close schools, if the science advice says this will have an impact on the outbreak". By way of international comparison, the briefing noted that:

"We have seen some other countries close their borders and quarantine entire towns to try and contain the outbreak. However, the UK relies on the flow of goods and services with other countries and policing by consent. Decisions will

need to be taken on the best science and policy advice, which may differ from other countries". **[Exhibit IS/18 - INQ000146569**].

37. Later the same day, the PM held a conference call with the Health Secretary, the Foreign Secretary, the Chancellor, the Chief Medical Officer and the Cabinet Secretary to obtain an update on COVID-19, the government's preparedness plans and emergency legislation, the potential economic impact of the virus and the international situation, particularly in Tenerife. During the call, the PM agreed that there would need to be a significant escalation in the domestic preparedness activity of other government departments and that early emergency legislation would be required. Further, the PM accepted the proposal to publish the following week an action plan for responding to the novel coronavirus which was being drafted by the DHSC. [**Exhibit IS/19 - INQ000136750].**

38. A further call was arranged on Saturday 29 February 2020 between the PM, the Health Secretary, the CMO and the DHSC Permanent Secretary to obtain an update on developments since the previous day. It was agreed that SAGE would advise on a package of measures, grounded in clinical and behavioural science advice, with the aim of lowering the peak of infections. In this context, the PM flagged the importance of understanding our approach to social care settings [**Exhibit IS/20 - INQ000146567**].

39. The PM's daily morning coronavirus briefings began on 1 March 2020. I noted to senior officials that I was "keen to put some structure around our 9am daily coronavirus briefings with the PM… [g]etting into a routine will make sure we are using our time efficiently on the most pressing issues at hand". I proposed an agenda for the following day's meeting, and would continue to consult the wider team ahead of setting agendas for meetings on future days. [**Exhibit IS/21 - INQ000146568**].

40. The PM chaired his first COBR meeting on 2 March 2020. This agreed to the publication of the Coronavirus Action Plan subject to final agreement with the government scientific community. [**Exhibit IS/22 INQ000056217**

41. The Government's initial strategy to manage COVID-19 is set out clearly in the Coronavirus Action Plan published on 3 March 2020 [**Exhibit IS/23 - INQ000056154**], which details the four pillars of the plan, as follows:

Contain: detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible

Delay: slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season

Research: better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care

Mitigate: provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy

42. The strategy as articulated in the Action Plan had a clear foundation in the scientific advice presented through SAGE to COBR over the previous weeks. A reading of the minutes of SAGE shows how the scientific understanding evolved over this period, as we learned more about the virus and obtained data points from beyond China.

43. A key part of the initial strategy outlined above was to ensure that the NHS did not face the peak of infections during the winter months when it is under greatest pressure - hence the desire in the plan to delay the peak, ideally into the summer. Looking back at the various documents, it is clear that the broad approach envisioned a one-peak strategy, which would see infection rates fall (absent a vaccine) as a consequence of large numbers of people having acquired immunity following infection. A good illustration of this can be seen in the paper entitled "Potential impact of behavioural and social interventions on an epidemic of Covid-19 in the UK", which was circulated in advance of the COBR meeting on 4 March 2020 [**Exhibit IS/24 - INQ000056158].**

44. Moreover, there were concerns set out in advice that locking down very hard - as other countries had done - would not be appropriate as the epidemic would then re-emerge later on. For example, COBR was told in the CRIP on 9 March 2020 that "Very stringent social and behavioural interventions (such as those in China) have the potential to prevent major epidemic establishing, but risks a large epidemic re-establishing… The advised approach seeks to avoid this possibility". [**Exhibit IS/25 - INQ000056179**].

45. The CSA articulated this strategy publicly in a media interview on 13 March: “If you completely locked down absolutely everything, probably for a period of four months or more then you would suppress this virus… All of the evidence from previous epidemics suggests that when you do that and then you release it, it all comes back again. The other part of this is to make sure that we don’t end up with a sudden peak again in the winter which is even larger which causes even more problems.”

46. Implicit in this approach is the idea that whilst the Government would seek to dampen the reproduction rate, we would not look to drive it to well below 1 (which would have the effect of suppressing the virus). Another key assumption (reflected in the CRIP to COBR on 9 March 2020) was that a vaccine would not likely be available until early 2021 [**Exhibit IS/26 - INQ000056179]**.

47. A graphical illustration of this approach was published in a BBC article on 14 March 2020, with the source of the graph labelled as “DHSC”. This graph illustrated that, if Government took the measures of self-isolation for the ill, social distancing for the vulnerable and whole household isolation if one member is ill, it would be possible to dampen the curve to such a degree that the peak of new cases would be in line with - and not exceed - NHS capacity. Whilst the BBC article is dated 14 March, I am not clear on what date this graph was briefed to the press [**Exhibit IS/27 - INQ000146635**].

48. Some have argued that this was a “herd immunity” strategy. The language around “herd immunity” is very emotionally charged and it is important to be clear about the actual objective, which was to minimise harm from all causes. As I see it, the core of the strategy was to manage the virus through one peak, and to delay and dampen this peak into the summer months - in the same way that the Government might manage pandemic flu. A consequence of this approach would be that i) those who had been infected would not get infected again whilst they retained some immunity to the virus (though at this stage, the length of this immunity was unknown); and ii) if a sufficient number of the population had this immunity, the “herd” effect of this would mean that the virus could not reproduce sufficiently and so infection rates would further fall. Essentially, the general scientific view presented to Ministers was that this approach was preferable, with respect to the goal to minimise overall harm, to the alternative of initial suppression, a lack of immunity across the population and an uncontrolled second wave in winter.

49. A key element of this strategy was also to implement measures at the right time - the implication being that if measures were introduced too early, compliance could fall at a more dangerous period. For instance, the minutes of the PM chaired COBR on 9 March summarise an argument by the CMO that "the timing of implementation of measures was crucial. These measures would possibly be in place for months and public compliance or despondence was heavily dependent on timing" [**Exhibit IS/28 - INQ000056219**].

50. If the NHS had been able to manage the strain of a one-peak approach - i.e. the peak of the wave was in line with NHS capacity - the health, economic and social harms of this approach could theoretically have been lower than the undeniable harms caused by the restrictive measures required in a more aggressive approach followed by the anticipated resurgence of the virus. However, analysis that began to emerge from 9 March 2020 implied that the NHS would not be able to manage the level of demand.

51. On 9 March 2020, I received from DHSC a note with preliminary analysis of NHS bed and Intensive Care Unit ("ICU") capacity modelling, following a request from No. 10 special advisers (I believe - though am not totally sure - that this request was from Dominic Cummings and Ben Warner) [**Exhibit IS/29 - INQ000146571]**.

52. This note showed that "NHS demand will greatly exceed supply before the peak of the virus is reached in a Reasonable Worst Case Scenario", that with no mitigations, NHS England would have a deficit of c.780,000 beds, and even if Government implemented the measures under consideration (social distancing for the over 65s, home isolation and household isolation), in such a scenario there would still be a peak deficit of 240,000 beds including 19,000 intensive care beds. I asked DHSC for an equivalent analysis for the central (as opposed to reasonable worst case) scenario, asking "in this scenario, with the interventions, how close does the curve get to the freeable beds / available ICU beds line?".

53. I forwarded this paper to colleagues in the Cabinet Office later the same day, and asked them the following day: "is it worth putting something like this into COBR for Thursday? It feels like essential info as Ministers take decisions on policy options. And frightening that even if we pull all levers we are still overwhelmed." [**Exhibit IS/30 - INQ000146572**].

54. A version of the charts was included on page 6 of the Cabinet Office paper for the 12 March COBR meeting which was chaired by the PM, but looking at my notebook and the agreed actions, there seems to have been limited discussion at the meeting as to the implications of this analysis [**Exhibit IS/31 - INQ000056209; Exhibit IS/32 INQ000146636 pages 51-53; Exhibit IS/33 - INQ000056221]**. At the COBR meeting on 12 March, Ministers agreed across the UK to move from the 'contain' to the 'delay' phase of the strategy, which was announced by the PM in a press conference that evening. There was also a discussion at COBR that day around mass gatherings, but no conclusion was reached.

55. Prior to the COBR meeting on 12 March, I emailed DHSC, on the evening of the 10 March, to request a briefing to the PM on NHS resilience from the NHS Chief Executive and the Health Secretary, and that this meeting be held on 12 March [**Exhibit IS/34 - INQ000146576**].

56. The slides presented by the NHS to the PM on 12 March showed the latest analysis on likely demand **[Exhibit IS/35 - INQ000146577 and Exhibit IS/36 - INQ000146578]**. They indicated that in a reasonable worst case scenario with over 80% infected, with no mitigation, we would need over 800,000 NHS beds, versus total capacity of 100,000 and the ability to free up 30,000. Even if the measures previously discussed were introduced, 200,000 beds would be required (including 20,000 intensive care beds) in this scenario. In a more benign scenario with only 20% of the country infected, implementing all the measures above would still lead to a total demand from COVID of 100,000 beds at peak. My notes of the meeting suggest the focus of the conversation was about how the NHS would best manage in this situation; the conversation did not turn to what the implications of this analysis was for our overall one-peak strategy [**Exhibit IS/37 - INQ000146639 and Exhibit IS/38 - INQ000146636 pages 54-57]**.

57. The minutes of SAGE the following day note the risk of the NHS being overwhelmed in a more tentative form:

> "There is a risk that current proposed measures (individual and household isolation and social distancing) will not reduce demand enough: they may need to be coupled with more intensive actions to enable the NHS to cope, whether regionally or nationally". **[Exhibit IS/39 - INQ000146629 page 87]**

58. SAGE also explicitly refers in this meeting (I believe for the first time - but I have not seen all the documentation) to the prospect of measures “that may best be applied intermittently, nationally or regionally, and potentially more than once” - which implies a pandemic with more than one wave, and this ultimately is what we saw in the UK. **[Exhibit IS/40 - INQ000146629 page 86]**

59. At the end of this SAGE meeting on 13 March, Neil Ferguson spoke to Ben Warner raising concerns about our overall approach and arguing that we needed to go further with our measures. I was brought into the end of this conversation.

60. A number of officials and advisers, including Dominic Cummings, Ben Warner, Stuart Glassborow, me and Helen MacNamara, discussed the implications of these various findings at 10 Downing Street on the night of 13 March 2020. Dominic Cummings summarised the conclusion that there was a strong case to move away from a one-wave strategy. As evidenced by the photograph published in the media, he wrote on a whiteboard that “to stop NHS collapse, we will probably have to ‘lockdown’”, defining a lockdown as a situation where everyone has to stay at home, with “pubs, etc” closing. Plan B, as he called it, would entail more aggressive measures next week, and “full lockdown before collapse”.

61. On the morning of Saturday 14 March 2020, the Prime Minister held a previously-arranged meeting with the Health Secretary, the Chancellor of the Duchy of Lancaster, the CMO, the CSA and several senior officials. My readout of that meeting noted that:

> “CMO/CSA provided an update on SAGE’s work and the medical situation, and the implication that the right time to implement measures in our plan might be sooner than previously envisaged given the latest analysis. The plan allowed for this possibility, and the PM was clear that any measures adopted in the coming days was fully in line with our message that we would take the right measures at the right time, and that we must nest our response within the framework of last Thursday”. [**Exhibit IS/41 - INQ000136751**].

62. According to my notes of the meeting, Patrick Vallance told the PM that scientists had previously thought we were 3-4 weeks behind Italy, but now thought it was 2-3 weeks. My notebook shows the PM recognising in this meeting that we may need to act further than previously hoped, and soon. [**Exhibit IS/42 - INQ000146636 pages 62-69**].

63. By way of follow-up action, my readout of the meeting requested that advice be prepared for the PM addressing a package of measures which included the option of a full lockdown. To my knowledge, this was the first time that advice had been commissioned on this option reflecting the fact that it was now a policy proposal under realistic consideration. My readout noted the discussion's reference to London-specific restrictions and also stressed the need for all of the Cabinet to recognise that this was the most important issue in the country at this time; the fact that this needed to be said, I believe, demonstrates that not everyone in Government had yet understood this. [**Exhibit IS/43 - INQ000136751**].

64. Immediately after this wider meeting, the PM had a small group discussion, which I attended, with Dominic Cummings, Ben Warner and others. Dominic Cummings pressed in this meeting for firmer action in accordance with his proposals on the whiteboard the previous evening. The PM agreed that he wanted to look at more aggressive measures but did not decide in this smaller meeting on whether to implement them. He asked for the CMO and CSA - who were not present during this discussion - to validate the argument for firmer action presented in the room. [**Exhibit IS/44 - INQ000146636 page 70**].

65. A further conversation occurred with the CMO and CSA the following day, ahead of a wider Ministerial meeting which was supported by a detailed set of papers setting out a range of options to consider on social distancing [**Exhibit IS/45 - INQ000146580; Exhibit IS-46 - INQ000146581; Exhibit IS/47 - INQ000146582; Exhibit IS/48 - INQ000146583; Exhibit IS/49 - INQ000146584 Exhibit IS/50 - INQ000146585; Exhibit IS/51 - INQ000146586; Exhibit IS/52 - INQ000146587; Exhibit IS/53 - INQ000146588; Exhibit IS/54 - INQ000146589; Exhibit IS/55 - INQ000146590; Exhibit IS/56 - INQ000146591**]. At this meeting, the PM agreed to take to COBR the following day a package that saw immediate introduction of individual isolation, that people would be advised to socially distance (though this would be voluntary), and that shielding would be introduced within a week. **[Exhibit IS/57 - INQ000146579].**

66. The papers for the Ministerial meeting on 15 March included scientific advice from SAGE expressing the challenge more starkly than in its minutes of 13 March. The slides concluded that "tuning behavioural and social interventions (BSI) to minimise the epidemic without giving a second peak can halve deaths, reduce peak by ⅔. But remaining peak still overwhelms UK surge critical care bed capacity by 8-fold. Remaining within the surge capacity of the NHS will require more intensive social

distancing. Measures will need to be introduced in the next 2 weeks, 3 maximum. These measures will need to be in force (perhaps intermittently) into 2021 to avoid a resurgence of transmission" [**Exhibit IS/58 - INQ000146583]**. This analysis no longer presented these forecasts as a reasonable worst case, noting that the NHS's central case planning assumptions were that 5% of cases would require hospitalisation, and of these, 30% will require ventilation.

67. Looking back at the documents, I believe there is an implication that a number of elements of the package were not fully ready as at that weekend for immediate deployment if Ministers had wanted to. For instance, the Government had not yet fully defined the vulnerable and some of the operational questions around shielding were still being stress-tested on 20 March 2020 (such as setting up a call centre) [**Exhibit IS/59 - INQ000146595**]. It is unclear to me whether - if Ministers had wanted to deploy these measures earlier - the planning for them could have been further accelerated.

68. My note of the PM's morning meeting on 16 March 2020 stresses the need for a "plan for a London lockdown" demonstrating that, by this stage, a lockdown was being seriously considered and that the initial focus was regional on account of the sharp rise in cases in London [**Exhibit IS/60 - INQ000146636 pages 75-78**]. At COBR later that day, the package worked up the previous day was broadly agreed, and there was an ongoing discussion around what the Government should do on education, including the potential for social distancing in schools. The PM stressed the need for a firmer fallback position for schools (which would entail in due course significant work to identify key worker lists and how schools would remain open for their children and the most vulnerable) [**Exhibit IS/61 - INQ000056210**].

69. A decision to close schools was provisionally proposed in the morning of 18 March and formally agreed at COBR later the same day [**Exhibit IS/62 - INQ000056261; Exhibit IS/63 - INQ000146592; Exhibit IS/64 - INQ000056211**].

70. Alongside discussions on overall strategy, the PM, No. 10 team and Cabinet Office dedicated a significant amount of time this week to supporting DHSC's efforts on ventilators and testing, as illustrated for example by the PM's call to arms for manufacturing ventilators.

71. The SAGE meeting on 16 March had referred to the importance of focusing on the objective of not exceeding NHS capacity. Its meeting on 18 March noted that "the

evidence indicates that school closures, combined with other measures, could help to bring the R0 number below 1, although there is uncertainty." R0 is another way of referring to the reproduction number of the virus (also known as R). From the documents I have read, this appears to be the first time that there is explicit reference in official minutes to the need to get R below 1 to ensure the NHS is able to cope (though of course the discussions in previous days around lockdowns implicitly envisage R below 1). Keeping R below 1 would ultimately be the driving principle of the Government's strategy through the rest of 2020.

72. On 19 March, in the PM's morning meeting, the CSA's view, reflecting the SAGE meeting the previous day, was that "measures announced - if properly implemented - should be enough. Compliance of social distancing is key". However, at this time, it was unclear whether a sufficient level of compliance could be achieved from the voluntary approach. There was a continued question about whether to close hospitality, especially in London - which raised a number of questions as to which businesses would close, and in which boroughs. [**Exhibit IS/65 - INQ000146636 pages 89-92**].

73. The official record of the PM's 09.15 meeting on 19 March shows it agreed "to intensify the messaging in London to increase compliance with the objectives of the measures already announced, and to announce at the PM's press conference today (19 March) that the Government will assist in curtailing non-essential leisure activity by closing pubs, bars, gyms, restaurants in London". It also stressed that in communicating these measures, "all must avoid the term 'lockdown'" **[Exhibit IS/66 - INQ000056055]**.

74. The PM met the Mayor of London in the early afternoon. I did not attend but the readout sent to me by the private secretary in attendance noted that the PM and Mayor "agreed to jointly announce at 5pm today that we would be saying that entertainment/hospitality and non-essential retail 'must' close from Friday for two weeks" in London [**Exhibit IS/67 - INQ000146594]**. However, during the course of the afternoon, and following a discussion with the Chancellor, CMO and others (which again I did not attend), the PM decided not to proceed with London-specific measures and the Mayor of London did not attend the press conference. A follow-up email from the relevant private secretary noted the PM "remained minded" to take these steps, but was keen for the announcement to be "made alongside further measures to support the economy, business and employees" given the scale of the restrictions [**Exhibit IS/68 -**

INQ000146593]. The PM then held a further conversation with the Chancellor that evening. [**Exhibit IS/69 - INQ000146556 pages 7-8**].

75. In the morning meeting on 20 March, the PM asked again how we could strengthen advice on going to pubs, bars and cafes, and noted there was an argument to have a consistent national approach to avoid confusion. He also requested an overall battleplan over the coming months, which set out goals over time. [**Exhibit IS/70 - INQ000146636 pages 93-95; Exhibit IS/71 - INQ000056066**]. The PM and Chancellor later met and agreed to national measures [**Exhibit IS/72 - INQ000146596]**. Later that day, COBR met and formally agreed hospitality would be required to close that evening across the UK, which was announced by the PM that evening alongside a substantive economic support package from the Chancellor.

76. Over the weekend, the PM was concerned by reports of continued social mixing. For instance, Snowdonia National Park noted that 21 March 2020 was its "busiest visitor day in living memory".

77. On 22 March, the CMO noted that Italy had now got R below 1 across the country [**Exhibit IS/73 - INQ000146636 page 98].** Also on 22 March, the CMO wrote a note entitled "Coronavirus: summary of strategic and tactical approach to the epidemic" which the PM read that evening. It observed that we needed to:

> "*reduce the height of the peak* to a level the NHS can cope. This requires getting the effective reproductive number R to 1 or below or exponential growth will continue. The biggest levers are the actions the government has announced over the last two weeks, including individual and household isolation and recommending against all unnecessary social interactions including closing pubs, clubs, leisure activities, schools etc. If current measures are sufficient to get R to 1 or below it is likely the NHS will cope; if they are not, it will not. Modelling implies that if population adherence is good current actions are sufficient; without adequate adherence exponential growth will continue albeit at a much slower rate and the NHS critical care facilities will eventually be overwhelmed".

78. This is the clearest exposition of the need to ensure R is below 1 to date. The note also clearly articulated the range of different harms that the Government needed

to address, including the negative consequences of measures on poverty and the significant impact on non-COVID healthcare. [**Exhibit IS/74 - INQ000146598].**

79. On 23 March, at the 09.15 strategy meeting, the CMO repeated his overall advice, stating "if the aim is [that] ICU is not overrun, err on doing more" whilst noting that "sustainability is key. We need something that will continue". There was a conversation around enforcement, and the question around whether people would need a form (as in France) to travel - Ministers eventually did not pursue this route. Later in this meeting, the formulation of "stay at home unless…" was refined, which would ultimately be the core of the PM's address to the nation that evening. Following consideration that morning of an options paper on how to go further, **[Exhibit IS/75 - INQ000056098]**, the PM concluded that he would announce these measures that evening [**Exhibit IS/76 - INQ000056264**).

80. In a smaller meeting with the PM later that day with the CMO and the CSA, the CSA stated that though measures were being taken seriously by many, compliance levels were "not exceeding 75%" and that compliance would need to increase to tackle intensive care capacity. The PM stated we "must then act now" [**Exhibit IS/77 - INQ000146631 page 4**].

81. A Cabinet Office paper later that day entitled "Social Distancing: Additional Temporary Measures" prepared for COBR concluded that "social distancing is happening, but it is uncertain whether there is a sufficient level of compliance to prevent infections growing exponentially … given it is not possible to draw clear conclusions from this data [...] and the importance of pushing the reproduction number below 1 [...] further measures to increase social distancing should be imposed". It noted clearly that these measures would have very significant economic impacts. [**Exhibit IS/78 - INQ000146599**].

82. At COBR later that day, the CSA repeated this assessment of the state of the virus and that in some areas social distancing levels were not yet "at a level that was acceptable". Following a discussion around what types of work would be halted (in particular around construction) and enforcement, the measures were formally agreed across the UK and the PM announced the lockdown to the nation that evening [**Exhibit IS/79 - INQ000056213**].

Reflection

83. By way of response to being asked to give a view on the Government's decision-making up until the first lockdown, I consider that there are a number of factors at play. The first is that I note that all decisions were for Ministers to make, having taken into account a range of scientific, social and economic factors. Very few people will see the whole picture - for instance, I did not as I was not closely involved in the economic policy work. Ministers and officials were also working under some of the most pressurised conditions seen in peacetime.

84. In my view, it is reasonable to ask whether - knowing what the Government knew at the time - the full lockdown could or should have been announced ahead of 23 March 2020. This question becomes particularly acute from the point (around 12-13 March) where it became clear that the virus would overwhelm the NHS without significant measures, and that a 'one wave' strategy was unlikely to work.

85. In my view, one can completely understand why Ministers would want to apply the least restrictive measures consistent with protecting the NHS - the associated economic and social costs were enormous. Looking back at the documents there was also what seems to be genuine scientific debate at the time as to whether the measures announced on 16 March 2020 (with or without school closures), with the right levels of compliance, would bring R below 1, and there was not a clear call from SAGE at the start of the week that we must lock down immediately. In my view, three factors eventually swung the debate: i) we were not seeing sufficient compliance in the UK with the more voluntary measures; ii) Italy had shown tougher measures could get the virus under control and the population were willing to abide by them; and iii) with a quick doubling time and data lags, we might not know we had undershot until it was too late.

86. In hindsight (which is of course a lot easier than when faced with events at the time), there is a reasonable case that Government could have been better prepared going into the final week, for instance with a fully stress-tested operational plan on shielding, or having worked through exactly how schools could close whilst staying available for the children of key workers. It is difficult to tell the extent to which the further work required on these measures in this week was a factor in the timing of measures (versus the strategic question of the optimal theoretical time to implement them).

87. Should the Government have locked down fully at the COBR on the 16 March 2020, given the position it was in? In hindsight, I can see there is a good case to argue that

the Government should have looked to get R below 1 as soon as it possibly could. We now know it is a lot easier to control the virus at lower levels of prevalence (so there is an argument that restrictions could have been lifted more quickly), and fewer people would have died in the first wave. However, at the time, it seemed as if there was a chance that the phasing of measures might have worked, and even in the days ahead of 23 March 2020, the scientific advice was that existing measures could work if compliance was high. It was not possible to know what compliance there would be until the measures were implemented. It would also have been important to make sure all elements of packages such as shielding were operationally ready before announcement to avoid harm. If Ministers had announced a full lockdown on the 16 March 2020, this would have also been going 'ahead of the science' as advised by SAGE, which would have felt like a risky move at the time if it turned out to be an overreaction.

88. The perhaps more important question is whether it should or could have been possible to generate the insights from the weekend of 13-15 March earlier in the pandemic - which might perhaps have led to more detailed work on issues such as school closures and the design of lockdown through February and early March 2020.

89. Doing justice to this question requires a level of scientific expertise and understanding of the various data sets that I do not have (including, for instance, exactly when we could have understood that asymptomatic transmission was higher than anticipated, and when NHS capacity modelling was integrated with infection modelling - in effect, how early could we have built the analysis that was presented to the PM in the NHS Resilience meeting on 12 March 2020). However, I do believe it is reasonable to explore why other countries came to different conclusions using similar data (leading to earlier restrictions, such as in East Asia or elsewhere in Europe).

90. In my view, Ministers through this period of the pandemic broadly followed the scientific advice they were presented with on how and when to introduce social restrictions. The Prime Minister and his senior political team had a strong working relationship with the key scientific advisors, and the CMO and CSA should be praised for the calm way in which they performed their near-impossible roles.

91. The daily press conferences - with the Prime Minister flanked by the CMO and CSA - were a positive step. The early establishment of the ONS infection survey was a world-class innovation for which the ONS should be strongly praised: this became incredibly

important through the pandemic in terms of understanding the true levels of infection in the community (albeit with a small lag). In terms of opportunities missed, there is an argument that Whitehall as a whole could have been put on a “war footing” earlier, which may have helped operationalise measures such as school closures more smoothly.

92. There has been public critique of the Government’s performance on aspects of health preparedness, such as whether it moved quickly enough to procure PPE or ventilators, or expand testing capacity (and conversely, in looking to move quickly, whether sufficient checks were in place to ensure effective procurement). The decision-making around these matters in the early weeks was led by DHSC and its related bodies, with some discussion at COBR and separate PM meetings. At the NHS Resilience meeting on 12 March 2020, the NHS and DHSC requested support from the PM on a national call to action to deliver additional ventilators. It is impossible for me to take a view on the extent to which procurement plans were on track ahead of this time (and thrown off plan by the acceleration of the spread of the virus) but in hindsight there is probably a case for Government to have used the full force of the centre earlier on to mobilise wider efforts across the country. Others closer to the detail on these issues will have a more nuanced view.

93. The plans before the first lockdown around the discharge of patients from hospital beds to care homes were led by the NHS and DHSC. The plans were raised at COBR including questioning by Michael Gove on 9 March, as well as at No. 10 meetings with the PM (for instance at the NHS Resilience meeting on 12 March). There does not appear to have been a detailed discussion in these meetings on the risks around discharge plans and whether this could lead to infection in care homes. A paper on NHS Resilience on 18 March which sets out a range of issues relating to discharge also does not cover this risk [**Exhibit IS/80 - INQ000056051**]. The NHS and DHSC will be better placed to identify the extent to which these risks were identified at this stage, the plans put in place to mitigate them, and the extent to which these risks materialised.

94. The Government ended widespread community testing on 12 March 2020 as it moved from the ‘contain’ to the ‘delay’ part of the strategy (and alongside the introduction of individual isolation). The decision on community testing was ultimately a factor of testing capacity. SAGE had endorsed on 20 February PHE’s principles on when to stop contact tracing. As SAGE noted on 12 March, the end of community testing would “increase the pace of testing (and delivery of results) for intensive care units, hospital

admissions, targeted contact tracing for suspected clusters of cases and healthcare workers".

The Bill

95. COBR discussed the importance of draft legislation for a reasonable worst case scenario at its meeting on 5 February 2020 [**Exhibit IS/81 - INQ000056149**]. COBR then took an update on the draft legislation at its meeting on 18 February, where all Departments and Devolved Administrations were required to feed into proposed clauses by the following day. At the PM chaired COBR meeting on 2 March 2020, it was agreed that preparation for the Coronavirus Bill should continue as planned, with Parliamentary time to be made available in March [**Exhibit IS/82 - INQ000056157**].

96. The main PM discussion on the Coronavirus Bill was at the morning meeting on 10 March 2020, following advice submitted the previous day (which was printed and gone through in the room in some detail). The advice notes "by its nature, emergency legislation has the potential to be controversial, as the subject matter is sensitive and the powers potentially wide. A number of clauses have been identified as particularly controversial" which were flagged to the PM. In a short note to the PM on top of the advice, I noted that "your legislation team notes that this is a large Bill containing controversial and unpleasant powers" and that the Chief Whip would be present at the morning meeting to discuss these challenges with the PM [**Exhibit IS/83 - INQ000146574; and Exhibit IS/84 - INQ000146575**].

97. At the meeting on 10 March 2020, the Health Secretary presented the details of the measures to the PM. Following discussion, the PM gave steers, for instance on how we apply statutory sick pay retrospectively. Overall, he was (as noted in my readout) "content with the Bill, subject to very strong Q&A on the details" (**Exhibit IS/85 - INQ000146573**), and was content for it to be taken to COBR for final sign off. Following the meeting, the PM provided further views that it was important the Devolved Administrations were fully bound in with this approach, and that we had very strong communications around the sunset nature of the Bill, which I fed back to officials (**Exhibit IS/86 - INQ000146570)**.

98. Amendments to the Bill were subsequently discussed at the PM's second strategy meeting on 22 March 2020 (**Exhibit IS/87 - INQ000146597; and Exhibit IS/88 - INQ000056089**).

Overall - January to March 2020

99. Looking back, whilst there were tremendous efforts from many officials from the very start of the pandemic, and it was clearly recognised as a serious issue from January, the system as a whole probably did not fully appreciate how serious it would get until March 2020 and we realised we were tracking the reasonable worst case scenario. Knowing what we now know, I am sure Ministers across the whole of Government would have wanted to spend more of February stress-testing implementation plans across various sectors, further ramping up testing capabilities and preparing more detailed plans for a full lockdown. The Action Plan published on 3 March does not explicitly paint a picture of the lockdown scenario to which the UK woke up to just three weeks later: even at that point, there was not a sense that we would find ourselves in this scenario. At the time, it felt that the (less restrictive than a lockdown) tools that the Government had developed would suffice. The scientific advice did not demur from this. Given the strong concern of overreaction (as had happened with SARS in East Asia, causing billions of dollars of economic damage), and the enormous leap in imagination required to shut down large parts of the economy and society, it is possible to see how this collective mindset emerged.

Specific Non Pharmaceutical Interventions ("NPIs')

100. As noted above, I worked with senior officials and Ministers on the overall strategy regarding COVID-19, and as such, was involved in decisions relating to almost all of the NPIs that were considered or adopted during the pandemic, with a particular focus on the economy and society-wide restrictions that formed the heart of the measures to reduce R. In many cases, on specific measures (e.g. border controls post March 2020) others in No. 10 would have been closer to the specifics. With the establishment of the COVID-19 team in the Cabinet Office (and then, more formally, the COVID-19 Taskforce), formal advice to the Prime Minister on these issues came from the Cabinet Office. My role would have been to work with the officials in the Cabinet Office to stress-test arguments before presentation to the Prime Minister, facilitate conversations between the wider No. 10 team and the Cabinet Office, and work with the wider team to identify what decisions needed to be put when to Ministers.

101. The wider social, economic and health implications of NPIs were a critical factor in decision making right from the start of the pandemic. It is clear from the early discussions that a key objective of measures considered was to minimise harm from restrictions - and the CMO's note of 22 March very clearly sets out the different forms of possible harm **[Exhibit IS/89 - INQ000146598]**. As the institutional support and advice around COVID-19 became more formalised in the Cabinet Office, major bits of advice to the Prime Minister clearly set out these wider impacts. Ministers and officials were all acutely aware of these impacts, not least the long-term educational impact of school closures (of which the consequences will be felt for years to come). There was also discussion ahead of the first lockdown of needing to keep measures in place for as short a time as possible (in effect, to time measures with the likely peak of a one wave pandemic). Some of this would have been driven by the wider social and economic impacts of these measures; some was driven by a view about the amount of time the public would comply with measures (and the need to make sure that compliance of measures did not wane towards the back end of the period, just when the NHS would be under greatest strain). It is difficult to judge, looking back through meeting readouts, where the balance lay across these two, but both factors were clearly present.

102. There was also an early recognition of the importance of 'at risk' or vulnerable groups. The early focus on shielding clearly had this issue in mind, given the additional vulnerabilities of certain cohorts. Proposals suggested over the summer to 'segment' the population were deemed unfeasible because of the excess impact it would have had on these vulnerable groups. Ministers were also aware of the additional risks for multi-generational households, the impact of school closures for vulnerable and disadvantaged children and the risk of an increase in domestic abuse with more people at home during the day.

103. Most NPIs were effective at achieving a reduction in infection rates. In my view (which is not a scientific expert opinion), measures were generally more effective when they were simple to understand (e.g. "stay at home"), were not changed too frequently (we perhaps underestimated in Government how this could lead to confusion), and did not lead to 'edge cases' that could be exploited by critics (the 'substantial meal' requirement of hospitality in autumn 2020 led to the debate about whether a scotch egg counted as such a meal - which was ultimately a distraction from a clean communications message).

104. Looking through available documents, it seems that there was initially less focus on assessing the impact of face coverings for the general population. SAGE's minute of 4 February notes that "SAGE heard that NERVTAG advises that there is limited to no evidence of the benefits of the general public wearing facemasks as a preventative measure. Facemasks and other personal protective equipment in the community is only advised for health and social care workers visiting individuals who may be infectious. There is some evidence that wearing of face masks by symptomatic individuals may reduce transmission to other people, and therefore NERVTAG also recommends that symptomatic people should be encouraged to wear a surgical face mask, providing that it can be tolerated."

105. The next reference I can find in SAGE's minutes is on 7 April 2020, where it reports "NERVTAG concluded that increased use of masks would have minimal effect (in terms of preventing the uninfected general population from becoming infected), based on a review of the available evidence. Questions were raised about whether this would change if it were found that individuals have high levels of pre-symptomatic and asymptomatic infectiousness (in which case could masks [sic] reduce early pre-symptomatic spread)." It was not until 4 June 2020 that the Government announced face coverings would be made mandatory on public transport later that month (with retail settings in the following month).

106. Jenny Harries was the deputy Chief Medical Officer in 2020. In 2021, when asked about the timing of introducing face coverings, she responded: "We certainly didn't recognise the proportion of cases – we think about the 30 per cent of cases now are likely to be asymptomatic transmission – and so obviously the response that we put in place and some of the interventions were not counting for that high degree of numbers of asymptomatic cases. So I think there's learning as we've gone through." [**Exhibit IS/90 - INQ000146634**]. I think this is a good assessment of why face masks were not prioritised in the early period.

The First Roadmap

107. In the period following the first lockdown, the Government developed its plan to exit restrictions, which it published on 11 May 2020 as *"Our Plan To Rebuild: the UK Government's COVID-19 recovery strategy"*. This was the product of significant debate underpinned by economic and scientific analysis. The work was led by the Cabinet

Office, in close cooperation with other Government Departments and officials and political advisers in No. 10, including myself. Large elements of the plan were agreed by the PM, the Chancellor, CDL, Health Secretary and First Secretary of State at a meeting on 2 May, for which I prepared a readout noting the point made by the CMO that "in any eventuality we will need to take risks; the more risk we took, the more important it was that we were able to stop and reverse as necessary". (**Exhibit IS/91 - INQ000146600**).

108. As the PM's foreword to the plan acknowledged, "the more we learn, the more we realise how little the world yet understands about the true nature of the threat", that "the only feasible long-term solution lies with a vaccine or drug-based treatment", but that "the current arrangements do not provide an enduring solution – the price is too heavy, to our national way of life, to our society, to our economy, indeed to our long-term public health. And while it has been vital to arrest the spread of the virus, we know it has taken a heavy toll on society - in particular to the most vulnerable and disadvantaged - and has brought loneliness and fear to many." The plan therefore set out stages of opening up the economy and society, whilst acknowledging that there would be continued disruption to our way of life.

109. Following the publication of the plan, the Government proceeded to assess in stages the easing of various NPIs. This process was again led by the Cabinet Office, in close collaboration with myself and other colleagues in No. 10, and agreed with key Ministers ahead of each step. Through much of this debate, and also in the run-up to the publication of the plan, there was an internal debate about how far we needed to suppress the virus to give a test-and-trace operation the best chance of succeeding, versus the wider benefits of opening up more quickly. In England, there was a phased reopening of schools from 1 June, and non-essential retail opened on 15 June. Hospitality reopened on 4 July.

110. On 23 June, the PM announced that, following a review led by Simon Case, then the No. 10 Permanent Secretary, the 2 metre social distancing guidance would be updated so that where it was not possible to be 2 metres apart, guidance would allow people to keep a distance of 'one metre plus' - i.e. with mitigating measures put in place.

111. A few weeks after the publication of the plan, the media reported the visit by Dominic Cummings to Durham in April 2020. This was understandably a very

controversial story at the time. Dominic Cummings has provided his account of events (including how No. 10 chose to handle the story) in lengthy interviews and Parliamentary hearings, noting that "the whole thing was a complete disaster". This episode undoubtedly affected public confidence in decision-makers at the time, and it also meant No. 10 had to use political capital and time on this issue, which could have been otherwise focused elsewhere in the pandemic response.

The Second Lockdown

112. The second lockdown was from 5 November to 2 December 2020. The debate about whether this was required began in earnest in September 2020, as it became clear that infection rates were beginning to rise in parts of the country as the economy opened up through the summer.

113. On 12 August 2020, I facilitated at the request of Simon Case a strategy session with the PM, CMO, CSA, Dominic Cummings and others on upcoming challenges. I worked together closely with the COVID-19 Taskforce on this presentation, and the discussion flagged some of the challenges with our current strategy, including ensuring that test & trace was working as effectively as it could be. The meeting noted that we currently did not know some crucial facts that would affect our approach to the coming months, including what percentage of cases were symptomatic, how long immunity lasted for, how much winter would favour the virus, whether the virus would mutate and when we might get a vaccine. Following the meeting, the COVID-19 Taskforce developed a work plan prioritising actions against the strands of our strategy **[Exhibit IS/92 - INQ000146601; Exhibit IS/93 - INQ000146602]**.

114. On 1 September 2020, the PM held a strategy meeting with the Health Secretary, CMO, CSA and the No. 10 team. This noted the risk around a second spike as seen in France and Spain. The PM made a big push to accelerate further work on testing. My readout notes "we should maintain the current policy on national social contact guidelines alongside a simplified major comms campaign to reiterate the core messages; however, we should develop a localised risk-based approach" as proposed by the Health Secretary **[Exhibit IS/94 - INQ000146603]**.

115. Throughout the summer and autumn, the PM and the Chancellor held numerous bilateral meetings on the economic and fiscal position, which was of significant concern, and is important context for the discussion on the virus below.

116. The PM met the CMO and CSA on 16 September. My readout notes a conclusion that "if measures currently introduced had no effect, and further measures were not taken, we would see a significant increase in incidence, at or potentially worse than the reasonable worst case scenario. With no action, we could see 200-500 deaths a day in 7 weeks". I further note that "the PM was clear that we need to level with the public on the seriousness of the situation, and the importance of modifying behaviours. However, in doing so, we also needed to highlight the other things that were important such as non-COVID health, social wellbeing and economic impact". The CSA noted that SAGE were looking at whether 'circuit breakers' could help mitigate the impact of the virus. The PM asked to "explore a range of views from different scientists" **[Exhibit IS/95 - INQ000146640].**

117. On 19 September, the COVID-19 Taskforce submitted advice to the PM. It noted that "the infection is spreading rapidly", that SPI-M believed that with no further measures, the NHS could be overwhelmed in six weeks, and that managing the outbreak in November [as opposed to right away] "would require more disruptive and longer-lasting measures". The advice recommended a set of measures entitled Package A, including a national address from the PM, a return to guidance asking people to work from home where they can and improved performance. The advice notes that "it is the view of the CMO and GCSA that, unless it prompts a significant behavioural response, Package A is very unlikely to drive R below 1". The advice set out options to go further, including a Package B that included a curfew for hospitality and allowing weddings in only exceptional circumstances, or a Package C that included harder, temporary measures (i.e. the circuit-breaker). The advice noted the risk that even Packages A and B combined could fail to bend the curve sufficiently to get R below 1 **[Exhibit IS/96 - INQ000137293]**.

118. On 20 September, the COVID-19 Taskforce supplemented this advice by presenting to the PM hypothetical scenarios of what decisions Ministers might be faced with in October if the virus was not brought under control **[Exhibit IS/97 - INQ000146611]**. This was then followed by a discussion between the PM, the Chancellor and a range of scientists comprising of Professor John Edmunds OBE (Professor in the Faculty of Epidemiology and Population Health, London School of

Hygiene and Tropical Medicine), Professor Sunetra Gupta (Professor of Theoretical Epidemiology, Department of Zoology, Oxford University), Professor Carl Heneghan (Director, Centre for Evidence-Based Medicine, Oxford University), Dr Anders Tegnell (Chief Scientist, Swedish Government) and Professor Dame Angela McLean (CSA MOD and Professor of mathematical biology, Oxford University), setting out the range of arguments from minimal further action to an immediate national circuit-breaker. The scientists submitted short notes ahead of time setting out their arguments **[Exhibit IS/98 - INQ000146604; Exhibit IS/99 - INQ000146605; Exhibit IS/100 - INQ000146606; Exhibit IS/101 - INQ000146607; Exhibit IS/102 - INQ000146608; Exhibit IS/103 - INQ000146609].**

119. The PM's conclusion that evening was, as per my readout, to pursue all of Package A nationally, and some measures from Package B including a national curfew from 10pm, options to tighten face mask policy, and a clear instruction to GOLD for tighter local restrictions, with details to be developed urgently. There should be a clear signal that a national circuit breaker may be required if behaviours do not improve - but the PM decided he did not want to introduce this now **[Exhibit IS/104 - INQ000146610]**. The broad set of measures were agreed at COVID-S on 21 September and COBR **[Exhibit IS/105 - INQ000088271; Exhibit IS/106 - INQ000083849]** before being announced in a PM address to the nation on 22 September. The CMO and CSA also held a press conference on 21 September stating the potential for a significant rise in cases in the coming weeks.

120. Ministers rightly wanted to ensure buy-in to local restrictions. The way this was operationalised in this instance was to allow flexibility in what each package would contain, with the specifics to be negotiated between central Government and each local area. This led to a range of talks with areas such as Liverpool and Greater Manchester, led by Eddie Lister at No. 10 and the COVID-19 Taskforce. These were labour-intensive discussions. Some conversations became particularly difficult as local leaders questioned what economic support would be available to areas entering into further restrictions on, for instance, hospitality. Alongside local restrictions, the PM continued to push hard for mass testing as a way to reduce incidence, especially in areas seeing big spikes in infection.

121. On 8 October, the PM met the Chancellor, CMO, CSA and the CEO of the NHS to discuss Covid and NHS preparedness. Slides and a narrative were prepared by the Taskforce (I believe with the input and agreement of the NHS) and circulated in

advance of the meeting [**Exhibit IS/107 - INQ000146614; Exhibit IS/108 - INQ000146615; Exhibit IS/109 - INQ000146612 and Exhibit IS/110 - INQ000146613**]. My readout of the meeting notes that "CMO and CSA set out the latest epidemiological position" indicating that in two weeks, we would very likely have over 100 deaths a day even with interventions taken now (this was proven correct). Simon Stevens stated that Liverpool could surpass its April peak occupancy in 2-3 weeks and that "there was no indication that current measures were working in this area". The COVID-19 Taskforce noted a range of possible further measures for consideration. The Chancellor stated that these measures could affect ½ million jobs. My readout notes that the PM concluded by saying he would discuss the issue further with the Chancellor before agreeing a final approach [**Exhibit IS/111 - INQ000146616]**.

122. The rest of October confirmed that the plan was not having sufficient impact on R, and that cases continued to rise across the whole country to a point which would ultimately create unsustainable pressure on the NHS.

123. The PM held a strategy session at Chequers with the COVID-19 Taskforce, No. 10 colleagues, the CMO and CSA on 25 October 2020. The COVID-19 Taskforce presented the latest analysis of pressures on NHS demand. The PM noted he was attracted at this point to regional "fire-breaks", and my draft readout notes that he was "not currently attracted to" a national circuit-breaker but "kept an open mind based on evidence". The PM asked for further work on the economic impact of various scenarios, and for a follow-on discussion with the Chancellor [**Exhibit IS/112 - INQ000136672]**.

124. The COVID-19 Taskforce, having liaised further with HMT, submitted advice to the PM on 28 October which noted "the situation continues to deteriorate", and that "we do not believe that level 2 interventions - which target social contact exclusively - will be sufficient to stop growth. While there are tentative and encouraging signs from Liverpool, it is also reasonable to proceed on the basis that the existing Level 3 interventions will not stop growth". In the North West, NHS analysis suggested admissions could reach capacity by 9 November, with additional capacity through cancelling electives exceeded on 15 November. The note informed the PM the team were developing proposals for tighter regional restrictions now (perhaps underpinned by national tightening), allowing families to get together over Christmas, and then being prepared for further intervention in January if necessary (**Exhibit IS/113 - INQ000146617**).

125. My readout of the PM's detailed steers notes that the PM "broadly agrees with the overall rhythm of the plan - tough local measures, a relaxation at Christmas, and then tough measures again in January" subject to reassurance that there would be a materially improved outlook by the spring - on which I commissioned a formal note from the CMO - and a request to see further analysis of the impacts on non-COVID health and wider economic effects. I noted that "the PM thinks there is a case, if we do not think Tier 2 works sufficiently, to move directly to Tier 3 in some cases, and we should look at the question of doing this on a much wider regional or even national basis", noting that the PM was interested in the fact that Germany and France had adopted more national measures [**Exhibit IS/114 - INQ000146618]**.

126. In a note sent to the PM on 29 October, to articulate why the improved outlook by spring was a reasonable premise, the CMO argued that "the probability of spring being better, and probably significantly better, is reasonably high. It is reasonable to plan on that basis, whilst accepting certainty is never possible. On the negative side things will get worse between now and then. On the positive side I do not think we will have a winter as bad as this with COVID-19 again. Although there are likely to be bad and less bad years, I doubt they will in future years justify the more socially or economically damaging NPIs" [**Exhibit IS/115 - INQ000146619; and Exhibit IS/116 - INQ000146620**].

127. Over 300 deaths were recorded on 30 October, with the figure projected to rise fast. A paper from SPI-M and the JBC concluded that the number of COVID in-patients in England now exceeded the "currently promulgated reasonable worst case [...] The number of hospitalised [Covid] patients in England could exceed the Wave One peak on 20 November." [**Exhibit IS/117 - INQ000146621**].

128. On that day, the COVID-19 Taskforce presented a paper to the PM, the Chancellor, CDL and Health Secretary that argued for "a national intervention, with a regional approach to de-escalation". It would apply for four weeks. The paper noted the need to "protect the vulnerable" and that the package would have "a significant impact on jobs and the economy" [**Exhibit IS/118 - INQ000146622; and Exhibit IS/119 - INQ000090156**]. Schools and universities remained open. This approach was agreed after a lengthy discussion on the health and economic impacts of these measures. A PM press conference was planned on Monday, though this was ultimately brought forward to the weekend following the leak of the decision to the media.

129. At the press conference, the CMO and CSA provided an update on the projections, which showed analysis that the peak of deaths could be higher than the first wave if unchecked. The PM then set out his case for the fundamental need to act: "The general threat to public health comes not from focusing too much on COVID, but from not focusing enough, from failing to get it under control. If we let the lines on those graphs grow in the way they could and in the way they're projected to grow, then the risk is that for the first time in our lives, the NHS will not be there for us and for our families. And even if I could now double capacity overnight – and obviously I am proud that we have massively increased capacity, we do have the Nightingales, we've got 13,000 more nurses now than last year, we have many more doctors – but it still would not be enough, because the virus is doubling faster than we could conceivably add capacity".

130. Debate continues about the timeliness of these interventions. Clearly, many in the scientific community believed that tougher measures should have been introduced in September 2020, and will refer to the fact that the rise in infections followed more or less the trajectory that the CMO and CSA had warned about on 21 September 2020. However, once Ministers had chosen not to pursue this (having weighed the various factors, including concerns over whether we would simply enter into a cycle of circuit-breakers with no end), it was imperative to make the process around local restrictions work. We probably underestimated in Government the challenge in securing local buy-in to measures and the complexity of pursuing a large number of parallel negotiations with limited central bandwidth. Prevalence was also higher than ideal for a localised test-and-trace operation to work effectively. The PM was clearly concerned about the potential economic impacts of further restrictions, but ultimately became convinced the current path was unsustainable.

The Third Lockdown

131. England exited the second lockdown into a tougher tiered approach, with regions allocated into their tier on 26 November 2020. The Government also set out its proposed approach on Christmas on 24 November, having agreed this across the UK.

132. Through December, infection rates began to rise again, and the tier system was used to escalate particular areas of concern - for instance London was moved into Tier 3 on 14 December 2020.

133. Alongside this worrying picture, the position on vaccines was much more promising. On 8 December 2020, the NHS administered the first vaccine outside clinical trials. Through these months, the PM held several meetings on the vaccine deployment plan with the NHS. The successful rollout of the vaccine would ultimately give confidence that there was a credible path out of the crisis.

134. On 18 December 2020, at a mid-afternoon dashboard meeting, the CMO and CSA presented findings to the PM that the new variant strain of Covid was much more transmissible than the original strain. This was believed to account for the sharp rise in infections in areas such as Kent. The PM asked for urgent advice on options to address this [**Exhibit IS/120 - INQ000146623**]. Following intense discussions through the day, I recommended to the PM that evening that he chair COVID-O that night. He agreed and moved quickly to introduce a new Tier 4 (an effective lockdown equivalent to November's restrictions), announcing it the following day having secured collective agreement. The paper to COVID-O on 18 December noted that the November restrictions had not curtailed the growth of the virus in Kent, but that, whilst schools were on their Christmas holidays, "the November model is substantially the same as a March model" [**Exhibit IS/121 - INQ000146624; Exhibit IS/122 - INQ000146625]**.

135. The official advice to COVID-O was to apply this measure to the most affected parts of the country, notably those parts of the South East of England, London and Kent already in Tier 3. Christmas bubbles were also curtailed across the whole country, applying only to Christmas day rather than the previously planned 5 days.

136. Overall, Ministers acted quickly from receiving new information on the variant to deciding to introduce new measures.

137. There was still an open question about the remainder of England that was not in Tier 4, including the position on the return of schools from 4 January. On 23 December, COVID-O met to determine which Tiers areas would be in from Boxing Day. My written update to the PM following the meeting noted that "on each of the marginal cases, the Committee's view was that we should take the precautionary approach of going to the higher tier" [**Exhibit IS/123 - INQ000146626**].

138. On 29 December, the PM chaired COVID-O, which agreed to move more of the country into Tier 4 - now 76% of the country would be in this tier [**Exhibit IS/124 -**

INQ000091113]. On 30 December, the Government set out a plan to reopen schools in a staggered way from 4 January, with delays for primary schools for some parts of the country, as well as delays for secondary years.

139. The situation showed little sign of improvement in the following days. On 4 January, the CMO and CSA set out the latest evidence that the new variant could transmit 50-70% faster than the original variant, and that CMOs across the UK would be raising the Alert Level to 5, which meant that there was a material risk to healthcare services being overwhelmed [**Exhibit IS/125 - INQ000146627**]. Later that day, the PM, the Chancellor, CDL and Health Secretary met and agreed a new national lockdown was required to contain the new variant whilst we rolled out the vaccine [**Exhibit IS/126 - INQ000145735**]. The COVID-19 Taskforce provided a paper to support this discussion [**Exhibit IS/127 - INQ000136713**]. The lockdown proposal was presented to a Cabinet call and then announced by the PM that evening.

140. There are arguments that, in hindsight, Government should perhaps have put more of the country into Tier 4 in the 19 December decision. If Ministers had known they would need to close schools from 5 January, they also would not have opened them on 4 January. However, I believe that at the time, these decisions reflected Ministers grappling with incredibly tough choices balancing COVID harms and non-COVID harms, and it was the further evidence of our understanding of the power of the new variant over the Christmas period that meant the Government had to go further at the start of January.

Spring 2021 Response

141. The Government published its Spring 2021 plan to exit the third lockdown on 22 February 2021. This, as with the first Roadmap, was the product of significant analysis and discussion between Ministers and officials in the preceding weeks (including a note I wrote for the PM on 15 January 2021, having signed it off with the Cabinet Secretary, CMO and CSA) **[Exhibit IS/128 - INQ000146628]**.

142. In its Spring 2021 plan, the Government noted that "in implementing this plan we will be guided by data, not dates, so that we do not risk a surge in infections that would put unsustainable pressure on the NHS". The five weeks in between each step in the plan would give the Government sufficient time to assess the evidence of the impact of each preceding step - this was a key lesson from the first Roadmap where

some of the steps were of shorter duration and it was not possible to ascertain fully the impact of each step at the time.

Testing

143. A significant amount of time at the centre of Government was spent on testing, where there were clear challenges in the early period with ramping up testing supply fast enough. My involvement on issues related to testing fluctuated through the period. Dido Harding was appointed to lead NHS Test and Trace on 7 May 2020, initially reporting directly to the PM and the Cabinet Secretary. Throughout this period, an effective test and trace operation was seen as a crucial foundation for the ability to open up absent a vaccine - the successful delivery of this faced a range of operational and policy design issues, as well as the challenge of rolling out with higher-than-ideal prevalence. Through the summer and autumn of 2020, the PM also held a number of meetings on whether lateral flow tests could be used to test large populations in a short space of time. The Government conducted a pilot of the mass testing approach in Liverpool in November 2020. A nationwide mass test was ultimately not pursued given the policy and operational challenge and, ultimately, increased confidence that the vaccine would be the more effective route out of the pandemic.

Notebooks

144. I have provided the Inquiry my contemporaneous notes which I made during the specified period comprising a total of six notebooks. I have already introduced two of these above as **Exhibit IS/4** and **Exhibit IS/ 76**. I hereby introduce the remaining four notebooks as **Exhibit IS/129 - INQ000146637**, **Exhibit IS/130 - INQ000146638**, **Exhibit IS/131 - INQ000146632** and **Exhibit IS/132 - INQ000146633**.

Statement of Truth

I believe that the facts stated in this statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: IMRAN SHAFI

Dated: 19 JUNE 2023