

Witness names: James Bowler and
Simon Ridley
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UK COVID-19 INQUIRY

CORPORATE WITNESS STATEMENT OF JAMES BOWLER AND SIMON RIDLEY

We, James Bowler and Simon Ridley, will say as follows:

1. SECTION 1: INTRODUCTION

Introduction to the Author(s)

- 1.1 I, James Bowler served as Second Permanent Secretary of the Cabinet Office leading the COVID-19 Taskforce from October 2020 to July 2021. I then served as Permanent Secretary for the Department for International Trade and was appointed Permanent Secretary of HM Treasury in October 2022. Previously I undertook Director General roles in HM Treasury and the Ministry of Justice.
- 1.2 I, Simon Ridley joined the COVID-19 Taskforce as a Director General in May 2020 and led the Taskforce from July 2021. In March 2022 I joined the Department for Levelling Up, Housing and Communities and the Home Office, where I serve as a joint Second Permanent Secretary, to lead the Taskforce on the humanitarian response to the Ukraine refugee crisis. In April 2023 I joined the Home Office as Second Permanent Secretary on Migration and Borders. Previously I undertook Director General roles in the Cabinet Office, the Department for Exiting the European Union, and the Ministry of Housing, Communities & Local Government.

Purpose of this statement

- 1.3 This is a supplementary corporate statement intended to assist the Inquiry in relation to Module 2, which is concerned with the UK's core political and administrative decision-making in relation to the Covid-19 pandemic. The relevant period covered by this statement is May 2020 to February 2022. The statement describes at a high level

the role of the Taskforce, which grew and evolved over time and as the pandemic developed. The nature of the Taskforce's support to decision-making, and of its work with other departments and with Ministers, are illustrated by four case studies at different points of the pandemic.

- 1.4 This statement is intended to be read alongside the overarching Module 2 Cabinet Office corporate statement provided by the Cabinet Secretary. As a summary of how the Taskforce worked, it provides background to individual witness statements, which will go into a deeper level of detail and provide personal reflections.
- 1.5 This is a corporate statement that focuses on structures; committees and publications. This statement is not an in-depth or chronological narrative nor a comprehensive account of everything the Taskforce did in response to the many and evolving challenges posed by the pandemic. However, insofar as the statement describes below the role of the Taskforce once it had been fully established and embedded, we hope the statement will be of assistance to the Inquiry and others in learning lessons as to how a central unit could work in any future comparable crisis.

Introduction to the COVID-19 Taskforce

- 1.6 The COVID-19 Taskforce (the 'Taskforce') was the team established by the Cabinet Office including No.10 in May 2020 (following the period managed by the Ministerial Implementation Groups) to lead the cross-government response to COVID-19. It remained in place until March 2022 and for this time was the central body of the department's corporate response to COVID-19. The Taskforce led the official advice in the centre of government to the Prime Minister, the Chancellor of the Duchy of Lancaster (CDL) and other Ministers on the development and delivery of the COVID-19 strategy, across the full range of policy issues and at all key decision-making moments, informed by a single analytical picture of the pandemic. The Taskforce also ran the government's COVID-19 Cabinet Committees. Officials in the Taskforce worked very closely with No.10 colleagues and with other government departments, most particularly the Department of Health and Social Care (DHSC) and HM Treasury (HMT), and experts, such as the Chief Medical Officer (CMO) and Government Chief Scientific Adviser (GCSA).
- 1.7 The Government's response to COVID-19 was a whole-of-government effort which evolved over time according to the path of the pandemic and continuously weighed the pandemic's health, economic and social impacts. The unique role of the Taskforce was to ensure the Prime Minister and other Ministers were equipped with rounded advice

on the balance of these impacts. The Taskforce coordinated across departments to join up the response, bring stakeholders together, manage collective agreement and apply lessons learnt from each event to the next.

- 1.8 As the lead unit at the centre of government, the Taskforce brought together data, strategy and delivery. The Taskforce integrated data from across government and a wide range of expert inputs into a single analytical picture for decision-makers which informed all key ministerial discussions about the Government's response. The Taskforce prepared options for the COVID-19 strategy and developed ministerial steers into strategic plans, which set the direction for the Government's response, such as the November 2020 "COVID-19 Winter Plan", "COVID-19 Response - Spring 2021 (Roadmap)" (hereafter the "Spring 2021 Roadmap") and "COVID-19 Response: Autumn and Winter Plan 2021" (these are described in more detail in paragraphs 5.3, 5.4 and 5.6 respectively). Through a programme management office and a range of focused teams, the Taskforce worked with departments to promote the effective implementation of the strategy, helping to unblock issues and assure delivery.
- 1.9 The Taskforce worked closely with the key official advisers on COVID-19, including - but not limited to - GCSA and CMO (and Deputy CMOs where appropriate), who were invited routinely to meetings with the Prime Minister and provided input to the vast majority of Taskforce-drafted papers for Committee meetings and the Prime Minister. The Head of the Taskforce and the Directors General met regularly with the CMO and GCSA and there were open channels of communication. The Science and Projects team within the Taskforce provided a central docking point for the Scientific Advisory Group for Emergencies (SAGE), working closely with the SAGE and the Scientific Pandemic Influenza Group on Modelling (SPI-M) secretariats to ensure commissioning and inputs aligned with the broader work and its sequencing.
- 1.10 The remainder of this supplementary statement is structured in the following sections:
 - Section 2: Role of the COVID-19 Taskforce
 - Section 3: Overview of governance and coordination
 - Section 4: Case studies
 - Section 5: Key strategies prepared by the Taskforce

2. SECTION 2: ROLE OF THE COVID-19 TASKFORCE

- 2.1. The overarching Module 2 corporate statement provided by the Cabinet Secretary recalled that “it was clear within the Cabinet Office including No.10 during April 2020 that the Government needed to establish a dedicated, single unit focussed on COVID-19 and that this needed to be resourced appropriately. Some duplication had emerged between the Cabinet Office and No.10 operations which had necessarily been built at speed. It made sense to streamline these operations as the Government moved from the acute to the chronic phase of the crisis”.
- 2.2. The Module 2 corporate statement went on to say, “in addition, the Prime Minister and other Ministers wished to ensure that both the COVID-19 response and the rest of the Government’s policy agenda (which had largely been put on hold from mid-March) could now be pursued in parallel. The Cabinet Office’s initial model for COVID-19, by which new teams had initially been lent from their ‘business as usual’ roles, needed corporate change, with more settled resourcing and management structures. At the same time there needed to be a rebuilding of the structures at the centre, such as [the Economic and Domestic Secretariat (EDS)] and the Transition Taskforce, which had previously supported the rest of the policy agenda and which had been temporarily diverted onto the COVID-19 response”.
- 2.3. An internal review of organisational design for COVID-19 by Helen MacNamara in May 2020 identified, in summary, a need to: “plan further ahead; build greater resilience in structures; reduce parallel chains of command and tasking; increase understanding of organisational roles and responsibilities; and improve openness to diversity of backgrounds, views and styles of leadership” (Exhibit INQ000137221 and Exhibit INQ000137222). The review proposed to bring together a new central unit to lead the response, organised around strategy, implementation and evidence.
- 2.4. On 5 June 2020, Simon Case, then Permanent Secretary in No.10, wrote to Permanent Secretaries (at Exhibit INQ000137226) announcing the COVID-19 Taskforce. He said the COVID-19 Taskforce would “be responsible for supporting the Prime Minister and Cabinet in developing the Government’s COVID-19 response and recovery policies, and leading implementation”.
- 2.5. The following paragraphs from the corporate statement describe at a high level the subsequent evolution of the COVID-19 Taskforce to March 2022, when it was stood down.

- 2.5.1. “The Taskforce initially reported to Simon Case as the Permanent Secretary at No.10 responsible for COVID-19. Its first incarnation brought together the No.10 team (led by Tom Shinner) and a Cabinet Office team (led by Simon Ridley)”.
 - 2.5.2. “The Taskforce coalesced over the summer of 2020. To meet the challenges of developing the Government’s ongoing response and enabling the decision making required, the Taskforce had to bring in resource from around the Government, beginning this process in May and June 2020. Its size, having begun in the tens, reached hundreds within six months”.
 - 2.5.3. “After Tom Shinner left in July 2020, Kate Josephs joined the Taskforce to replace him. At this point all the staff in the Taskforce formed a single team in the Cabinet Office, which worked closely with No.10”.
 - 2.5.4. “Simon Case was appointed the Cabinet Secretary in September 2020. Simon Ridley and Kate Josephs led the Taskforce until James Bowler was appointed Second Permanent Secretary in the Cabinet Office with responsibility for leading the Taskforce from October 2020. Kathy Hall joined the Taskforce in October 2020 ahead of Kate Josephs leaving in December 2020 for a new role. Rob Harrison joined the Taskforce in October 2020 to lead the analysis and data team and to continue building these capabilities. James Bowler, Kathy Hall, Simon Ridley and Rob Harrison remained the Taskforce senior leadership until July 2021”.
 - 2.5.5. “Around the time that delivery of the [COVID-19 Response - Spring 2021] roadmap concluded, James Bowler was appointed as Permanent Secretary to the Department for International Trade with effect from August 2021. Simon Ridley led the Taskforce from this point until March 2022, supported by Kathy Hall (who remained in post until January 2022) and Rob Harrison (who remained in post until February 2022)”.
- 2.6. Throughout this period, the Taskforce’s structure, role and ways of working evolved. This was in response to the evolving nature of the pandemic and the Government response, but also as lessons were learned and functions were strengthened. The

range of the Taskforce's work was underpinned by a resourcing model which brought in skills and expertise from across government, comprising staff on loan from other departments as well as the Cabinet Office. It drew on support and experience from outside Whitehall including from the military, other delivery bodies and consultancies. This section now provides an overview of the functions brought together in the Taskforce to support decision-making.

Strategic leadership and coordination

- 2.7. The Taskforce coordinated and advised on strategy for the COVID-19 response, working with HMT, medical and health experts including the CMO and GCSA and other departments to ensure the strategy reflected a wide range of inputs and considerations. This included preparing a number of strategies throughout the pandemic which steered the overarching government response, as described in Section 5. As part of this role the senior leadership of the Taskforce met regularly with the Prime Minister and other senior ministers to discuss and develop strategy. This included Dashboard meetings, strategy meetings with the Prime Minister and his core team, including the CMO and GCSA, and 'Quad' meetings of the Prime Minister, Chancellor, the CDL and Health Secretary. The Taskforce worked very closely with No.10 to arrange and deliver these meetings, which are described further through this statement.
- 2.8. The Taskforce was the secretariat for the COVID-19 Cabinet Committees: the COVID Strategy Committee (COVID-S) and COVID Operations Committee (COVID-O). Through this role the Taskforce sought to ensure that: key decisions were agreed collectively in line with Cabinet Government principles; that ministers collectively could scrutinise data, strategy and implementation; and that decisions involved input from the right departments and experts and were then communicated appropriately¹. The Taskforce: advised on and agreed with the Chair the forward look and agendas; commissioned papers; organised the meetings; took and circulated the formal record of the meetings; and ensured delivery of actions by the Cabinet Office and departments across government. Over this period the Taskforce delivered over 200 COVID-O Ministerial meetings, which at times took place more than once a day to

¹ As the corporate statement explained (paragraph 5.37), "COBR continued to meet periodically [alongside COVID-S and COVID-O], particularly where issues required cross-UK action. For example, on 22 September 2020, COBR agreed a joint statement of the UK government and devolved administrations reaffirming their "shared commitment to suppressing the virus to the lowest possible level and keeping it there, while we strive to return life to as normal as possible for as many people as possible". Another example was on 24 November 2020, when COBR agreed a joint statement of the UK government and devolved administrations on UK-wide Christmas arrangements".

ensure rapid and timely decision making. The Secretariat also worked closely with the Central Secretariat in the Cabinet Office to ensure that key decisions were able to be discussed at meetings of the full Cabinet, and to deliver weekly Cabinet data briefings.

- 2.9. The Taskforce provided a coordination function to deliver a number of key announcements through the pandemic. It worked with the cross-government COVID-19 communications hub. The Taskforce also coordinated and published guidance to the public and businesses across the breadth of the pandemic response.
- 2.10. The Taskforce also led coordination and engagement across government and with the Devolved Administrations. This included running a series of regular meetings including weekly meetings of Permanent Secretaries, a weekly meeting of Directors General, and a number of other cross-government fora. The Taskforce worked with the Union team in the Cabinet Office to coordinate cross-UK engagement with the Devolved Administrations, including supporting the CDL on a regular (at times weekly) call with First Ministers. Through this role the Taskforce also sought to bring together departments to contribute to the broader strategy and to ensure that all interests were considered.

Data and analysis

- 2.11. The Taskforce equipped decision makers with a single analytical picture that included the health, economic and societal impacts of COVID-19. Much (though not all) of the primary analysis was done by others; the unique contribution of the Taskforce was to commission and integrate the inputs into a single analytical picture.
- 2.12. Section 3 of the Cabinet Office corporate statement describes, at a high level, the development of the COVID-19 Dashboard (which brought together data and evidence), the creation of several analytical teams in the Cabinet Office to support the response, and how these were progressively merged into a single entity within the Taskforce. This grew into a substantial analytical capability of between 100 and 150 staff.
- 2.13. The Taskforce's analytical capability comprised thematic teams covering health, science, economics, behavioural insights, social policy and public services, plus long range foresight and data science functions. It established data flows from departments feeding the Dashboard, as well as a range of other data assets (e.g. a daily data brief, interactive forecasting/modelling tools and bespoke data packs). The International Comparators Joint Unit combined public data and reporting from the Foreign, Commonwealth and Development Office (FCDO) global network to assess

international responses to the pandemic, bringing international best practice into domestic policy development. A Public Data Team produced material tailored for public communications, to professional statistical standards. The Taskforce drew on academic expertise through two expert advisory groups, as well as SAGE.

- 2.14. The Taskforce worked very closely with analysts across government, and with SAGE and its subgroups, to reach cross-government consensus and present ministers with the best collective understanding of the evidence, while always noting the uncertainties. The conversation between analysts supported, but was distinct from, discussions about policy responses, on which departments will often have taken different views, consistent with their different policy objectives. The analytical community included, among others: the Taskforce data and analysis team; SAGE and its subgroups; CMO and GCSA; the different functions that ultimately formed part of the UK Health Security Agency (UKHSA) including Public Health England (PHE) and the Joint Biosecurity Centre (JBC); the Office for National Statistics (ONS); HM Treasury; the Department for Business, Energy and Industrial Strategy (BEIS); and, the Behavioural Insights Unit.
- 2.15. The Taskforce provided regular (often daily) real-time Dashboard briefings for the Prime Minister. Paragraph 3.4 provides further detail. In addition, Dashboard updates were typically given at the start of other key meetings supported by the Taskforce (including COVID-S, COVID-O and other cross-government fora) to help ensure that all decisions were supported by the most up-to-date data and analysis.
- 2.16. The Taskforce produced a range of other products to inform decision-making, ensuring these were aligned to the most pressing policy priorities. These products included: analytical packs to support major policy decisions; other summaries of data (e.g. daily data brief); regular products comparing international responses (from the International Comparators Joint Unit); longer range, scenario-based foresight products; visualisations for use in press conferences and public communications; and, analytical products on a range of relevant subjects including all aspects of health, economics, societal and distributional impacts of COVID-19. Work was commissioned in advance to support the development of the strategic plans laid out in Section 5, or at other key decision points. This included time for internal and cross-government challenge into the production process, to achieve consensus and assure quality.
- 2.17. The Taskforce's analytical capability benefited from a variety of professional backgrounds including statisticians, operational researchers, economists and data scientists. The Taskforce sought to apply analytical best practice, borrowing heavily

from the approach of the Joint Intelligence Organisation and the Intelligence Assessment community, including for example confidence statements and probabilistic language to clearly highlight areas of uncertainty.

Delivery and development of policy

- 2.18. The COVID-19 response was a whole-of-government effort. A very wide range of government departments and other bodies were responsible for developing policy and delivering it on the frontline. From the centre of government, the Taskforce looked across the response, bringing the range of departmental views together to consider the health, economic and social impacts and help ensure that ministerial decisions were implemented effectively. For example, as described in Section 4, the Taskforce supported Ministers to assess delivery readiness before each 2021 Roadmap 'step', and supported the policy development of some new delivery aspects of the COVID-19 response, such as measures to support critical workforces.
- 2.19. For much of the relevant period, the Taskforce had a central Programme Management Office (PMO) which monitored the delivery of projects and programmes across Government that were critical to the Government response. It commissioned delivery plans from departments, tracked implementation working with Senior Responsible Officers (SROs) in departments, and reported on the implementation and risk of key programmes. The PMO provided reporting on delivery to CDL and relevant Permanent Secretaries on a regular basis.
- 2.20. The programme management approach was adapted and streamlined over time in line with the overall approach to the COVID-19 response. To complement it, the Taskforce canvassed more widely for insights on the delivery of COVID-19 decisions. For example:
- 2.20.1. The Taskforce field teams provided thematic and geographic-based research and reporting from across the UK to support the Government's COVID-19 priorities. Thematic-based research involved engaging virtually with a wide number of stakeholders on a single issue. Visits to specific local areas (in person and/or virtual as appropriate at the time) took place around the UK including in areas subject to local action due to rising or enduring levels of transmission. These visits focused on understanding the implementation of (and observing compliance with) policy on the ground and gathering feedback on good practice and barriers to delivery, in collaboration

with local authorities and other government departments.

2.20.2. The Taskforce regularly joined a Regional Leaders call convened by the Ministry of Housing, Communities and Local Government (MHCLG), which became the Department for Levelling Up, Housing and Communities (DLUHC) in September 2021. This call brought together a group of nine local authority chief executives to provide updates and discuss COVID-19 priorities and policies.

2.20.3. The Taskforce established a Local Authority Delivery Board which brought together local authority representatives and departments across government to identify - and help prioritise or deconflict - the competing delivery demands placed on local authorities across EU exit transition and COVID-19.

2.20.4. The Taskforce also convened 'red team' challenge sessions exploring key delivery issues within the COVID-19 response, bringing in scrutiny from a range of stakeholders, including central and local government, and the voluntary sector.

2.21. The Taskforce had a number of focused teams working with other departments on a range of areas in response to the pandemic and feeding into the wider strategy. While responsibility for delivery in these areas lay with departments and other relevant bodies (such as NHS Test and Trace), the focused teams in the Taskforce contributed to policy development and helped ensure that collectively agreed policies were delivered effectively. This was an important way in which the Taskforce helped to ensure that the different components of the COVID-19 response balanced the health, economic and social impacts.

2.22. More specifically, these teams provided advice to the Prime Minister and CDL, supported cross-government ministerial and officials meetings, and worked with lead departments and experts, bringing together a range of interests. Following the establishment of the Taskforce in May 2020 and during its subsequent evolution, the areas covered by these teams changed over time according to the nature of the Government's response. Areas covered for significant periods of the response included the following (listed alphabetically):

2.22.1. Business and the economy: this area included consideration of the business impacts of non-pharmaceutical interventions, COVID-Secure

guidance in different settings, regulatory easements and financial support for affected sectors. The Taskforce worked closely in this area with PHE (then UKHSA), DCMS, BEIS and HMT.

- 2.22.2. Compliance and enforcement: this area included supporting the monitoring of adherence to non-pharmaceutical interventions and making sure that support and guidance were in place for organisations responsible for enforcing the regulations. The Taskforce worked closely in this area with MHCLG/DLUHC. The Taskforce also worked closely with: DHSC; BEIS; the Health and Safety Executive (HSE); the Home Office, Ministry of Justice; the Behavioural Insights Unit and operational colleagues (for example, in the police and local authorities).
- 2.22.3. Disproportionately impacted groups: this area included consideration of policy insofar as it related to those demographic groups most impacted by the pandemic and the Government's response, such as the COVID-19 regulations and guidance. The Taskforce worked closely with DHSC, the Deputy CMO (DCMO) and MHCLG (then DLUHC).
- 2.22.4. Education and wider public services: this area included consideration and coordination of Covid-19 policy measures and guidance for all education settings to limit transmission while mitigating the impact on pupils, students and the delivery of education and childcare. The Taskforce worked closely with the Department for Education (DfE), PHE - later the UKHSA, DHSC and the DCMO in this area. The Taskforce also worked with relevant departments to develop guidance and measures to limit transmission in wider public services while mitigating the impact on delivery of these.
- 2.22.5. Health and adult social care: this area included the assessment of NHS capacity and methods to increase capacity; policy measures to limit the nosocomial infections in health and social care settings including testing and visiting protocols; and, policy measures to protect and support health and social care workers and patients (e.g. mandatory vaccine considerations). The Taskforce worked closely with DHSC, PHE (then UKSHA) and NHS England.

- 2.22.6. Local action: this area included consideration of the alignment between the approach to managing COVID-19 on a local basis and the national strategy. This included seeking to engage with local stakeholders (see paragraph 2.20), supporting the process for providing collective agreement to changes within the tiering system, and facilitating, working closely with MHCLG and DHSC, key discussions with local government on the restrictions and support in each area. The Taskforce also worked closely with PHE and the JBC.
- 2.22.7. Regulations: this area included liaison with other departments to ensure that Ministers' decisions on non-pharmaceutical interventions were implemented in law effectively, including advising on restrictions that balanced the health, economic and social impacts of the restrictions. The Taskforce worked closely in this area with DHSC, who were responsible for drafting the regulations, the Government Legal Department and other departments.
- 2.22.8. Social contact: this area included consideration of policies relating to social contact between people from different households in order to limit transmission, while mitigating – to the extent possible – the societal impact. The Taskforce worked closely in this area with medical, health and behavioural experts as well as other departments.
- 2.22.9. Test, trace and isolate (TTI): this area included: the setting of targets and monitoring of performance; the support of new initiatives where these required cross-government involvement (such as the setting up of testing in schools and the testing of hauliers heading to France in December 2020); and, the preparation of advice where issues required collective agreement (such as changes to self-isolation policy). The Taskforce worked most closely in this area with NHS Test and Trace (which ultimately formed part of UKHSA) and DHSC, given their primary responsibility for delivery, helping to continually improve TTI systems. The Taskforce worked with other departments as appropriate to the issues, such as DfE or the Department for Transport (DfT).
- 2.22.10. Travel and borders: this area included consideration of, and advice on, restrictions to travel within England and at the border, such as the introduction of travel corridors in summer 2020 and the

implementation of the recommendations of the Global Travel Taskforce in 2021. The Taskforce worked closely in this area with the JBC, DCMO, DHSC, DfT, Home Office, HMT, other departments, and the Devolved Administrations.

- 2.22.11. Vaccines and therapeutics: this area included the role of vaccines and therapeutics in managing the course of the pandemic, ensuring that overall strategy took account of expected progress in vaccine roll-out and the potential of new therapeutics. The Taskforce worked closely in this area with the Vaccines Taskforce, DCMO, NHS England and DHSC.

3. SECTION 3: OVERVIEW OF COORDINATION AND GOVERNANCE

- 3.1. The Taskforce brought together the Government's response to the pandemic and provided coordinated and holistic advice to the Prime Minister. To deliver this role the Taskforce convened and led a number of meetings and fora, which are summarised below. Formal collective agreement was delivered through the Cabinet and Cabinet Committees². Ahead of key decisions there was significant engagement through the other meetings described below, and as illustrated by the case studies in Section 5.
- 3.2. COVID-S, chaired by the Prime Minister, was established in May 2020 to oversee the strategic direction of the Government's pandemic response. It met regularly in the early months, particularly to oversee the steps taken under the May 2020 roadmap and to set in train contingency work for the autumn and winter. From the summer of 2020 the Prime Minister chaired occasional meetings of COVID-O (see below) for key urgent decisions. COVID-S continued to meet on occasion, including on 20 February 2021 when it met for the final time to agree the Spring 2021 Roadmap.
- 3.2.1. The Taskforce worked with the Central Secretariat in the Cabinet Office to provide secretariat support to COVID-S. The Permanent Secretary in No.10 (subsequently the Cabinet Secretary) signed off the agendas and approach to the use of this Committee, based on advice from the Taskforce.
- 3.2.2. The Taskforce worked closely with the No.10 team to prepare these meetings given the Prime Minister was in the chair. This included organising agendas, commissioning papers (often provided from teams within the Taskforce), providing the brief for the Prime Minister and taking the minute. The record of these meetings was captured in a minute which would be circulated (rather than actions and decisions as for COVID-O, see below).
- 3.3. COVID-O was established in May 2020, chaired by the CDL and with the Chancellor of the Exchequer and the Health Secretary as core members. A range of other ministers and officials would attend as needed for different issues. Both ministers and officials presented to and participated in meetings of this Committee. Ministers from the Devolved Administrations were invited where cross-UK discussion and decisions were needed, for example for a number of meetings on travel. The Committee considered

² A high level overview of Cabinet government is provided in the overarching Module 2 corporate statement provided by the Cabinet Secretary.

the full breadth of the Government response and therefore met very regularly; over 200 times in total and at some periods daily or with more than one meeting on a single day. At times meetings were stood up extremely quickly to respond to developments in the pandemic. COVID-O held both decision-making meetings and topic-specific discussions of issues to monitor and scrutinise delivery.

3.3.1. As the corporate statement explained, “the Government managed different phases of the pandemic with strategic plans [further detail on these is in Section 5 of this supplementary statement]. COVID-O was used to oversee overall implementation of the strategic plan in force at any one time, such as the progress of the Winter Plan 2020, Spring Roadmap 2021, and the Autumn/Winter Plan 2021. COVID-O was also used for topic-specific discussions on the design or delivery of key aspects of the strategic plans, such as tiering, borders, education and testing. This dual role meant that the frequency and focus of COVID-O meetings varied according to the path of the pandemic and the shape of the Government’s response to it. With its large volume of meetings, it took on some of the role that had originally been envisaged for COVID-S and became a regular forum on some ongoing issues at different times”.

3.3.2. Local action was a key example of COVID-O’s role in taking forward the strategy. The Local Action Committee (LAC) process convened by DHSC considered the progress of the virus locally - informed by epidemiological data from the JBC and local engagement - and the appropriate responses. Some of these were for public health officials to enact (for example, surge testing in a local area) and others required the agreement of Ministers in other departments. For example, under the tiering system, beginning in October 2020, local areas were assigned to different tiers of restrictions. The review of the allocation of areas to tiers - including whether to move areas up or down through the tiers - was carried out by the LAC process. Its highest level was the Gold meeting, chaired by the Health Secretary and attended by health officials, scientific experts, representatives of the Taskforce and other departments. Following a Gold meeting, the Health Secretary made recommendations to COVID-O for consideration and decision.

- 3.3.3. The Prime Minister chaired COVID-O meetings on occasion. The corporate statement provides further detail in paragraph 5.43.
- 3.3.4. On occasion the chair was delegated to the Paymaster General (PMG) or the Minister for the Cabinet Office or another Minister as necessary. The PMG chaired an increasing number of meetings from the autumn of 2021 onwards, particularly in the period during which the CDL also held the role of the Prime Minister's Chief of Staff.
- 3.3.5. The Taskforce set the agendas for COVID-O meetings, and agreed these with the CDL and his office through the use of a written forward look document and regular forward look meetings. The agenda was developed based on input from across the Taskforce and from other departments, to ensure the Committee was focused on the full range of decisions and scrutiny needed across the breadth of the response.
- 3.3.6. Meetings included items which were planned in advance, for example meetings to review testing or the approach to the vulnerable, alongside meetings which were called at very short notice to enable government to respond rapidly to changing events, for example on the immediate response to the emergence of the Alpha variant. Minutes were taken but the key method for communicating outcomes of meetings was the circulation of 'actions and decisions' which were agreed with the Chair and then circulated.
- 3.3.7. As the corporate statement explained, "In addition to the collective decisions taken by COVID-O, over 1,000 actions were assigned during its meetings. These actions would either fall to the Taskforce to take forward or to other departments and agencies. In July 2020, a formal process of reporting on the progress of these actions was started by the secretariat and reported to the CDL as chair of the Committee. This process identified actions that were completed, on track to be delivered by the deadline or off track and the actions being taken to address this. This reporting process continued during the time of the Taskforce and the secretariat produced reports to the CDL".
- 3.3.8. The Taskforce prepared a weekly note for the CDL to send to the Prime Minister, summarising the outcomes of that week's COVID-O meetings and looking ahead to the following week. This enabled the

Prime Minister to provide steers on the items in advance if he wished to do so. On occasion COVID-O remitted a decision to the Prime Minister, and a note from the CDL was often the method for communicating this.

- 3.4. Regular (often daily) Dashboard briefings to the Prime Minister were originally led by the Civil Contingencies Secretariat from mid-March 2020 and were then continued by the Taskforce. The meeting would typically also involve other senior ministers (CDL, Chancellor, Health Secretary and others as required) along with the CMO, GCSA, head of Test and Trace and JBC, and senior officials and advisers from No.10, the Taskforce, HMT and DHSC. The Taskforce presented to the attendees the latest data on the pandemic, using a dashboard presented on screen, drawing together data on cases, hospitalisations, deaths, international comparisons, compliance with regulations and other data as relevant. The meeting allowed for questions and discussion, and would often include initial discussions on what steps needed to be taken in response to the data presented. As the corporate statement explained (paragraph 4.10), “the Dashboard meetings with the Prime Minister complemented the policy-making process by developing a shared understanding of the data picture as it developed and building familiarity with the key indicators and trends. The Prime Minister also used dashboard meetings to ask questions and request follow-up briefing”. A readout of each dashboard meeting was circulated by the No.10 Private Secretary. As well as dedicated ‘Dashboard’ meetings, dashboard updates were given at the start of most of the key meetings, to help ensure that all discussions and decisions were informed by the most up to date data and analysis.
- 3.5. In addition to the formal Committee meetings and the Dashboard meetings, the Taskforce senior leadership met very regularly - often daily - with the Prime Minister to consider the strategy and direction or to provide updates. These meetings, also described in Section 4 of the corporate statement, were set up by the No. 10 team in close coordination with the Taskforce. The Taskforce prepared materials for the meetings, typically in the form of slide packs. These meetings enabled extensive discussion and consideration of the course of the pandemic and options for the Government response. Ahead of significant decisions there were usually a number of these types of discussions before the final decision came to a COVID-O or COVID-S meeting. The Taskforce would work very closely with No.10 to put in place a sequence of meetings to enable enough time for discussion and consideration before decisions had to be taken formally. The CMO and GCSA were routinely at these meetings to provide direct expert health and scientific advice to the Prime Minister. Other ministers

were also invited as needed, for example the Chancellor of the Exchequer, the Health Secretary and the CDL all attended on occasion.

- 3.6. As the corporate statement explained, “on an ad hoc basis, or regularly for periods of time, the [Taskforce arranged meetings for the Prime Minister] on specific policy and operational issues, with the attendance tailored to those issues. In these meetings, the Prime Minister considered, and sometimes made decisions on, the policy approach or operational implementation. Examples of issues covered in these meetings, sometimes referred to as ‘deep dives’, include PPE, health and social care, testing and vaccines”. For example, during the key period of the design and delivery of the vaccine rollout, the Taskforce supported the weekly vaccine delivery meetings which the Prime Minister had with the head of the Vaccines Task Force, the Senior Responsible Officer (SRO) for the vaccine rollout programme, the Secretary of State for DHSC, the CMO or DCMO, and the Chief Executive of the NHS. These enabled the Prime Minister to consider progress on vaccine rollout and ensured vaccine programme decisions were informed by, and informed development of, the overall COVID-19 response strategy, as well as identifying where action was needed by other departments to support the vaccine rollout.
- 3.7. The Prime Minister also held ad hoc meetings with specific Secretaries of State on relevant policy or delivery issues such as with the Education Secretary on the COVID-19 response in schools or the Home Secretary on enforcement. He also asked CDL to convene small Ministerial groups to look at particular policy or delivery challenges, such as how to enable members of the public to demonstrate if they had a Covid vaccination or recent negative test.
- 3.8. The Taskforce worked very closely together throughout the pandemic with officials and special advisers based in No.10. This was a critical lesson learned from the ways of working in the early months of the pandemic response. This collaborative relationship brought in a range of teams in No.10 including the private office, press office and policy unit. It ensured that the sequencing of work and meetings worked for the Prime Minister, and enabled the No.10 teams to feed in steers and policy considerations at an early stage. Ahead of significant announcements on restrictions, there would also be extensive discussion with the No.10 teams to work through the fine detail of policy decisions and messaging.
- 3.9. More broadly, to deliver its role coordinating across the whole of government, the Taskforce led a series of XWH officials meetings. These included: a weekly meeting for Permanent Secretaries, chaired initially by the Cabinet Secretary and later by the

Head of the Taskforce; a weekly XWH DGs meeting chaired by the Director General for Strategy; a regular COVID-O forward look meeting at working level; and other ad hoc meetings on specific issues as required. This series of meetings enabled the Taskforce, at all levels, to keep other departments updated on decision making and considerations and keep abreast of departments' views. This close coordination also helped ensure that the strategy drew on expertise from across the whole of government and that Departments were sighted on the latest data and scientific knowledge on the virus, on the delivery status of plans in key areas and on the wider impacts of the COVID-19 response. Whilst official level COVID-O meetings usually took place ahead of a Ministerial COVID-O to review and discuss draft papers, the other cross-government fora also enabled items to be discussed and prepared before Ministerial decision-taking meetings including where formal papers were circulated only very shortly before meetings.

4. SECTION 4: CASE STUDIES

- 4.1. This section provides four case studies to illustrate how the Taskforce responded to developments in the pandemic and describe at a high level the role the Taskforce played. They do not seek to provide a complete or detailed account of how policies were developed, or how the Taskforce worked with others such as the CMO and HMT, or exactly how decisions were made. Some meetings are described for illustration but this is not an exhaustive record.

Case Study 1: Delivering the second national lockdown in October-November 2020

- 4.2. The Taskforce was not in existence at the time of the first national lockdown. When the second lockdown was decided, the strategic plan which applied at the time was ‘The next chapter in our plan to rebuild: The UK Government’s COVID-19 recovery strategy’ published on 24 July 2020. Further detail is provided in paragraph 5.2. This case study illustrates the Taskforce’s role.
- 4.3. Throughout September and early October 2020 in response to rising incidence the Taskforce worked with scientific experts to explore potential trajectories for the virus. Through this period, alongside the Dashboard meetings, the Taskforce developed a number of policy options, including drawing on lessons from other countries, and discussed them extensively with the Prime Minister and other senior ministers.
- 4.4. On 12 October 2020, the Prime Minister announced that the Government would introduce a three tiered system of local COVID Alert Levels in England. These levels were medium (tier 1), high (tier 2), and very high (tier 3). This approach sought to manage the virus on a local basis, minimising economic and social harms in those parts of the country where incidence remained low. Within this announcement it was confirmed that the government had reached agreement with local leaders that local authorities in the Liverpool City Region would move into tier 3. On 20 October 2020, the Prime Minister announced that Greater Manchester would move into tier 3. In the following days, the Government announced, following close discussions with local leaders, that South Yorkshire would move up to tier 3 and Coventry, Slough and Stoke-on-Trent would move up to tier 2.
- 4.5. The Taskforce, working closely with MHCLG and DHSC, facilitated these negotiations with local government to determine the precise nature of the restrictions in each area, according to the evolution of the pandemic locally, and the accompanying support³.

³ When tiering was restored in December 2020, following the second national lockdown, it was made clear that decisions on tiers in England would be made by the national government.

- 4.6. On Sunday 25 October 2020 senior Taskforce officials met with the Prime Minister, the CMO, GCSA and the senior No.10 team at Chequers to review the latest data and potential trajectories for the virus, and to consider options for mass testing and non-pharmaceutical interventions (NPIs) which ranged from a stronger tiering system through to national lockdown. The papers are at Exhibit INQ000217004 (cover email), Exhibit INQ000217005, Exhibit INQ000217006 and Exhibit INQ000217007. Following this meeting, the No.10 team asked the Taskforce to develop certain measures in further detail and work closely with HMT to develop plausible scenario options, and the economic impact of each.
- 4.7. Through the week beginning 26 October 2020, the data continued to show a worsening picture across the UK and policy development accelerated accordingly. COVID-O met on Tuesday 27 October 2020 and agreed to move further parts of the country into tier 3, on the advice of the Health Secretary following a meeting of Gold. Over the course of this week, alongside the Dashboard meetings, the Taskforce and No.10 worked iteratively on policy development, with the former providing advice (by way of different options, not recommendations) and the latter providing feedback and steers, including from the Prime Minister.
- 4.8. On Friday 30 October 2020, following the usual Dashboard meeting, the Prime Minister chaired a small strategy session. The data and the policy options that had been developed with No.10 were presented and the Taskforce was asked to prepare a paper for a meeting with Ministers later that day. This was a COVID-O meeting and it decided that national restrictions should run through the month of November, with an announcement planned for Monday 2 November 2020. This was to be the second national lockdown, which included closures and social contact restrictions, whilst schools were kept open.
- 4.9. Following a media leak on the evening of Friday 30 October 2020, it was decided to bring forward the announcement to the evening of Saturday 31 October 2020. Through this 24 hour period (and the period that followed) the Taskforce worked with No.10 to review and finalise details of the policy including across social contact and business closures. It commissioned DHSC to prepare regulations and worked to ensure these delivered the policy intent, also developing a number of policy exemptions that did not apply during the first lockdown in 2020, in order to mitigate the societal impact on certain groups. The Taskforce gathered departments to update and inform them of the upcoming changes, and understand the likely impact on certain groups or sectors. The Taskforce also: briefed colleagues in the Devolved Administrations and supported CDL

to engage with First Ministers; prepared a paper for discussion by Cabinet and delivered a Cabinet data briefing; prepared guidance which was published at the time of the press conference; and, worked with the GCSA, CMO and No.10 team to prepare for the press conference. The regulations implementing these restrictions were made on 3 November 2020, taking effect from 5 November 2020.

Case Study 2: Delivering the third national lockdown, in response to the Alpha variant, in December 2020 - January 2021.

- 4.10. When the third lockdown was under consideration, the strategic plan which applied at the time was the COVID-19 Winter Plan published on 23 November 2020. Further detail is provided in paragraph 5.3. This case study illustrates the Taskforce's role.
- 4.11. The national restrictions in November led to a decline in cases nationally. The Winter Plan said that "by keeping the virus under control through December, the Government can enable everyone to see more of their family and friends over Christmas". Further detail on Christmas bubbles was announced on 24 November 2020, following agreement from the Devolved Administrations at a UK-wide COBR earlier that day.
- 4.12. On 26 November 2020 the allocation of new tougher tiers across the country was announced, and these were implemented from 2 December. However, parts of the country, specifically Kent and the South East continued to see stubborn incidence and rising cases, despite the stringent restrictions of the new tier 3. The Taskforce presented these data on a daily basis to the Prime Minister and discussed through the Dashboard meetings.
- 4.13. On Friday 11 December 2020, NERVTAG discussed a new variant emerging in Kent. The Taskforce provided a paper for COVID-O on Monday 14 December 2020 which took the decision to move London and other parts of the South East to tier 3. The tier changes were announced on 14 December 2020 and the Health Secretary updated Parliament on the new variant that day. The tier changes came into force on 16 December 2020.
- 4.14. With cases rising, the Taskforce continued through that week to explore and develop options for more cautious messaging on Christmas, and conducted internal policy work on a stronger tier of restrictions.
- 4.15. The NERVTAG Committee met on Friday 18 December 2020. The science and projects team in the Taskforce, established in the summer, had forged strong links with the SAGE and subgroup secretariats and attended the vast majority of meetings as an

observer to ensure open channels of communication and rapid flows of information. NERVTAG had moderate confidence that the new variant demonstrated a substantial increase in transmissibility compared to other variants. The Prime Minister was updated at a Dashboard meeting on that same day (the slides are at INQ000217008 and Exhibit INQ000217009. The readout is at Exhibit INQ000146623). The Prime Minister agreed to meet with COVID-O later that evening to discuss the latest evidence and the options which the Taskforce was developing. Also that evening, the Taskforce supported the CDL on a call with First Ministers to update them on the emerging position.

- 4.16. COVID-O agreed to reconvene the next morning, Saturday 19 December 2020, taking a paper prepared by the Taskforce with recommended options for response. The Committee decided that the most affected areas would enter a new Tier 4, which would be broadly equivalent to a lockdown, and that plans for Christmas bubbles would be scaled back. Following that meeting, the CDL and the Taskforce carried out a range of other meetings including with the Devolved Administrations and other departments across government. Following a Cabinet update call, a Press Conference was held at 4pm. The Taskforce worked with DHSC and the Government Legal Department over this 24 hour period to ensure regulations were drafted to deliver the policy decisions, creating a new Tier 4, with 'stay at home' restrictions similar to those imposed in national lockdown. These came into force at 7am on Sunday 20 December 2020 in London and much of the South East.
- 4.17. The Taskforce continued to monitor the data very closely and began to prepare for the period following Christmas, working closely with No.10 and other departments such as the Department for Education⁴. On 23 December 2020, the Government announced that more of the East and South East of England would go into Tier 4 from Boxing Day (alongside other areas, such as in the South West, moving up from Tier 1 to 2 or Tier 2 to 3).
- 4.18. Following advice from the Taskforce to the Prime Minister, COVID-O met twice on 29 December 2020. The first agreed proposals on tiering and asked the Taskforce to lead work on stronger measures. The second discussed schools, and given the priority placed on not disrupting children's education, decided that primaries should return on 4 January 2021 other than in those areas where cases were so high that the start of term should be delayed. It was agreed that exam years in secondary schools would

⁴ The Taskforce's work on the new variant took place alongside the response, coordinated by the Civil Contingencies Secretariat, to the French Government restrictions on accompanied UK freight crossings to France in December 2020.

return on 11 January 2021 with other year groups returning on 18 January 2021. The Prime Minister announced this set of decisions the following day, along with the news that the Oxford University/AstraZeneca vaccine had been approved.

- 4.19. Over the subsequent days, in response to increasing concerns about the data, the Taskforce led further work to consider options for a stronger response, including continuing with the incremental regional approach or moving to a national approach.
- 4.20. The Taskforce agreed with No.10 that COVID-O should meet on 4 January 2021 to consider a proposition for a new national intervention. At that meeting, COVID-O agreed – as a final push before the vaccine rollout enabled a gradual easing of restrictions – that there should be a strong ‘stay at home’ message across the country alongside restrictions on attendance at schools, colleges and higher education settings. In person attendance at schools (and other children’s activities) would be for vulnerable children and children of critical workers only, until February half-term. Following the meeting, the Taskforce quickly completed the policy work, working with relevant departments, and met with the Prime Minister to finalise the details. The Taskforce also updated departments across government, supported CDL in a meeting with the First Ministers and prepared the paper for Cabinet which provided formal agreement to the approach. The national lockdown (which was achieved in regulations by moving the whole of England into Tier 4) was announced on the evening of 4 January 2021 by the Prime Minister in a national address.

Case Study 3: The Spring 2021 Roadmap

- 4.21. This case study illustrates the Taskforce’s role in the development of the COVID-19 Response: Spring 2021 Roadmap, published on 22 February 2021. Further detail on the Roadmap itself is provided in paragraph 5.4.
- 4.22. Following the announcement of national lockdown on 4 January 2021, the Taskforce undertook significant work on the process and timings for moving out of lockdown, building on earlier work on how (in particular) the vaccine roll-out might shape the response to COVID-19 and looking to learn the lessons from previous experience. This process saw the Taskforce bring together strategy, policy, data and analysis and coordination work.
- 4.23. The Taskforce met with the Prime Minister and the Chancellor, along with the GCSA, CMO and No.10 officials on 20 January 2021 to discuss the medium-term strategy, supported by modelling by SPI-M. The Taskforce proposed that the top priority was the

return of schools, followed by opening businesses and social contact (in that order); without overwhelming the NHS; and avoiding another lockdown in mid/late 2021. A decision on schools was needed by 8 February 2021, but hospitalisations were at very high levels and it was important for children, families and teachers to provide consistency and not open schools and then have to shut them quickly, causing further disruption.

- 4.24. Following close working with DHSC and DfE, the Taskforce subsequently submitted advice to the Prime Minister on 22 January 2021 which advised delaying the opening of schools until at least 8 March 2021, and deploying a range of mitigations to reduce transmission and keep as many children safely in school as possible, and before then taking decisions on easing restrictions and longer-term strategy. The advice also recommended stating that reopenings would need a combination of: a much lower starting point, notably lower hospitalisations; lower and falling prevalence; and the advance of vaccine deployment and evidence of its impact on mortality and hospitalisations.
- 4.25. Following this, there were a series of meetings with: the Prime Minister; the Prime Minister and Chancellor; and the wider Quad, to further develop the strategy for easing restrictions and the subsequent Roadmap, all of which the Taskforce supported with advice and recommendations, with continuing impact from SAGE, CMO and GCSA.
- 4.26. In developing the Roadmap and iterating the options the Taskforce brought together a number of considerations. This included consideration of the speed of moving between steps, balancing the economic and social benefits of easing against the health risks of moving quickly, and the speed at which the vaccine was being deployed. The Taskforce worked with departments and through a series of policy discussions and workshops to identify potential sequences of opening up sectors, learning lessons from previous reopening (including the risks of a predetermined reopening date as in December 2020), and seeking the most logical and comprehensible sequence. Working with the data and analysis team and analytical colleagues across Government and SAGE, the Taskforce also modelled the impact of different options, to enable informed decisions about the impacts. The Taskforce worked with the International Comparators Joint Unit to consider international comparators and lessons from other countries. In parallel with advising on the options, the Taskforce drafted the document to communicate the strategy clearly and comprehensively to the public.
- 4.27. On 15 February 2021 the Quad met to discuss a series of choices on the design of the Roadmap. The slides are at Exhibit INQ000217017 and the readout is at Exhibit

Following further work on the back of the earlier meetings, the Taskforce slides asked the Quad to agree that: the Roadmap steps should be aligned where possible to the vaccination deployment timetable; that each step should have a 'no earlier than' indicative date; that an assessment should be made against tests to determine whether to proceed to each step; that we should publicly confirm a go / no go at least 7 days before a step was due to take place; and, that each step should be national and not regional. The slides also were clear that this strategy tolerated R rising above 1 and taking steps as cases rise. The slides presented a further developed strawman, following intensive work between No.10 and Taskforce colleagues.

- 4.28. From this point to publication there were further meetings with the Prime Minister to finalise the detail, and Quad Ministers, GCSA and CMO and senior officials in HMT provided further input to the final strategy. During this intense period of strategy development, the Taskforce held regular XWH meetings at Director General level focused on the roadmap, and met daily with senior HMT officials to ensure a fully joined-up approach. The Taskforce provided daily updates to No.10 officials and advisers to keep everyone informed of progress and where decisions were needed.
- 4.29. The Taskforce worked closely with the analytical and scientific community to summarise the evidence available to support these discussions and decisions. This was continuously iterated as new evidence (e.g. on the progress of the vaccination programme) accumulated, and as modelling was updated and refined to reflect new data and the policy options under consideration. Summaries of the evidence were issued in three substantial analytical products: ADD(21)032 on 9 February 2021; ADD(21)043 on 16 February 2021, and ADD(21)045 on 19 February 2021 (Exhibits INQ000217019, INQ000217010 and INQ000217016 respectively). Elements of this analysis were used to support meetings throughout late January and early February, and informed other slide packs prepared by the Taskforce.
- 4.30. The COVID-S Committee met on 21 February 2021 and Cabinet met on 22 February 2021 to agree the approach. The Roadmap was published on 22 February 2021. Extracts from the publication itself are provided in the next section at paragraph 5.4. Over the subsequent months, the Taskforce continued to support decision-making on the delivery of the roadmap. For example:
- 4.30.1. The Taskforce worked with other Government departments, particularly DHSC and the Government Legal Department, to ensure a new set of regulations that implemented the Spring Roadmap, also

facilitating more timely Parliamentary scrutiny. It worked with the No.10 team to ensure that these regulations reflected the exemptions previously implemented for previous sectors and groups in order to ensure the phased reopening worked in practice and mitigated the impact on certain groups.

4.30.2. The Roadmap set out indicative, “no earlier than” dates for the steps out of lockdown, spaced five weeks apart. Before proceeding to each step, the Government examined the data to assess the impact of the previous step and made an assessment against four tests. The tests were as follows: (1) The vaccine deployment programme continues successfully. (2) Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated. (3) Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS. (4) Our assessment of the risks is not fundamentally changed by new Variants of Concern. The Taskforce ran the analytical process which provided the data and evidence to support the assessment of these tests. On 14 June 2021, the Prime Minister announced that - with the Delta variant spreading faster than the third wave predicted in the roadmap and the tests not all having been met - Step 4 would be paused for up to four weeks, with a review of the data after two weeks. To accelerate the vaccine programme in the meantime, the time from first to second dose for all people aged 40 and over was reduced from 12 weeks to 8 weeks. On 12 July 2021, the Prime Minister announced that Step 4 would go ahead: the latest data and modelling showed that the four tests had been met, and nearly 7 million vaccines had been administered during the delay⁵. This showed the primacy of data over dates in this approach to reopening in action.

4.30.3. The Taskforce also supported ministers, ahead of each decision on a step, to make an assessment of delivery readiness. This incorporated insights from, for example, the PMO process, challenge sessions and engagement with local authorities. The Taskforce also developed and monitored a range of metrics to understand how effectively each step,

⁵ The Prime Minister added that data from PHE suggested that one dose of either the Pfizer-BioNTech or Oxford-AstraZeneca vaccine was 80% effective against hospitalisations with the Delta variant, increasing to 96% after two doses.

and the critical enablers such as testing, had been implemented.

- 4.30.4. The Roadmap had explained that the success of the UK's vaccination programme would not provide universal protection and that the Government expected that some measures may be required for a period after all adults had been offered a vaccine. It announced that the Government was establishing four programmes of work to consider different aspects of how it should handle COVID-19 from summer 2021 onwards. These reviews covered COVID-status certification (led by the COVID-19 Taskforce⁶), international travel (led by the Global Travel Taskforce⁷), large events (led by the Events Research Programme⁸) and social distancing (led by the COVID-19 Taskforce⁹).
- 4.30.5. The Taskforce supported decision-making in response to issues that emerged in the course of delivering the roadmap. For example, high prevalence in July and August 2021 following Step 4, coupled with mass testing and the COVID-19 App, led to large numbers of people being asked to self-isolate (what became known as the 'pingdemic'). The legal requirement for contacts of positive cases to self-isolate was removed on 16 August 2021 for those who were double-vaccinated or under 18. In the meantime, the Taskforce worked across government to monitor and mitigate the 'pingdemic'. This included working with NHS Test and Trace, DHSC and relevant departments such as the Department for the Environment, Food and Rural Affairs (DEFRA) to develop a critical worker scheme (by which, in exceptional circumstances, asymptomatic contacts who were fully vaccinated

⁶ July 2021: COVID-Status Certification Review: Report; available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999408/COVID-Status-Certification-Review-Report.pdf (Exhibit INQ000217012)

⁷ April 2021: Report of the Global Travel Taskforce: The Safe Return of International Travel; available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977446/Report-of-the-Global-Travel-Taskforce-accessible.pdf (Exhibit INQ000217023). Annexes available here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977447/Report-of-the-Global-Travel-Taskforce-Annexes-accessible.pdf (Exhibit INQ000217011)

⁸ There were several phases to the Event Research Programme. The capping summary in November 2021 is available here:

<https://www.gov.uk/government/publications/events-research-programme-phase-ii-and-iii-findings/event-research-programme-erp-capping-summary> (Exhibit INQ000217020)

⁹ July 2021: Social Distancing Review: Report; available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999413/Social-Distancing-Review-Report.pdf (Exhibit INQ000217013)

critical workers, were able to leave isolation solely for this work¹⁰) and a daily contact testing scheme (a broader scheme which mitigated disruption to key sectors, such as supermarkets, by enabling contacts who would otherwise be self-isolating to instead take daily tests).

Case Study 4: Response to the Omicron variant

- 4.31. When the Omicron outbreak began, the strategic plan which applied at the time was the COVID-19 Response: Autumn and Winter Plan, published on 14 September 2021. This case study illustrates the Taskforce's role in the response to Omicron.
- 4.32. The risk of an immune escape variant was repeatedly identified as the biggest strategic risk to the Government's strategy and this informed contingency planning. As part of the Autumn and Winter plan, the Government had published a Plan B in case it was needed, learning from the lack of such an option being fully worked through and agreed in autumn 2020. This had been developed by the Taskforce with other government departments, and prioritised "measures which [could] help control transmission of the virus while seeking to minimise economic and social impacts". This included, among other measures as outlined in paragraph 5.6.4, introducing mandatory vaccine-only COVID-status certification in certain settings.
- 4.33. On 25 November 2021, the South African authorities announced, with a briefing to international media, that a new variant had been detected in South Africa. This variant, known as B.1.1.529 (later named Omicron by the WHO) had a large number of mutations indicating possible immune escape and higher transmissibility. Following a COVID-O meeting, DHSC announced that the government was taking precautionary action against the variant by introducing travel restrictions on arrivals from South Africa, Botswana, Lesotho, Eswatini, Zimbabwe and Namibia.
- 4.34. On 27 November 2021, the UK Government announced that the first cases of the variant had been identified in the UK, and four additional countries were added to the red list. On this same day there was a sequence of meetings:
- 4.34.1. The Taskforce met with the Prime Minister, other key Ministers, CMO, GCSA and other officials and advisers to review the latest evidence and consider the initial policy options. It was going to take a number of weeks to understand the level of risk the variant posed and the extent

¹⁰ In line with a COVID-O decision, the Taskforce's Director of Testing and Tracing Delivery shared responsibility with a designated NHS Test and Trace Director for approving exemptions from self-isolation requirements under the critical worker exemption scheme of July and August 2021.

to which it escaped the vaccine. But it was clear from the experience of Alpha and Delta that it would not be possible to stop a variant becoming dominant if it had a competitive advantage.

4.34.2. The Prime Minister chaired a COVID-O meeting to consider a package of measures to slow the arrival of the variant in the UK, slow the transmission of the variant within the UK, and strengthen protection for people, while scientists learned more about the threat it posed. The Prime Minister then chaired a Cabinet call.

4.34.3. The Prime Minister held a press conference at which he announced the targeted, precautionary measures. Alongside tougher test, trace and isolate measures, the package included compulsory face coverings in shops and on public transport. The Health Secretary asked the Joint Committee on Vaccines and Immunisation (JCVI) to consider the case for rapidly extending boosters, as well as for reducing the gap between the second dose and booster.

4.35. On 29 November 2021, the Taskforce presented the Dashboard to the Prime Minister as usual. In the afternoon, the Taskforce met with the Prime Minister, CMO, GCSA and other officials and advisers to review the latest evidence and tasked the Taskforce with further policy work. Also on that day, the JCVI recommended that boosters should be offered to everyone over 18, and that the minimum gap between a second gap and a booster be halved from six months to three months. Following this, the Government set a target of offering a booster to everyone eligible by the end of January, starting with the older and more clinically vulnerable, then moving down the cohorts rapidly.

4.36. On 4 December 2021, the CDL chaired a COVID-O meeting which decided to add Nigeria to the red list and to introduce a Pre-Departure Test requirement for all inbound travellers.

4.37. Omicron continued to spread rapidly. The Taskforce met with the Prime Minister, CMO, GCSA and other officials and advisers on 3 December and 6 December 2021. A more in-depth meeting was held on 7 December 2021, at which the Taskforce presented to the Prime Minister a range of options, ranging from sticking with the current approach through to harder measures. (The slides are at Exhibit INQ000217015 and the next steps are at Exhibit INQ000217014). The Prime Minister chaired a COVID-O meeting on 8 December 2021 by which point early analysis from UKHSA was suggesting the doubling time could be as little as 2.5 to 3 days. The meeting agreed that England

should move to the Plan B package.

- 4.38. On 12 December 2021, the UK's four Chief Medical Officers raised the Covid Alert level to 4, its second highest level. The Prime Minister chaired an update call for the Cabinet and then gave an address to the nation in which he announced a national mission to 'Get Boosted Now'. This followed work by the DHSC and NHS England vaccine deployment teams about how quickly they could ramp up deployment. Everyone eligible aged 18 and over in England would have the chance to get their booster before the New Year (the UK Government provided additional support to accelerate vaccinations in Scotland, Wales and Northern Ireland).
- 4.39. With the Government's response to Omicron in place, its effectiveness was monitored in a range of ways. As a period of emergency, there were COBR meetings - beginning with Dashboard updates from the Taskforce - on 10, 15 and 19 December 2021. The first and second of these COBR meetings were chaired by the Minister for Intergovernmental Relations and the third was chaired by the CDL. The Taskforce continued to meet frequently with the Prime Minister, the No.10 team, advisers and other officials to monitor and review the data and consider the policy options in case further action was needed.
- 4.40. On 20 December 2021, the Prime Minister updated the Cabinet on the spread of the variant (the Chairs Brief from the Taskforce is Exhibit INQ000088917). The Taskforce presented the latest data - noting the grounds for optimism (such as the data from South Africa) and the prevailing uncertainties (such as the extent of pressure on the NHS and the protection from boosters). The Prime Minister invited comments and updates from Ministers, the CMO and the GCSA. The Cabinet discussed the options, from relying on vaccines to increasing restrictions. The Cabinet agreed to proceed on the basis of: actively implementing Plan B, increasing capacity in the NHS (e.g. discharge); procuring antivirals; encouraging the public to exercise caution; making changes to self-isolation (see paragraph 4.41.2 below); and focussing on accelerating the booster campaign. It was also agreed that the Government needed to prepare to go further if required.
- 4.41. The spread of Omicron put pressure on workforces across the economy. Starting with a COVID-O meeting on 17 December 2021, there was a set of 12 meetings over 22 days, chaired by the CDL or Paymaster General, which looked at the different sectors

and the planning and responses which were in place¹¹. The Taskforce supported the development of policy measures which were aimed primarily at mitigating the economic impact of Omicron, balancing this against the health impact. For example:

4.41.1. The Taskforce worked with UKHSA to develop a critical workers testing scheme, to help isolate asymptomatic cases and limit the risk of outbreaks in workplaces in critical national infrastructure, national security, transport, and food distribution and processing. While UKHSA was responsible for delivery of the scheme, the Taskforce ran a cross-government prioritisation process, overseen by COVID-O, to allocate the available tests to departmental sectors. (As described in the third case study, the Taskforce had also supported TTI schemes during the pandemic in August 2020).

4.41.2. Another key policy output of this process, developed by the Taskforce with consideration of UKHSA modelling, also agreed by COVID-O, was allowing people with COVID-19 in England to end their self-isolation after 5 full days, if they tested negative on day 5 and day 6. This was to support essential public services and workforces¹².

4.42. On 5 January 2022, the Prime Minister chaired a Cabinet meeting, then announced that England would continue with Plan B for another three weeks. The UK was experiencing the fastest growth in Covid cases of the pandemic, and hospital admissions were rising rapidly, doubling around every 9 days, with more than 15,000 Covid patients in hospital in England alone. On 27 January 2022 - by which time there had been over 36 million third doses or boosters in the UK¹³ - England moved back to Plan A (the detail of this is in Section 5.6.2).

¹¹ This process was also supported by the Supply Chains Unit, which had been set up in September 2021, at the request of the Prime Minister, to provide support and oversight to the functioning of essential supply chains.

¹² This followed guidance published on 22 December 2021 which had enabled the 10-day self-isolation period for people who had tested positive for COVID-19 to be reduced to 7 days, in most cases.

¹³ UK figures include boosters or third doses for England and Scotland. However, for Wales and Northern Ireland, the data includes boosters only. Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1051160/vaccine-uptake-18-and-over-28-January-2022.ods (Exhibit INQ000217021 and Exhibit INQ000217022)

5. SECTION 5: KEY STRATEGIES PREPARED BY THE TASKFORCE

- 5.1. The Taskforce prepared a series of overarching strategies that brought together the Government's response as it evolved throughout the pandemic. These were prepared with input from other Departments, were agreed with the Prime Minister and other Ministers through a series of meetings, with collective agreement through COVID-O or COVID-S, then published. This section describes those strategies at a high level. More broadly, the Taskforce was routinely involved in publications, statements and announcements relating to COVID-19: as such, this section, which focuses only on key strategies, is not a comprehensive account.
- 5.2. 17 July 2020: The next chapter in our plan to rebuild: The UK Government's COVID-19 recovery strategy¹⁴. The first case study in Section 4 takes place during the period this plan was in force.
- 5.2.1. Previously in the spring, "on 11 May 2020 the Government had published 'Our plan to rebuild: the UK Government's COVID-19 recovery strategy'. The Government's aim at the centre of that plan was to return to life as close to normal as possible, for as many people across the UK as possible, as fast and fairly as possible; in a way that avoids a new epidemic, minimises lives lost and maximises health, economic and social outcomes".
- 5.2.2. Following that plan, the Government had "opened up the economy and society carefully and cautiously, introducing COVID-19 Secure guidelines to keep people and businesses safe" as they welcomed back customers and staff. The Government had "launched NHS Test and Trace, including the Joint Biosecurity Centre" which played "a critical role in monitoring and suppressing the virus", and had sought "to carefully replace national lockdown with targeted local action".
- 5.2.3. There had been "significant progress in reducing the spread of the epidemic". The ONS infection survey showed "that the number of new infections and people with COVID-19 at any given time" was "stable and low". There were "fewer than 2,000 people in hospital with COVID-19 in the UK, compared to a peak of 20,219 on 12 April" 2020.

¹⁴ 17 July 2020: The next chapter in our plan to rebuild: The UK Government's COVID-19 recovery strategy; available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901521/6.6783_CO_Our_Plan_to_Rebuild_FINAL_170720_WEB.pdf (Exhibit INQ000137239)

- 5.2.4. The Government would continue to “act cautiously”. This additional chapter to the recovery strategy, first published on 11 May 2020, set “out the next stages of our plan”. It looked ahead to the coming months, covering the tools which would be used “to suppress the virus”, the “challenges” that winter would bring and how government was preparing for those, and the Government’s “ambition for continuing to reopen the economy and society” when it was “safe to do so”.
- 5.2.5. The additional chapter said that from 1 August 2020, “if prevalence remains around or below current levels”, government would ease the restrictions further, e.g. by enabling “all close contact services to resume”. It also said that in September, schools, nurseries and colleagues would “open for all children and young people on a full-time basis”. Universities were also “working to reopen as soon as possible”.
- 5.3. 23 November 2020: COVID-19 Winter Plan¹⁵. The second case study in Section 4 takes place during the period this plan was in force.
- 5.3.1. The Winter Plan was published during the second lockdown. As England had “emerged from the first wave during the summer, the Government sought to target regional growth in infections by taking the necessary measures to contain the virus where it was most prevalent while minimising disruption. In the autumn, the number of cases began to rise. The Government responded with a tiered system to simplify and streamline the previous local approach”. “At the end of October, modelling from NHS England showed that the trajectory of the virus meant the NHS was at risk of exceeding regular and surge capacity in parts of the country within weeks...SAGE estimated that R remained above 1 and COVID-19 cases were rising across the country. National intervention was therefore necessary”.
- 5.3.2. The ONS infection survey suggested the infection rate had stabilised

¹⁵ 23 November 2020: COVID-19 Winter Plan; available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/937529/COVID-19_Winter_Plan.pdf (Exhibit INQ000137262)

in recent weeks. The Government had “procured vaccines for the whole of the UK”, its testing capability served “all four nations of the UK” and the Government had “carried out more tests than any other country in Europe”. HM Treasury had “established an unprecedented package of support for businesses and individuals across the four nations of the UK”.

5.3.3. “Given their enormous economic, social and public health impact”, the Government believed it was “right to end national restrictions on 2 December”, now the virus was “being brought under control”.

5.3.4. The prevalence of the virus would “remain high across the country on 2 December, with regional differences”. The Government said it “must therefore reimpose a tiered regional approach in England to keep suppressing the virus through the winter period. This approach will once again seek to target measures at the appropriate geography and will stop outbreaks at source”. There were three tiers: (1) Medium alert, (2) High alert and (3) Very High alert.

5.4. 22 February 2021: COVID-19 Response: Spring 2021 (Roadmap)¹⁶. The third case study in Section 4 is about the development of this.

5.4.1. The Spring 2021 Roadmap was published during the third lockdown. “At the end of 2020, a new and more transmissible variant of COVID-19 (B.1.1.7)” had begun “to spread very quickly across the UK. The Government responded by reintroducing the Stay at Home order first in the regions most affected and then nationally across England. The Devolved Administrations took similar approaches”.

5.4.2. “Cases, hospitalisations and deaths [had] fallen since lockdown started”. Meanwhile, the UK was “deploying the most ambitious vaccination programme in history”, having “secured access to more than 400 million vaccine doses”. So far, “over 17 million people” had received a vaccine across the UK. The Government aimed “for everyone who [was] 50 and over, or at risk, to have been offered a first dose of the vaccine by 15 April, and for everyone aged 18 and over to have been offered a first dose by 31 July”. The Government had also

¹⁶ 22 February 2021: COVID-19 Response: Spring 2021 (Roadmap); available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/963491/COVID-19_Response_-_Spring_2021.pdf (Exhibit INQ000137264)

“established the largest testing infrastructure in Europe, and provided an unprecedented level of financial support for businesses and individuals”.

5.4.3. The Spring 2021 Roadmap sought “to balance health, including mental health, economic and social factors and how they disproportionately impact certain groups, as well as epidemiological evidence”.

5.4.4. The Spring 2021 Roadmap outlined “four steps for easing restrictions”, starting with Step 1 on 8 and 29 March. “Before proceeding to the next step, the Government [would] examine the data to assess the impact of the previous step. This assessment would be based on four tests”. It would take around four weeks for the data to reflect the impact of the previous step and the Government [would] provide a further week’s notice to individuals and businesses before making changes. The roadmap therefore [set] out indicative, “no earlier than” dates for the steps which [were] five weeks apart. These dates [were] wholly contingent on the data and [were] subject to change if the four tests [were] not met. The Prime Minister was clear that the decision on each stage would be based on “data not dates”¹⁷ and that the plan was “cautious but irreversible”.

5.5. 5 July 2021: COVID-19 Response: Summer 2021¹⁸

5.5.1. The UK had “made huge progress” that year. “The procurement of vaccines by the Vaccines Taskforce and the deployment of vaccines by the National Health Service (NHS) [had] put the UK in a strong position. The UK [had] vaccinated more of its population than any other country in Europe, with the exception of Malta, and [had] administered more doses per capita than any other G7 nation. It [was] thanks to the success of the vaccination programme that the Government and the Devolved Administrations [had] been able to ease lockdown restrictions in England, Scotland, Wales and Northern

¹⁷ Prime Minister sets out roadmap to cautiously ease lockdown restrictions: 22 February 2021; available here:

<https://www.gov.uk/government/news/prime-minister-sets-out-roadmap-to-cautiously-ease-lockdown-restrictions> (Exhibit INQ000217018)

¹⁸ 5 July 2021: COVID-19 Response: Summer 2021; available here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999419/COVID-19_Response_Summer_2021.pdf (Exhibit INQ000137268)

Ireland". Vaccines were "significantly reducing the link between infections and severe disease and death".

5.5.2. "Cases [were] rising, as [were] hospitalisations. Cases, hospitalisations and, sadly, deaths, [would] rise further as society and the economy reopen". "The recent spread of the Delta variant, [then] dominant and estimated to be 40-80% more transmissible than the previously dominant Alpha variant, [demonstrated] how quickly the situation [could] change".

5.5.3. "The biggest risk to the progress the country [had] made [was] a Variant of Concern which fully or partially escapes immunity".

5.5.4. "When England [moved] to step 4 of the roadmap [no earlier than 19 July], the Government [would] continue to manage the risk of serious illness from the spread of the virus. This [would] mark a new phase in the Government's response to the pandemic, moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk".

5.6. 14 September 2021: Covid-19 Response: Autumn and Winter Plan 2021¹⁹. The fourth case study in Section 4 takes place during the period this plan was in force.

5.6.1. "Data [continued] to show that the link between cases, hospitalisations, and deaths [had] weakened significantly since the start of the pandemic. In England, the number of deaths and hospital admissions due to COVID-19 [had] remained relatively stable over the last month, and although hospital admissions and deaths sadly increased at the beginning of the summer [during the Delta wave], they [had] remained far below the levels in either of the previous waves".

5.6.2. This plan set out "the Government's Plan A - a comprehensive approach designed to steer the country through autumn and winter 2021-22". This aimed "to sustain the progress made and prepare the country for future challenges, while ensuring the National Health

¹⁹ 14 September 2021: Covid-19 Response: Autumn and Winter Plan 2021; available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020982/COVID-19-response-autumn-and-winter-plan-2021.pdf (Exhibit INQ000137270)

Service (NHS) does not come under unsustainable pressure”. It had five pillars: “building our defences through pharmaceutical interventions”; “identifying and isolating positive cases to limit transmission”; “supporting the NHS and social care”; “advising people on how to protect themselves and others”; and, “pursuing an international approach”.

5.6.3. “The Government [would] remain vigilant and monitor the data closely, taking action to support and protect the NHS when necessary. In preparation, the Government [had] taken the responsible step of undertaking contingency planning in case Plan A [was] not sufficient to keep the virus at manageable levels. So that the public and businesses know what to expect, this document [outlined] a Plan B in England which would only be enacted if the data suggests further measures are necessary to protect the NHS”.

5.6.4. “The Government’s Plan B [prioritised] measures which [could] help control transmission of the virus while seeking to minimise economic and social impacts”. This included: “communicating clearly and urgently to the public that the level of risk has increased, and with it the need to behave more cautiously”; “introducing mandatory vaccine-only COVID-status certification in certain settings”; and “legally mandating face coverings in certain settings”.

5.7. 21 February 2022: Covid-19 Response: Living with Covid-19²⁰

5.7.1. From September to November 2021, the Government had: “extended the vaccine programme to children aged between 12 and 15 and started the booster campaign for those 50 and over and in high risk groups”; “maintained a lower level of restrictions than most European comparator countries”; and, “managed relatively high levels of Delta infections without placing the NHS at risk of unsustainable pressures”.

5.7.2. “On 24 November [2021], scientists in South Africa [had] reported a new variant with troubling yet uncertain characteristics to the World Health Organization (WHO). This was subsequently named the Omicron variant. The UK was one of the first countries to respond,

²⁰ 21 February 2022: Covid-19 Response: Living with Covid-19; available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1056229/COVID-19_Response_-_Living_with_COVID-19.pdf (Exhibit INQ000137273)

initially through travel restrictions, then through accelerating and extending the COVID-19 vaccine booster campaign. The Government was in a position to implement Plan B measures in England at short notice as a result of the plans developed for managing the virus over the autumn and winter period”.

- 5.7.3. “Although the Omicron variant drove prevalence of the virus to an unprecedented high, adherence to Plan B, wider behaviour change and large-scale testing appeared to slow the growth sufficiently to buy time for the extended booster campaign. This trend was improved by high and sustained vaccine-induced protection in the population against severe disease, and a decrease in severity found in the Omicron variant, which meant that hospitalisation rates remained lower than in previous waves”.
- 5.7.4. Having reverted to Plan A, “the Government’s objective in the next phase of the COVID-19 response [was] to enable the country to manage COVID-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place the NHS under unsustainable pressure”.

Statement of Truth

We believe that the facts stated in this corporate witness statement are true. We 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 in its truth.

Signed by James Bowler:

Personal Data

Signed by Simon Ridley:

Personal Data

Dated: 20 July 2023