

Witness Name: Simon Ridley

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UK COVID-19 INQUIRY

WITNESS STATEMENT OF SIMON RIDLEY

I, Simon Ridley, Second Permanent Secretary, Home Office, 2 Marsham Street, London SW1P 4DF, will state as follows:

Introduction and Summary

1. I make this witness statement at the request of the UK Covid-19 Inquiry. I have been asked to address key aspects of my involvement in core political and administrative decision making relating to the UK's response to Covid-19, in the period between 01 January 2020 and 24 February 2022.
2. This statement is divided into the following sections:
 - a. Section A will provide a brief overview of my career to date, focusing in particular on the various roles that I occupied in the Cabinet Office between January 2020 and February 2022. I should say at the outset that, while I joined the Cabinet Office from the Department for Exiting the European Union ('DExEU') in January 2020, my work was to set up the Transition Taskforce in the Cabinet Office to lead work preparing for the UK's exit from the European

Union at the end of that year. It was not until 16 March 2020 that I was appointed as Secretary to the Healthcare Ministerial Implementation Group ('**HMIG**'), at which time my involvement in the Government's response to the Covid-19 Pandemic began.

- b. Section B briefly addresses the first national lockdown and the timeliness of the decision by the UK Government to adopt a national lockdown as the main strategy for responding to Covid-19 in March 2020.
- c. Section C will focus on the following themes: Shielding; National Health Service ('**NHS**') Capacity; Ventilators; Care Homes; Vaccines (prior to the establishing of the Vaccine Taskforce); Test and Trace; Other Non-Pharmaceutical Interventions ('**NPI**') (face coverings, social distancing and working from home); Work with the Devolved Administrations; Personal Protective Equipment ('**PPE**'); and the Illness of the Prime Minister. While most of these narratives concern the time period when I was secretary of HMIG, where it makes sense to do so, I also explore these themes in the period after dissolution of the Ministerial Implementation Group ('**MIG**') structures and the establishment of the Covid Taskforce ('**CTF**').
- d. Section D will focus on the CTF from 26 May 2020 until March 2022. It will cover my role as Director General of Policy and Strategy and subsequently head of the CTF. This section considers some of the main workstreams that the CTF was engaged with including tiering, smarter NPIs, testing, vaccines, the second and third national lockdowns, the Government's Covid-19 Response: Autumn and Winter Plan 2021 ('**the Autumn and Winter Plan**') and ultimately the dissolution of the CTF in March 2022. I, along with James Bowler have produced a corporate statement on the CTF and this section of the witness statement should be read alongside that.
- e. Section E will focus on how my role within the Cabinet Office interacted with scientific expertise, data and modelling. It will also examine my role in relation to public health communications.
- f. Section F will address my involvement in providing advice to the Prime Minister, the office of the Prime Minister and the Cabinet Office in relation to coronavirus legislation and Regulations.

- g. Section G addresses decision making structures, scientific and other expertise and my work with the Devolved Administrations.
- h. Section H, to the extent not already addressed in other parts of the statement, will provide some reflections on challenges during this time and lessons that have been learnt. While I did not provide evidence to any Parliamentary select committee, in this section I also address some of the internal and external review exercises to which I contributed.

SECTION A: OVERVIEW OF CAREER TO DATE

3. I joined the Civil Service in 1997. Between that date and 2010 I worked for HM Treasury ('HMT') on a wide range of issues, but primarily on public spending and growth and productivity. I became a Senior Civil Servant in October 2004 when I was appointed as a Deputy Director in the Local Government Team responsible for advising in HMT on all aspects of local government finance and policy. Between October 2007 and June 2010, I was Deputy Director of the Education, Children and Culture team responsible for spending control in the then Department of Children, Schools and Families and the Department of Culture, Media and Sport. I moved from HMT to the Department for Communities and Local Government in June 2010 after being appointed as Director of Local Government Finance. In this role I was responsible for leading work on local government finance to meet the Government's objectives on economic growth, local finance reform and fiscal consolidation. In July 2014, I was appointed Chief Executive of the Planning Inspectorate of England and Wales, responsible for successful operational delivery of the agency's work on planning appeals, local plan making and infrastructure planning. I returned to the Department of Communities and Local Government in October 2015 to establish a new post as Director General for Decentralisation and Growth and led on work to implement devolution of funding and power to cities and regions. In July 2019, I moved to the DExEU, as Director General for Future Economic Partnership. In this role I was responsible for developing the framework for the future economic partnership to support negotiations with the European Commission, the approach to the Northern Ireland Protocol, Parliamentary preparations and analysis.
4. DExEU was closed down at the end of January 2020. At that point I moved to the Cabinet Office as one of two Directors General to establish the Transition Taskforce to prepare for the UK's exit from the European Union at the end of the year. I led across Whitehall to set direction and coordinate work on the Northern Ireland Protocol and the Joint Committee with the European Commission.
5. On 16 March 2020, I was asked by Mark Sedwill, the Cabinet Secretary at the time, to become Secretary to the newly established HMIG to support the Government's ongoing response to the Covid-19 pandemic.

SECTION B: THE FIRST NATIONAL LOCKDOWN

6. I joined the Cabinet Office's Covid-19 Response on 16 March 2020 to set up and run the HMIG and coordinate healthcare policy advice in the Cabinet Office. In the week between 16 March 2020 and 23 March 2020 I established and ran two HMIG meetings, neither of which discussed lockdown, but which were largely focused on implementing the shielding programme. I did not provide advice into the decision-making processes or policy decisions that underpinned the decision to trigger the first national lockdown. Given that I joined the Covid-19 response team on 16 March 2020, I am unable to comment on the timeliness of the decision by the Government to adopt lockdown as the main strategy for responding to Covid-19 or the timeliness of the decision to place the country into the first national lockdown once that decision had been taken.

SECTION C: WORKSTREAMS ARISING DURING HMIG

7. Prior to 16 March 2020, my role in the Cabinet Office was exclusively with the Transition Taskforce and I did not attend any Cabinet Office meetings in respect of Covid-19. I was certainly aware of Covid-19 as a developing issue, although my sources of knowledge were the news and informal discussions that I had with colleagues as opposed to knowledge obtained from the Cabinet Office role that I held.
8. On 16 March 2020, I was asked to join the Cabinet Office's response to the Covid-19 Pandemic by acting as Secretary to the HMIG. In simple terms, HMIG was established to consider the impact of Covid-19 on NHS capacity, social care capacity, public health and other health and social care provisions and make decisions to drive the Government's response to that impact. HMIG was to report to the daily Covid-19 meetings chaired by the Prime Minister and would oversee and make decisions on behalf of Government on matters including social care, NHS capacity, the healthcare supply chain and shielding interventions for the clinically vulnerable. I worked with the Secretary of State for Health and Social Care to agree HMIG's terms of reference and a copy of those terms of reference have been exhibited to this statement (**SR/1 - INQ000055917**).
9. As Secretary of HMIG, I was responsible for organising meetings, agreeing agendas, providing chair's briefs, noting meetings and agreeing, distributing and monitoring actions. The first meeting of HMIG took place on 18 March 2020 (**SR/2 - INQ000055939** and **SR/3 - INQ000055919**). I attended all 11 HMIG meetings between this date and the final HMIG meeting on 26 May 2020.
10. In addition to attending all HMIG meetings, I also regularly attended the 8:15 pre-meet and the 9:15 strategy meetings, and the dashboard meetings. I was also present for some of the COBR (the central government crisis management machinery) meetings (in particular 22 September 2020, 2 November 2020, 24 November 2020 and 10 December 2020), and, as above, attended numerous other meetings with the Prime Minister, other Ministers and officials.
11. In addition to my work as Secretary to HMIG, I coordinated wider advice on healthcare issues across the Cabinet Office working with departments in Whitehall. Some healthcare issues and interventions were discussed at the strategy meetings chaired by the Prime Minister or at other specific meetings as well as or instead of at the HMIG

meeting. This was necessary given the volume and scale of issues that required input and decision by the Prime Minister. Running these meetings fell outside my role as secretariat, although I was present at many of them as they covered advice on healthcare issues within my responsibilities. Finally in this period, and particularly in late March and April when many colleagues were ill for periods with Covid-19, I filled in at other discussions.

12. I have divided the narrative of my time as Secretary to the HMIG into two sections: first, work that I was involved in throughout the existence of HMIG and prior to the establishment of the CTF, which are set out in this section and second the structural and organisational issues which led to the development of the CTF and the main workstreams undertaken by the CTF, which are included in section D.
13. Throughout the statement I provide references to a large number of specific meetings and communications. These are obviously not comprehensive and do not cover all the interactions over the two years I worked on the Government's Covid-19 response given the sheer scale of the work that was done. The specific references aim to identify key moments and give an indication of the range of issues we covered, the different decision-making fora and the pace at which the work was undertaken and completed.

Work that I was involved with while Secretary of HMIG

14. At 4pm on 17 March 2020, I attended a meeting with Matt Hancock, Secretary of State for Health and Social Care (**SR/4 - INQ000197985**) to discuss HMIG and its terms of reference. I recall that there was an early and particular focus on shielding which was a cross-government programme, being scaled up at pace. It was seen as a necessary healthcare intervention to protect the elderly and vulnerable from contracting Covid-19 and, consequently, necessary for reducing pressure on the NHS, given these groups were most likely to suffer serious illness. As well as shielding, it was expected that HMIG's work was to cross a number of other Covid-19 related issues including social care, social distancing and testing, though as set out elsewhere in this statement, in practice some of these issues were discussed and decided in other fora (for example, social care was discussed and many issues decided at Prime Minister strategy meetings and deep dives chaired by the Prime Minister and the First Secretary of State. Throughout this early work in HMIG, I was working closely with Tom Shinner and his team in Number 10 as well as the Ministry for Housing, Communities and Local Government ('**MHCLG**'), the Department of Health and Social Care ('**DHSC**') and the Civil Contingencies Secretariat in the Cabinet Office among others.

15. In my discussion with the Secretary of State for Health and Social Care and others on 17 March 2020 (outlined above), we agreed, among other things, that the HMIG would be the lead MIG on shielding and the General Public Services MIG (the 'GPSMIG') chaired by the Chancellor of the Duchy of Lancaster ('CDL') would lead on wider volunteering. Ultimately, this became a complex boundary because of the interactions between different issues (**SR/5 - INQ000197986**). As such it was an early example of the inter-dependencies and potential for overlap between the different groups. To mitigate the risks arising from this, I worked very closely with Jess Glover, who was the Secretary for the GPSMIG. I also agreed with the Secretary of State for Health and Social Care that a DHSC Minister would attend the GPSMIG. The CDL, Michael Gove, attended every HMIG meeting save the one on 7 May 2020, at which the Paymaster General, Penny Mordaunt, deputised for him.

My initial understanding of the Covid-19 response

16. The Inquiry has asked whether 'herd immunity' was an adopted strategy for responding to Covid-19 in the period January-March 2020. As outlined above, I only joined the Cabinet Office's Covid-19 response on 16 March 2020. After I began working on Covid-19, I was not aware of any such strategy being adopted. I have been shown in the course of drafting this statement emails sent to me on 21 and 22 March 2020 (**SR/6 - INQ000197998** and **SR/7 - INQ000198001**), shortly after I had commenced work with the HMIG, which described "early draft slides" for an overarching strategy which the then Cabinet Secretary Mark Sedwill had commissioned. There was reference in those slides to a number of different strategies, including herd immunity, but the document ultimately recorded that "the UK's current approach is to prioritise reducing mortality by shielding the vulnerable, keep cases needing hospitalisation within NHS capacity, and allowing the population to develop immunity slowly, allied to significant fiscal interventions to mitigate economic and social costs". My view of the strategy at the time was therefore that the government would seek to control transmission of the virus to slow spread and reduce pressures on the NHS rather than pursue a herd immunity strategy. Indeed lockdown was announced the following day.

Shielding

17. Shielding policy and the implementation of the cross-government programme was a central focus of the HMIG meetings from mid-March. The programme was led by MHCLG – a decision made before I began working on Covid-19 issues. Outside

discussions in HMIG meetings, my team and I coordinated and convened people from across Whitehall to help establish cross-departmental input to the shielding programme. I chaired multiple calls with colleagues and sought to support a quick delivery of the programme, provide assurance to No 10 and the Cabinet Office, and clarify the leadership and governance in Whitehall.

18. I first attended a meeting in relation to shielding at which a paper from MHCLG was presented at 5pm on 17 March 2020. An email I sent to my team and the MHCLG paper have been exhibited to my statement (**SR/8 - INQ000197983** and **SR/9 - INQ000197987**), this was the day after I had been appointed. A list of actions to take was circulated by me that evening (**SR/10 - INQ000197984**). From 18 March 2020, I was in contact with officials in the Devolved Administrations in relation to shielding (**SR/11 - INQ000197988**). The policy to advise the most clinically vulnerable to stay at home was to be proposed UK wide, though the delivery mechanism would be determined locally (**SR/12 - INQ000197994**). This is an example of engagement with the Devolved Administrations which I discuss further below.
19. The first HMIG meeting on 18 March 2020 considered shielding, as set out in the Chair's brief (**SR/2 - INQ000055939 exhibited above**), and the minutes (**SR/13 - INQ000055933**).
20. As an example of the cross-cutting and extensive nature of this work, on 19 March 2020, a Cabinet Office meeting on shielding implementation was held which considered input from various Government bodies. The agenda (**SR/14 - INQ000197993**) shows that this included discussion of the overall process (which was to be led by MHCLG); the issuing of letters to the clinically vulnerable (NHSX, DHSC); the setting up of a specific shielding website to be developed by the Government Digital Service ('GDS'), a call centre (Department for Work and Pensions ('DWP')); and the local response, including supermarkets (Department of the Environment Food and Rural Affairs ('DEFRA')) and medicines (NHS, DHSC). A further meeting on the shielding website was held later that afternoon (**SR/15 - INQ000197992**).
21. On 20 March 2020, the GDS was tasked to develop a digital service which consisted of a website, an automated telephone helpline and other services required to collect, store and share information on the support needs of clinically extremely vulnerable ('CEV') people. I continued to provide oversight and Whitehall coordination of this process over the weekend of 21-22 March 2020 (**SR/16 - INQ000197999**). The GDS

- service was operational by 23 March 2020. Government provided details of how to access the website and helpline in the letters which were sent out to CEV people from 23 March 2020.
22. Shielding was discussed at the HMIG meeting on 24 March 2020, which I attended by zoom. After this meeting I received an e-mail from the then lead in MHCLG, Catherine Frances (sent in advance of a formal readout) outlining some of the issues raised at this meeting. A copy of this e-mail has been exhibited to my statement **(SR/17 - INQ000198004)**.
 23. As well as convening work on policy, I considered governance of the shielding programme across Whitehall. MHCLG were the lead department, but, as above, the programme relied on critical input from multiple departments. On 20 March 2020, I wrote to Sir John Manzoni explaining the need for additional resource for MHCLG given the speed with which they were setting up the programme alongside that department's other responsibilities. As such I requested that the Cabinet Office help identify an additional senior person to become a dedicated Senior Responsible Owner ('SRO') for shielding **(SR/18 - INQ000197997)**. From 23 March 2020, cross-Whitehall shielding calls were held, which I continued to chair **(SR/19 - INQ000198002)**. An example of the daily readouts from those calls have been exhibited to my statement **(SR/20 - INQ000198008)**.
 24. On 24 March 2020, I wrote an email on Shielding Governance **(SR/21 - INQ000198003)** which stated: "it is absolutely essential we nail down the governance and oversight of what is an extremely challenging programme. At the moment, despite the really incredible work teams are doing, we are running risks and losing valuable time because of the lack of clear accountability and controls." This was because the pace that we had employed from the start had taken priority and we had not been able to set up clear cross-Whitehall governance of the programme. Chris Townsend joined MHCLG as SRO of the Shielding Programme on 25 March 2020, having been identified and then brought on board over the previous days **(SR/20 - INQ000198008 exhibited above)**.
 25. There was a further meeting on 25 March 2020. The action plan circulated by MHCLG sets out the number of issues considered at that meeting, such as how food and support would be provided to shielding individuals, working with supermarkets and local authorities **(SR/22 - INQ000198010)**.

26. By 25 March 2020 the call centre was live (**SR/23 - INQ000198009**). From this point Cabinet Office involvement coordinating work on this scheme began to reduce. Cross Whitehall calls continued, but with MHCLG leading them. Over 25 and 26 March 2020 I was alerted to issues with data flowing to local authorities and the DWP (**SR/24 - INQ000198018**) which were tackled at a call on 26 March 2020. I continued to relay issues up to the Cabinet Secretary (**SR/25 - INQ000198017**).
27. On 26 March 2020, I provided a brief summary comparing UK wide approaches to shielding (**SR/26 - INQ000198015** and **SR/27 - INQ000198016**).
28. On 27 March 2020 there was a meeting on shielding with the Cabinet Secretary (**SR/28 - INQ000198025**). There was increasing concern that whilst the system had begun to work for those CEV people who were shielding for whom it was intended, the process had also identified a number of others who would need support. Later that day, I wrote to the GPSMIG noting that we had the shielding policy up and running for the 900k-1.5m most medically vulnerable who also need wider social support (i.e. those who had been identified by the NHS or added by GPs). I also noted that we knew there were many others who were self-isolating and socially vulnerable and that a large number of people had been directed or self-directed themselves to our shielding website and registered. I asked MHCLG, DWP, DHSC and DEFRA to work up a proposition for how to provide support to these non-shielding vulnerable (**SR/29 - INQ000198021**). It was thought right at this stage, due to the way that the process had developed, that the HMIG would deal with CEV shielding, and other vulnerable people be dealt with in GPSMIG, but that the two groups should stay connected (**SR/30 - INQ000198022**).
29. By Sunday 29 March 2020, we had worked up plans for a non-shielded vulnerable taskforce (**SR/31 - INQ000198028**).
30. The HMIG discussed shielding again on 31 March 2020. It concluded that the group of 85,000 people who had self-registered for support before website messaging was changed (but who had not been identified by the NHS for shielding) would all be contacted. In addition, (i) their details would be sent to their GP who will confirm whether or not they should be added to the central shielding list; (ii) their details would be sent to supermarkets to allow them to be prioritised for food delivery once data sharing with supermarkets had been resolved with the DEFRA and (iii) they would be invited to contact their Local Authority if they were in need of more immediate help. A

- minute from the 31 March 2020 HMIG meeting has been exhibited to my statement (**SR/32 - INQ000083685**).
31. The HMIG considered shielding again on 07 April 2020 (**SR/33 - INQ000083702**), with a paper presented by MHCLG and noted that the Secretariat was to arrange a further discussion on shielding the following week. This meeting also discussed how the GoodSam app was able to provide support for those who were shielding. By this stage Simon Case had been appointed as a Director General co-ordinating the support for non-shielded vulnerable people.
 32. The HMIG considered shielding again on 17 April 2020 (**SR/34 – INQ000083697**). It was decided that the remainder of the 126,000 people who were originally notified as being CEV but were no longer considered clinically in need of shielding should be left on the central list and should continue to receive support until the data had stabilised. This decision was to be revisited by the HMIG within the following two weeks. In a meeting on 01 May 2020, it was concluded that MHCLG should work with DHSC and DEFRA to agree an appropriately sensitive approach and a communication plan to inform those people no longer deemed CEV that they do not need to shield and to sensitively inform them that the food box offer will be withdrawn from them. It was intended that this plan would leave room that in some cases it may have been appropriate to keep the service in place, to minimise the risk of leaving people without access to food (**SR/35 – INQ000083707**).
 33. It was also decided that DHSC should work with Cabinet Office, NHS England ('**NHSE**'), and Public Health England ('**PHE**') to develop analysis of the effectiveness of the Shielding Programme in reducing the spread of Covid-19 among the shielded population and reducing the number of Covid-19-related deaths. The Secretariat was to work with NHSE, DHSC and DCMS to establish the long-term governance of the GoodSAM app and volunteering effort, including responsibility for non-NHS volunteering opportunities, to ensure that volunteers were used effectively both during and after the crisis.
 34. It was decided to pause shielding in June 2020 as part of the relaxation of restrictions discussed below. Shielding was the only item on the agenda at a Covid-19 Operations Committee ('**Covid-O**') meeting on 03 June 2020 (**SR/36 - INQ000088837** agenda, **SR/37 - INQ000088783** minutes). A paper was also circulated prior to this meeting (**SR/38 - INQ000088716**).

35. A public announcement was made on 22 June 2020 stating that from 06 July 2020 those shielding could gather in groups of six and form a bubble with another household. The government also announced that shielding support would remain in place until the end of July 2020, after which people would no longer be advised to shield. I have included emails with Kay Withers, who led on shielding in the CTF dated 16 June 2020 and 19 June 2020, confirming the Prime Minister signed off on the advice (**SR/39 - INQ000252845** and **SR/40 - INQ000252846**). I recall clinical advice came from The Deputy Chief Medical Officer ('DCMO'), Jenny Harries and was based on reducing prevalence and the mental health implications of shielding for a prolonged period.
36. As set out above, I considered that the shielding programme was set up at remarkable pace and although there were difficulties to overcome that was to be expected in a project of such size and speed. It involved a considerable amount of work and coordination across government and provided essential support and reassurance to very vulnerable people at a crucial time in the pandemic. The scheme was fully evaluated as a public health intervention and the learning from that work fed into decisions about shielding as we responded to the evolution of the pandemic.

NHS Capacity

37. From the onset of the pandemic, protecting NHS capacity was a key objective of the Government's response. As such, NHS capacity was to be a regular feature of the daily dashboard meetings. Much of the work in the centre of government was led by Tom Shinner and his team in Number 10 working with me and others in Cabinet Office.
38. On 10 April 2020, a commission was sent for the NHS to provide No 10 with hospital level data, setting out in particular which hospitals were at most risk as well as the progress and capacity of the nightingale hospitals, availability of beds and workforce numbers (**SR/41 - INQ000198040**).
39. On 14 April 2020 there was an NHS officials meeting held to discuss NHS capacity and workforce (**SR/42 - INQ000198047**).
40. On 18 April 2020 we held a Covid-19 Strategy Focus Meeting. One of the topics addressed at this meeting was the need to ensure that upcoming discussions on using free NHS capacity were closely linked to discussions on the overall social distancing easement strategy, and commissioning of Scientific Advisory Group for Emergencies ('SAGE') and the Scientific Pandemic Infections group on Modelling ('SPI-M'). A copy

- of the agenda (**SR/43 - INQ000198054**) and the actions (**SR/44 - INQ000088430**) from that meeting have been exhibited.
41. In my email of 15 April 2020 (**SR/45** **INQ000252818**), ahead of the 18 April 2020 meeting, I noted that there were two modes in this workstream – strategy towards the next phase and continuing to strengthen short term response. In this same email I noted that the issues we were most worried about were ‘workforce and whether more action is needed; if so what’, link with care homes and capacity’ and ‘actions needed to get more assurances about Devolved Administration position’.
 42. On 27 April 2020, there was a 9.15am morning update meeting to discuss short to medium term NHS capacity and to agree immediate plans for NHS capacity in May 2020. As prevalence fell over the subsequent weeks, the pressures on the NHS naturally reduced. The agenda (**SR/46 - INQ000088478**), readouts (**SR/47 - INQ000088479** and **SR/48 - INQ000088524**), minutes (**SR/49 - INQ000088640**), and actions (**SR/50 - INQ000088499**) have been exhibited to my statement.
 43. On 15 May 2020 there was a Covid-19 NHS Capacity meeting looking ahead to try and anticipate future risks. A copy of the slides produced by NHSE on capacity planning for 2020 / 2021 which were discussed at that meeting have been exhibited to my statement (**SR/51 - INQ000198094**). The readout and actions arising from this meeting have also been exhibited (**SR/52 - INQ000198093**). The first of the five tests set out in the Our Plan to Rebuild Roadmap published on 11 May 2020 (**Our Plan to Rebuild Roadmap**) was to determine the pace of reopening society and the economy was to protect the NHS’s ability to cope.
 44. In autumn 2020 ,as prevalence rose, NHS capacity was a central aspect of discussions around potential measures to control transmission. In October 2020 and prior to the second national lockdown, further discussions were had on NHS pressures and capacity. At this point in time, pressures in Merseyside were presenting a particular concern (**SR/53 - INQ000198156**).
 45. In November 2020, I was also involved in arranging a response from the CTF to several questions the CDL had raised and which he considered needed answering to ensure the lessons from the past year were incorporated into plans after 02 December 2020. Two of the questions related to NHS capacity (**SR/54 - INQ000198166**).

46. In November 2020, I had discussions with the Chief Medical Officer ('**CMO**') and the UK Government Chief Scientific Adviser ('**GCSA**') on NHS capacity as part of our preparation for the Prime Minister's 02 December 2020 statement (**SR/55 - INQ000198169**).
47. In December 2020, Helen MacNamara chaired a winter coordination meeting. A significant concern was getting a full handle on the NHS capacity pressures. I asked one of the CTF teams to work with the winter coordination group to ensure coordination within the Cabinet Office (**SR/56 - INQ000198177**).
48. In February 2021, and reflecting the fact that pressure on the NHS was beginning to ease, the Prime Minister's schedule of meetings on NHS capacity was revised (**SR/57 - INQ000198188**).
49. NHS capacity was the paramount immediate and urgent concern at the outset of the pandemic as prevalence grew and hospitalisations rose quickly. It became central to decisions to implement restrictions both locally and nationally and was fundamental to strategic approaches to reduce restrictions after each national lockdown. As I discuss further below, NHS capacity was central to the February 2021 'Path to Spring' Roadmap ('the **Roadmap**') and the various stages of unlocking that were contained within that plan and in the Autumn and Winter Plan and the long term Covid-19 strategy published in February 2022.

Ventilators

50. When I joined the Covid-19 response on 16 March 2020, procuring ventilators was a crucial workstream as the number of patients needing oxygen during the first wave rose quickly and modelling at this time implied the NHS would need far more ventilators than it had. I recall having a meeting with the CDL on 16 March 2020 where one of the topics for discussion was which MIG would be responsible for procuring ventilators (**SR/58 - INQ000197981**). This was another area where the issues in key projects were addressed in different MIGs. On 17 March 2020, I received an e-mail from Name in No 10 informing me that there were several urgent tasks to be homed in on in the next number of weeks, one of which was the procuring of 20,000 ventilators.
51. NHSE were responsible for procuring ventilators, supported by DHSC and the Crown Commercial Service in the Cabinet Office in particular. At the HMIG meeting on 22 March 2020, one of the topics for discussion was ventilators and specifically 'when will

- the 20,000 target be reached and what is the projected weekly usage of these machines' (**SR/59 - INQ000197995**).
52. On 24 March 2020, the issue of ventilators was discussed at the 08:15 and 09:15 meetings. There were numerous ongoing actions both on establishing the data on the trajectory for acquiring additional ventilators and substantive work, including for DHSC to work with the Ministry of Defence ('**MoD**') and the Foreign, Commonwealth and Development Office ('**FCDO**') to expedite the export of ventilators from China. The agenda (**SR/60 - INQ000056109**), dashboard (**SR/61 - INQ000120846**) and papers (**SR/62 - INQ000056107**, **SR/63 - INQ000056110**, **SR/64 - INQ000056112**) for the 09:15 meeting and the actions for both meetings have been exhibited to my statement (**SR/65 - INQ000056105**).
53. On 25 March 2020, I attended a small group meeting with the Prime Minister, the Secretary of State for Health and Social Care, CMO and Simon Stevens which discussed the latest NHS data and demand forecasts. The meeting noted the work undertaken within the NHS and SAGE on demand and agreed that it was important to have one planning assumption to base decisions including with regards ventilators. The follow-up tasks from the meeting included that the DHSC and NHS should provide the full data for ventilators (**SR/66 - INQ000198007**).
54. On 26 March 2020, I attended an NHS data and preparations meeting with the Prime Minister, the Secretary of State for Health and Social Care, the CDL, CMO and the Chief Executive of the NHS. One item on the agenda of that meeting was ventilators (**SR/67 - INQ000198005**). A readout of the said meeting has been exhibited (**SR/68 - INQ000198014**). As was apparent from this meeting, the procurement of ventilators would be a matter of international concern with engagement required in both Europe and China. Following this meeting, I made contact with David Quarrey and Beth Sizeland on the international side of the Cabinet Office informing them that this work stream would require support from the FCDO (**SR/69 - INQ000198013**).
55. Also, on 26 March 2020, the Prime Minister had a call concerning ventilators. As the readout of that call (**SR/70 - INQ000198011**) suggests, the Prime Minister set the challenge of obtaining 8,000 ventilators by 13 April 2020, based on forecasts presented that morning, but was concerned that there would need to be an acceleration of domestic production to meet this target.

56. Shortly after this call, I received an e-mail from Imran Shafi who stated that the Prime Minister was 'vexed' about ventilators and wanted a clear plan presented to him the following morning. In a response to this e-mail, Stuart Glassborow said that there was a question as to who was in charge of ventilators and procuring 8,000 of them regardless of where they came from **(SR/71 - INQ000198012)**.
57. On 27 March 2020 there was a meeting which discussed the procurement of ventilators and in particular whether or not a supply of 8,000 could be obtained by 13 April 2020 **(SR/72 - INQ000198024)**.
58. On 28 March 2020, I had a call with officials from FCDO who advised me that they would be in a position to deliver circa 5,000 ventilators by 13 April 2020 **(SR/73 - INQ000198026)**.
59. On 29 March 2020, I wrote to CDL emphasising that Emily Lawson was going to pull together a single set of figures in respect of ventilator deliverables but that the numbers in respect of ventilators were 'moving around quite a lot' **(SR/72 - INQ000198024 exhibited above)**.
60. On 30 March 2020 there was a meeting with the Prime Minister to discuss ventilators **(SR/74 - INQ000198023)**. It was decided that FCDO and Department for International Trade should continue to procure ventilators from overseas. The NHS would continue to act as the single responsible owner for the ventilator project **(SR/75 - INQ000088315)**. After this meeting, I asked Jack Feintuck to look into what other components were required for a ventilated bed **(SR/76 - INQ000198029)**. The data around ventilators was an issue. As summed up by the Prime Minister at a later Cabinet Meeting (14 July 2020), a deeply frustrating aspect of the early stage of tackling Covid-19 had been the inability to get a single, stable set of appropriate data, including how many ventilator beds were available **(SR/77 - INQ000089005)**.
61. During this time, there were also queries coming in from the Devolved Administrations, in particular from Scotland, on the question of supply of ventilators. This matter was discussed specifically at a meeting on 02 April 2020. An action arising from that meeting was that DHSC would take forward discussions with the Scottish Government on what assistance could be provided to the Scottish health service to increase critical care bed capacity and the supply of ventilators and PPE **(SR/78 - INQ000198030)**.

62. Ventilators were discussed at the Prime Minister's NHS capacity and readiness meeting on 09 April 2020. By this stage SAGE and the NHS had updated the 'Reasonable Worst Case' modelling, with the result that the expected need for ventilators reduced substantially from around 18,000 to around 5,000, rising to a peak of around 6,000 in early May (**SR/79 - INQ000061816**).
63. By the second half of April 2020, it became apparent that the demand for ventilators and the urgency for their procurement was not as great as had been anticipated in previous weeks. Consequently, there was no need for any targeted meetings or discussions on ventilator procurement and data concerning ventilator production and supply was no longer necessary. Towards the end of April 2020, the issue of ventilators, where the necessary supply had been met, declined in importance before becoming of reduced concern when compared with other pressing issues unfolding in the pandemic.

Social Care

64. As set out above, the issue of social care was led by DHSC working particularly closely with MHCLG due to the role that councils held in social care.
65. Cabinet Office and No 10 engagement, as well as the scrutiny and assurance functions on care homes, was conducted both through HMIG and the Prime Minister's strategy meeting which held several discussions and made a number of decisions on these issues. In this section of my statement, I set out what I believe to be the actions taken by HMIG in respect of care homes.
66. One item on the agenda of the first HMIG meeting on 18 March 2020 was the processing of discharges from hospital to social care. Given the pressures on the NHS, it was NHSE's and DHSC's view at that time that this should be done as soon as possible (**SR/2 - INQ000055939 exhibited above** and **SR/13 - INQ000055933 exhibited above**). DHSC's focus at this stage was on ensuring that the NHS were able to free up as many acute care beds as possible in an effort to maintain NHS capacity as the numbers of people suffering severe illness as a result of Covid-19 began to grow. It was noted that social care providers and Local Authorities would require additional support to cope, given likely workforce absences and additional reliance on unpaid carers. Further, at the first HMIG meeting, MHCLG and DHSC had

outlined proposals and additional funding to build resilience and efficiency on these fronts **(SR/2 - INQ000055939 exhibited above)**.

67. On 20 March 2020, it was also recorded after the HMIG that “DHSC and NHS to ensure stocks and delivery of PPE take into account social care providers and consider as appropriate for homeless hostels and schools” **(SR/80 – INQ000055940)**.
68. For the HMIG meeting on 22 March 2020, DHSC were to work with other departments and agencies to provide a plan to the end of June to contain the virus. This was to include NHS and social care resilience. Social care was considered at the meeting on 22 March 2020, where it was noted in discussion that *“to support capacity in community care, advice to care homes should be updated - current guidance suggests they should accept patients who are asymptomatic even if they have not received a COVID test. The CMO should opine on this to reassure care homes, but a potential option should care homes refuse to accept could be step-down care in hotels. Non-NHS bed procurement should be tracked as part of overall capacity (e.g. hotel beds). Further work is required on Social Care metrics to allow a better understanding of system resilience and capacity available (in beds and care packages) to support discharges”* **(SR/81 - INQ000055942)**. An action was set down for the CMO to consider whether definitive guidance could be given to care homes that they must accept patients on discharge without Covid-19 testing if they were asymptomatic **(SR/82 - INQ000055937)**. The following HMIGs up to 7 April (on 24 March, 31 March and 2 April 2020) generally focused on other issues such as shielding and PPE, as discussed elsewhere in this statement **(SR/83 - INQ000055931, SR/84 - INQ000083701, and SR/85 - INQ000083686)**.
69. I understand that on 31 March 2020 a paper was provided at SAGE on nosocomial transmission of Covid-19.¹ It noted that a key additional risk was transmission of coronavirus from non-diagnosed Covid-19 positive patients or staff, i.e. those who are asymptomatic or pauci-symptomatic. The paper noted that a study of swabbing healthcare workers and/or asymptomatic patients was underway in Bristol. It considered the prospect of testing all patients but noted that the capacity to test further was a major challenge. The minute recorded that the NHS was to urgently create and chair a nosocomial infection sub-group, with DCMO support, involving modelling, genomics, clinical expertise and engineering: the sub-group needs to consider the role

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892032/S0091_Nosocomial_Transmission_of_Coronavirus.pdf

of healthcare workers in nosocomial spread, the risk to care homes and solutions for reducing nosocomial spread. The minute of the SAGE meeting on 09 April 2020 also recorded that the CMO (with PHE and devolved CMOs) was to produce a strategy paper on prioritising viral testing of Covid-19 (covering e.g. critical workers, care homes and reducing nosocomial spread) and test numbers needed **(SR/86 - INQ000068781)**. On 11 April 2020, there was a further SAGE meeting. The action remained for the CMO (with PHE and devolved CMOs) to produce a strategy paper on prioritising viral testing of Covid-19 (covering e.g. critical workers, care homes and reducing nosocomial spread) and test numbers needed.

70. On 03 April 2020, I received an e-mail from Alexandra Burns questioning whether there was an 'overall strategy' being adopted on care homes and expressing concern that, on the basis of European experience, we needed to 'get ahead' of the spread of Covid-19 into care homes **(SR/87 - INQ000198032)**.
71. On the following day, 04 April 2020, a report was commissioned from DHSC for the HMIG to be held on 07 April 2020 which sought to explore what was happening in care homes, including whether admissions should be stopped, or isolation practices changed **(SR/88 - INQ000198033)**. A report was produced by DHSC for the HMIG **(SR/89 - INQ000083637)**. The minutes record that the Secretary of State for Health and Social Care stated that DHSC were aware of concerns in the sector and guidance on infection control was under review. He stated that discharges from hospital into the community to increase NHS capacity had been successful **(SR/33 - INQ000083702 exhibited above)**.
72. On 09 April 2020 and again on 11 April 2020, DHSC provided Cabinet Office with a draft social care policy. Cabinet Office had concerns which were set out internally **(SR/90 - INQ000198042)**. There was a strategy meeting led by the First Secretary of State on 13 April 2020 and Cabinet Office concerns were fed into the annotated agenda for the First Secretary of State **(SR/91 - INQ000198043)**. On 13 April 2020 Cabinet Office raised concerns about transfers to care homes causing nosocomial infections **(SR/92 - INQ000198046)** but were told that this was not an issue of concern at that time. This was in advance of a strategy meeting on Adult Social Care that evening **(SR/93 - INQ000198044)**.
73. On 14 April 2020, it was reported that the CMO had now recommended testing asymptomatic people going into care homes from hospital **(SR/94 - INQ000198048)**.

- Again, I understand that this was recorded in the SAGE minutes that day **(SR/95 - INQ000198049)**. The action from the SAGE meeting was that the Nosocomial Working Group would widen viral sampling in hospitals and care homes, including a rapid review of infection, prevention and control – to test for infection. Asymptomatic individuals would be tested in certain circumstances. There was a further Strategy meeting at 9:45 on 14 April 2020 after which it was recorded DHSC had agreed on the policy of testing social care workers (in line with NHS workers policy) and all patients for admissions to care homes and extending testing to all symptomatic patients in care homes **(SR/96 - INQ000198045)**.
74. I was aware that following the Prime Minister's discharge from hospital and return to work, he became personally concerned about the position in care homes. My team pursued concerns in discussions with DHSC on 23 and 24 April 2020 **(SR/97 - INQ000198062)**. At this time there were still concerns being raised from Cabinet Office and No 10 on infections in care homes **(SR/98 - INQ000198061 and SR/99 - INQ000198065)**. On 24 April 2020, the Prime Minister chaired a call with the Secretary of State for Health and Social Care which covered care homes **(SR/100 - INQ000198068)**.
75. In response to the Prime Minister and Cabinet Office's concerns about the situation in care homes my team arranged a Covid-19 Strategy Deep Dive meeting with the Prime Minister and Secretary of State for Health and Social Care. This occurred on 28 April 2020. The importance of regular testing of asymptomatic individuals in care homes and of infection prevention and control measures were stressed at the meeting **(SR/101 - INQ000198072 and SR/102 - INQ000198073)**. The Chair's brief set out the Cabinet Office concerns around care homes at this point **(SR/103 - INQ000198069)**.
76. On 30 April 2020, I provided a commission for DHSC on test and trace, which included the need for a plan to test all asymptomatic workers in care homes **(SR/104 - INQ000198075)**.
77. On 6 May 2020 the First Secretary of State conducted a further 'deep dive' into nosocomial infections and social care. I exhibit the documents that were produced out of that meeting **(SR/105 - INQ000198081, SR/106 - INQ000198084 and SR/107 - INQ000198085)**. A note was provided to the Prime Minister on 15 May 2020 **(SR/108 - INQ000198090)**, and on 22 May 2020, the Prime Minister met with the Secretary of State for Health and Social Care and the Minister of State for Social Care to discuss the situation **(SR/109 - INQ000198098)**.

Vaccines (prior to establishment of the Vaccine Taskforce)

78. Throughout my time as secretary to the HMIG, I was also involved in work surrounding vaccines. As above, however, this was longer term work which mostly sat outside the MIGs (**SR/110 - INQ000198035**). I have set out below what I believe to be some of the more significant key meetings and events that took place during my time in the Cabinet Office prior to establishment of the Vaccine Taskforce.
79. When I joined the Cabinet Office on 16 March 2020, there was already a body of work that had been undertaken on vaccines. Vaccines were considered at HMIG meetings, but also later in Covid-19 Strategy Committee ('**Covid-S**') meetings. Based on advice from the GCSA, CMO and DCMOs and others, the Government had established a strategic priority to maximise the chances of developing and manufacturing a vaccine. I attended the third HMIG meeting on 21 March 2020 (**SR/111 - INQ000197996**). Vaccines were discussed at this meeting with an update on the same provided by the GCSA. A copy of the chair's brief for that meeting is at (**SR/112 - INQ000198000**). I also attended meetings on 24 March 2020 which also had a focus item on vaccines and medical countermeasures (**SR/113 - INQ000198006**).
80. On 03 April 2020, my team was commissioned to produce a short note on vaccines which would be put before the Prime Minister in the week commencing 06 April 2020. The note outlined that the development of a Covid-19 vaccine would depend on government, industry, academia and healthcare working symbiotically. It also outlined some estimated costings (**SR/114 - INQ000198037**). I was provided with a draft of a paper on vaccines on 9 April 2020 which was to go to the Prime Minister (**SR/115 - INQ000198038**). I noted "*I think the PM note needs to make the case for the (£1bn) investment. The current note is too much of a precis of the BEIS [Department for Business, Energy & Industrial Strategy] note. The argument here is that this is the most likely way out of widespread social distancing/shielding. So we should throw everything at it ...*"
81. On 09 April 2020, the Cabinet Secretary requested three deep dives on vaccines and treatments, track and trace and NHS capacity, all of which would prepare the ground for discussions with the Prime Minister. There was a commission request for a slide pack to be prepared in advance of the Vaccine and Treatment deep dive, which was to be held on 20 April 2020. A copy of the slide packs that were prepared for the Vaccine and Treatment Deep Dive have been exhibited (**SR/116 - INQ000198057** and **SR/117 - INQ000198056**).

82. On 22 April 2020, I attended a meeting at which Professor Jonathan Van Tam gave a vaccines update to the Cabinet Secretary. This update was then discussed at the Covid-19 Strategy Meeting on 23 April 2020. A copy of the slide pack that was prepared for that meeting has been exhibited (**SR/118 - INQ000198059**).
83. 24 April 2020, I was asked to chair a cross-Whitehall Directors' General meeting, the purpose of which was to take stock of the many joint actions coming out of the Cabinet Secretary and First Secretary of State deep dives that had taken place earlier that week (**SR/119 - INQ000198064**). A copy of the agenda (**SR/120 - INQ000198070**) and the readout (**SR/121 - INQ000198088**) of that meeting, which occurred on 28 April 2020, have been exhibited to my statement.
84. On 04 May 2020, I attended a meeting with the Cabinet Secretary on vaccines (**SR/122 - INQ000198079**).
85. I was also involved in discussions about the SRO for vaccines. On 20 April 2020, I received an e-mail from Emily Beynon highlighting the need to appoint an SRO on vaccines. In this e-mail it was also stated that Dominic Cummings had expressed a wish to appoint a single SRO with significant operational experience to oversee the vaccine programme. A copy of this e-mail has been exhibited at (**SR/123 - INQ00019858**). There were a number of conversations over the subsequent weeks that resulted in Kate Bingham agreeing to chair the Vaccine Taskforce.
86. I have included further detail of my role in respect of vaccines after the establishment of the Vaccine Taskforce below.

Test and Trace

87. I first became engaged in work on testing in April 2020, when DHSC were leading a project to ramp up capacity to be able to administer 100,000 tests a day by the end of the month. This target was put in place to accelerate the growth in capacity as rationing of testing was a critical issue, including in social care. There was also a need, beyond testing alone, to establish a capability for broader track, trace and isolate positive cases. On 16 April 2020, I was forwarded an e-mail (**SR/124 - INQ000198051**) from Dominic Cummings which indicated that the three critical projects for the Government were (i) domestic manufacture of PPE; (ii) development of vaccines and treatments and (iii) developing an infrastructure for '*track and trace*' ('**Track and Trace**').

88. Track and Trace was discussed at the 09:45 Covid-19 Strategy Deep Dive on Friday 17 April 2020 (**SR/125 - INQ000088415**), the action points from that meeting included an action that DHSC would produce a plan with weekly staging posts for, what was then referred to as a test, track, trace and certify programme ('TTTC') and that there would be interaction between the Cabinet Secretariat and DHSC to explore how plans to ease social distancing could be developed alongside TTTC. A copy of the actions from that meeting have been exhibited (**SR/126 - INQ000198055**).
89. On 21 April 2020, there was a TTTC officials meeting chaired by the Cabinet Secretary. The actions arising from that meeting have been exhibited (**SR/127 - INQ000088451, SR/128 - INQ000198060 and SR/129 - INQ000198063**). There were significant cross-government issues and challenges with track at trace at the start. As an example, on Thursday 23 April 2020, I received an e-mail from Susannah Storey in DCMS highlighting that, in respect of TTTC, there were 'huge issues from a policy perspective around the scope, the data collection and the interface with the Government's policy objectives' (**SR/130 - INQ000252822**, see also **SR/131 - INQ000252825** **SR/132 - INQ000252824**, **SR/133 - INQ000061957**). I arranged several cross Whitehall meetings to try to address these issues. Part of the challenge was that 'test and trace' set the ambition and expectation extremely high at the outset in terms of standard and scale of service and the pace they would get there. They then did not meet this in delivery as quickly as they had stated (see email from **Name** in No 10 at **SR/134 - INQ000252831**).
90. On 28 April 2020, there was a Test, Track and Trace Strategy and Operational Issues meeting which was chaired by Dominic Cummings. Key points and actions from that meeting have been exhibited (**SR/135 - INQ000198071**). This was a detailed meeting which discussed many aspects of TTTC including how many contacts of a positive case of Covid-19 would be traced and what the implications of such contact tracing would be. A follow up e-mail from that meeting was sent by Imran Shafi (**SR/136 - INQ000198074**).
91. On 30 April 2020, there was a further discussion of TTTC at the 09:45 Covid-19 Strategy Meeting. At this meeting the Prime Minister made clear that he considered that the TTTC programme was critical to the success of easing social distancing measures in the short term. There were discussions around the development of the 'test and trace' app with concerns being expressed as to both its efficacy and its

- uptake. A copy of the readout for that meeting has been exhibited **(SR/137 - INQ000198076)**.
92. As above, on 30 April 2020 a commission was put to DHSC to provide more information on TTTC **(SR/104 - INQ000198075, exhibited above)**. DHSC provided a paper for the HMIG on 1 May 2020 **(SR/138 - INQ000198077)**, and actions flowing from that meeting were set out on 3 May 2020 **(SR/139 - INQ000198078)**.
93. On 05 May 2020, there was a further meeting on TTTC attended by the Prime Minister, the Secretary of State for Health and Social Care and others. At this meeting the Prime Minister requested a roadmap through to the supply of a minimum of 500,000 antigen tests in the 8 weeks subsequent to 04 May 2020 and there were to be further proposals on asymptomatic testing. At this meeting the Secretary of State for Health and Social Care expressed that he was minded to adopt a voluntary approach to self-isolation to begin with. A copy of the readout for that meeting has been exhibited **(SR/140 - INQ000198080)**.
94. On 07 May 2020, it was announced that Baroness Dido Harding would be appointed to head up what was then renamed NHS Test and Trace ('**Test and Trace**'). While her appointment was announced on 07 May 2020, I recall that it took several days to both formalise her appointment by way of an appointment letter and in establishing precise terms of reference for the work that she would be undertaking. On 10 May 2020, I had a call with Baroness Harding to discuss her letter of appointment **(SR/141 - INQ000198087)**. The terms of reference for Test and Trace were agreed throughout the week commencing 11 May 2020 **(SR/142 - INQ000198082)**
95. On 08 May 2020, there was a First Secretary of State Deep Dive on Test and Trace and international comparators **(SR/143 - INQ000198083)**.
96. In light of the Prime Minister's meeting on 05 May 2020 and the FFS Deep Dive on 08 May 2020, as mentioned above, a further meeting on Test and Trace took place on 14 May 2020, with the Prime Minister, the CMO, the GCSA and Baroness Harding in attendance. At this meeting, Baroness Harding set out her overall objective, which was to build a world class Test and Trace programme building on the existing target of being able to administer 200k swab tests by the end of May 2020. The Test and Trace app was also discussed. The Prime Minister was keen to ensure that the Test and Trace programme would be sufficiently robust so as to support the Government's objective of easing restrictions by 01 June 2020 **(SR/144 - INQ000198089)**.

97. On 18 May 2020, I had a discussion with Raghuv Bhasin, Baroness Harding's Chief of Staff, about how to work across Government with the Test and Trace programme, given the number of interests and dependencies across Government. I subsequently chaired meetings to start to bring people together regularly. Also on 18 May 2020, there was a long meeting with Baroness Harding and the CMO and GCSA. In a follow up e-mail to that meeting, Tom Shinner outlined how there were several outstanding questions that needed to be addressed and that there were some fundamental differences of views as to what the Test and Trace programme was trying to achieve and by when. A copy of that e-mail is exhibited **(SR/145 - INQ000174735)**.
98. On 19 May 2020, I received a draft copy of the proposed strategy for Test and Trace which was to be published alongside a formal launch of Test and Trace, scheduled to take place on 21 May 2020. I recall that there was a degree of scepticism from No 10 in respect of this document and it went through a series of different iterations **(SR/146 - INQ000198091)**. A copy of the proposed strategy for Test and Trace has been exhibited **(SR/147 - INQ000198096)**. On 22 May 2020, the decision was taken to produce a significantly 'pared back' version of this document which was intended to be a 'high level' overview of the objectives of Test and Trace. On 25 May 2020, I was forwarded correspondence from Tom Shinner being highly critical of this document, stating that it is 'vague, uninformative' and begging 'many more questions than it answers'. A copy of that correspondence has been exhibited **(SR/148 - INQ000252839** and attachments, **SR/149 - INQ000252840**, **SR/150 - INQ000252841**).
99. On 20 May 2020, the Prime Minister met again with Baroness Harding, the CMO, the GCSA and other officials to discuss Test and Trace. While I was not in attendance at that meeting, Paul Macnaught attended in my absence **(SR/151 - INQ000198095)**.
100. Test and Trace was launched on 28 May 2020.
101. There was a Test and Trace Covid-O meeting on 04 June 2020. This meeting considered public order, border communications and local lockdowns. The Chair's brief **(SR/152 - INQ000088838)** recommended discussing 5 principal delivery concerns for the TTCE, namely, (i) what data sources are being used to detect outbreaks quickly and accurately; (ii) whether TTCE has the resources to act quickly, (iii) who takes decisions and what authority is held by different levels of the system and what authorities must be reserved for Ministers; (iv) TTCE's effective communication

- to the public; and (v) how TTCE is working with the Devolved Administrations. The Chair's brief further states that the purpose of the meeting is to decide: whether the date and analysis plan is accurate, the planning assumption, how to implement staffing, what permissions to allocate to each level, whether public communications is adequate, the approach to consultation with local authorities, the approach to testing and exercising the reactive playbooks.
102. On 12 June 2020, there was a Test and Trace meeting, attended by officials from the Home Office, DEFRA, HMT and the Joint Biosecurity Centre ('JBC'), the purpose of which included a policy deep dive on the 'contain framework'. A copy of the agenda for that meeting appears at (SR/153 - INQ000252843). A copy of the slides addressing the contain framework which were distributed in advance of this meeting appear at (SR/154 - INQ000252844). A copy of the actions from this meeting have been exhibited (SR/155 - INQ000252909).
103. By the middle of June 2020, there was an exerted focus on ensuring that a robust Test and Trace programme was operational well in time for the easing of Covid-19 restrictions planned for 04 July 2020. I was involved in discussions surrounding text to be published by Department for Business, Energy & Industrial Strategy ('BEIS') which would require businesses to assist Test and Trace by maintaining customer logs for a period of 28 days (SR/156 - INQ000198115). When the easing of restrictions took place on 04 July 2020, there was a difficulty in obtaining anything other than anecdotal data as to the number of businesses that were implementing these customer logs. I was of the view that obtaining more precise data was critical given how central Test and Trace was to the strategy for opening up various sectors.
104. There were various issues through this period concerning how quickly the Government could scale up its efforts. On 24 July 2020 I was brought into an e-mail chain which included an exchange between Baroness Harding and Gareth Rhys Williams the Government Chief Commercial Officer who expressed concerns. Following this exchange, I chaired a call with Gareth Rhys Williams, David Williams, and officials from the CTF, HMT, DHSC and Raghuv Bhasin of Test and Trace to discuss some of the concerns surrounding Testing and Vaccines particularly in respect of upscaling a roll out (SR/157 - INQ000198134).
105. The discussions about the streamlining of spending decisions and consideration of the proposal referred to above continued throughout the first half of August 2020. There were still concerns from the DHSC, Vaccine Taskforce and Test and Trace that

- commercial and spending decisions were being slowed down by wider permissions sought by the Cabinet Office and HMT. On 19 August 2020, I had an e-mail exchange (and a conversation) with Robert Jenkins in the HMT about steps that could be taken to move financial delegations for mass testing forward **(SR/158 - INQ000198138)**. A copy of the financial delegations appears in an e-mail from me dated 19 August 2020 **(SR/159 - INQ000198137)**.
106. On 19 August 2020, I received an e-mail from **Name Redacted** at No 10 stating the Prime Minister's view was that Test and Trace was the most important programme in Government and that there should be no unnecessary impediment to its success. There was a conversation as to how to appropriately and adequately resource Test and Trace. Simon Case expressed concern that the Prime Minister had promised Baroness Harding all kinds of support and whereas, the issue with approvals had largely been resolved, the issue with the workforce side of things was going to 'explode' **(SR/160 - INQ000198136)**.
107. The difficulties in recruiting at Senior Civil Servant level into Test and Trace continued into late August 2020 **(SR/161 - INQ000198140)**.
108. On 06 September 2020, there was a data and policy options meeting presented by Test and Trace. The actions for that meeting have been exhibited **(SR/162 - INQ000198144)**.
109. Throughout October 2020, there was much discussion as to the length of period of isolation for contacts of those who had tested positive and how to ensure that those who had been flagged as being a contact of a positive case would comply with the requirement to self-isolate. These discussions were held in concert with the CMO and the GCSA **(SR/163 - INQ000198162)**.
110. On 03 November 2020, I received an e-mail from my colleague Kate Josephs in the CTF outlining the work programmes needed in respect of Test and Trace. These included the overall Covid Strategy which informs the Test and Trace priorities throughout 2021, the need for mass testing pilots and the overall capability of Test and Trace. This led to a debate in the team about our objectives for testing. I was sceptical about how much testing could achieve and, more broadly for pursuing an elimination strategy. I have exhibited this e-mail chain **(SR/164 - INQ000198168)**.

111. Before the country entered the second national lockdown on 05 November 2020, there were discussions about how mass testing would be critical not only in securing the exit from lockdown which was planned for 02 December 2020 but also for ensuring that we could continue to live with the virus, but in a manner that reduced the need for NPIs until a vaccine arrived **(SR/165 - INQ000198167)**.
112. On 19 November 2020, I was in discussions with Conrad Smewing and other officials from HMT on the estimated running costs of Test and Trace in 2020 – 2021. I have exhibited this e-mail chain **(SR/166 - INQ000198170)**.
113. As with other workstreams, Test and Trace played a role in the Roadmap. On 03 February 2021, the Covid-19 Taskforce Test and Trace team were commissioned to work with NHS Test and Trace to produce a paper setting out the issues, choices and decisions related to test, trace and isolate which ought to be included in the Roadmap **(SR/167 - INQ000198184)**. On 05 February 2021, there was a meeting of the xWH DG Board which was attended by lead officials from NHS Test and Trace. I have exhibited the agenda of that meeting **(SR/168 - INQ000198189)**.
114. On 17 July 2021, I emailed Jessica Glover, Ollie Ilott and Stuart Glassborow setting out my view that the focus of Covid-19 response in 2022 and beyond would be 'living with Covid-19' and that it is safe to assume that a smaller Test and Trace operation would be necessary. However, I also outlined some difficulties that may arise namely that, while Test and Trace operations would invariably be scaled back, scaling back too much may create difficulties should 'scaling-up' ever be required again. I have exhibited a copy of this e-mail **(SR/169 - INQ000198210)**.
115. By January and February 2022, much of the e-mail correspondence that I was receiving concerned the scaling down of Test and Trace **(SR/170 - INQ000198229)**.
116. Test and Trace was a central part of the Government's response to Covid-19. The scale of the capability and infrastructure that NHS Test and Trace built at speed was enormous and a critical part of managing the virus. This was the case from radically and rapidly increasing testing capacity through April and May 2020 into the wider development of Test and Trace, Regulations for isolation, the introduction of the tracing app and much else. There were, however, a number of challenges, particularly in the early months.

117. The key challenge between the organisation and the centre was aligning the purpose and ambition for what Test and Trace could achieve and the pace at which the capabilities could realistically be built. The difficulties arose for different reasons. There was confusion in spring 2020 about the extent to which central processes were frustrating the speed of implementation. There were also areas, including the development of the tracing app, where trialling and implementation timelines continued to be extended by Test and Trace. These issues led to frustrations in the centre, including in No 10 that took time to overcome. To some extent there were unrealistic expectations for what could be achieved by testing and tracing in a matter of weeks throughout the summer and autumn of 2020. As the pandemic went on, the programme built phenomenal capabilities, although the costs were enormous and became an increasing issue of contention until March 2022.

Other NPIs

118. In this section, I detail some of the work that I was involved in on other NPIs, focus on the use of face coverings, working from home and social distancing.

Face Coverings

119. During the early months of the pandemic, the scientific advice regarding the evidence supporting the health benefits of the extensive public wearing of facemasks was that it was weak. The subject was discussed in a meeting with the CMO and GCSA following work undertaken by SAGE in April 2020 (SR/171 - INQ000061535 and SR/172 - INQ000061537). During the Covid-19 Strategy Meeting on 1 May 2020 advice on facemasks was discussed and both the CMO and GCSA were invited to comment on the topic (SR/173 - INQ000088658). The CMO and GCSA's comments concerning facemasks were discussed in an email on 28 April 2020 which I was copied into (SR/174 - INQ000252826). A meeting, hosted by Dominic Cummings, dedicated to the topic of facemasks was held at 1.15pm on 22 April with Cabinet Office and DSHC officials (SR/175 - INQ000252819). The CMO and GCSA attended this meeting and disseminated their comments following the meeting in a follow up email (SR/176 - INQ000252820 and SR/177 - INQ000252821).

120. Public health advice at that time was that, whilst wearing facemasks in public might make a marginal positive difference, hand washing was more important. Further, the benefits of wearing a facemask would only be obtained in crowded, indoor areas.
121. As lead for HMIG in the Cabinet Office, and because of the close relationship to PPE, I was involved in discussions on facemasks during this early stage of the pandemic. Because of the worldwide shortage in PPE, it was important that the Government prioritised medical facemasks in healthcare settings. It was decided that the public could use cloth face coverings but should not reduce the supply of medical grade facemasks for health care settings.
122. In the lead up to the publishing of the Our Plan to Rebuild Roadmap on 11 May 2020, there were further meetings and discussions between the Prime Minister and various Ministers surrounding the use of masks. The broad approach to policy, which was published in the Our Plan to Rebuild Roadmap, was that the use of facemasks was altruistic. That is, wearing facemasks could potentially reduce transmission in indoor settings rather than protect the wearer and should be voluntary given that any benefits were marginal. There were also early considerations of the uncertainty of the behavioural response to mask wearing before publishing the Our Plan to Rebuild Roadmap.
123. The Our Plan to Rebuild Roadmap states:

“As more people return to work, there will be more movement outside people’s immediate household. This increased mobility means the Government is now advising that people should aim to wear a face-covering in enclosed spaces where social distancing is not always possible and they come into contact with others that they do not normally meet, for example on public transport or in some shops. Homemade cloth face-coverings can help reduce the risk of transmission in some circumstances. Face-coverings are not intended to help the wearer, but to protect against inadvertent transmission of the disease to others if you have it asymptotically.

A face covering is not the same as a facemask such as the surgical masks or respirators used as part of personal protective equipment by healthcare and other workers. These supplies must continue to be reserved for those who need it. Face-coverings should not be used by children under the age of two, or those

who may find it difficult to manage them correctly, for example primary age children unassisted, or those with respiratory conditions.”

124. As our knowledge of the virus developed, there was growing evidence that facemasks could indeed help reduce transmission, particularly in indoor and crowded settings.
125. Facemasks policy and approach was led in the CTF by teams in the strategy directorate, as a part of the wider NPIs we reviewed throughout the pandemic. The strategy was informed by evidence, largely through SAGE and in discussions with the DHSC, the CMO, and the GCSA. The CTF also gathered information on international approaches on facemasks (and other NPIs) through a recurring social distancing study produced by the International Comparators Joint Unit ('**ICJU**').
126. The policy and approach were largely debated through meetings with the Prime Minister, core Ministers (particularly the Secretary of State for Health and Social Care and the CDL), as well as the CMO and GCSA. Given the implications for economic sectors and public services sponsored by departments across Government, the policy was also discussed in cross Whitehall meetings. The CTF always provided input to these meetings and decisions. The approach to facemasks were a subject of the CTF's regular communications with the Devolved Administrations, in an attempt to consider a joined-up UK approach.
127. Through 2020, the Government took several different decisions to increase the use of facemasks. Policy decisions were also made as part of the work on different strategy publications, such as the 2020 Covid-19 Winter Plan ('**the Winter Plan**') and the Roadmap.
128. SAGE published a paper titled 'Transmission of SARS-CoV-2 and Mitigating Measures on 4 June 2020', advising of 39 actions that could reduce the risk of transmission of the virus. One of the actions was the use of face coverings.
129. During the review of two metre social distancing guidance published in June 2020, the use of facemasks was identified as a key mitigation. Wearing facemasks when distances of 2m could not be kept in indoor environments where possible, was encouraged by the review.
130. The Government began to require the use of facemasks by asking transport operators in England to make wearing facemasks a requirement of using public transport from

15 June to coincide with the next stage of easing restrictions. The Department for Transport's ('DfT') press release on 4 June stated:

“Bus, coach, train, tram, ferry and aircraft passengers must wear a face covering on their journey to help reduce the risk of transmission when social distancing is not always possible - with Government also working with operators to ensure staff are provided with face coverings where appropriate.”

131. Regulations on wider facemask wearing were introduced when trying to control local outbreaks following the rise in prevalence of the virus in Leicester. These Regulations were brought in towards the end of July and started by making the wearing of facemasks compulsory in shops. These Regulations were a development of what the Government labelled in the May 2020 Our Plan to Rebuild Roadmap as Covid-19 Secure Guidelines. The Government was always clear, if prevalence of the virus fell, they would review the need for the Regulations.
132. The Regulations were applied in wider settings throughout the autumn as prevalence rose, including to hospitality settings and close contact services on 24 September 2020. This was part of Government intervention through the autumn to try and control transmission and keep prevalence down, whilst also maintaining as open an economy as possible. Facemask Regulations were kept through the November restrictions and the winter tiering phase as tier 1 measures across England. Subsequently, compulsory facemask use was introduced to other sectors, including indoor education environments.
133. On 22 February 2021, the Government published its Roadmap out of lockdown, detailing a four-step route back to a more 'normal' life. The Roadmap committed to a review of the evidence on facemasks as a part of the more general review of social distancing measures ahead of step 4 of the plan. This review was led by James Bowler, in his role as head of the CTF.
134. The Social Distancing Review was published in July 2021. The Review states:

“SAGE, WHO and PHE advise that face coverings are an effective mitigation measure as part of a package of infection control measures. Face coverings are part of the hierarchy of controls and a 'source control' (protecting those around the wearer), effectively reducing the emission of respiratory particles from an individual. They may also provide a small amount of protection to an uninfected wearer. To date, the effectiveness of face coverings has been

assessed alongside social distancing. Although there is no conclusive evidence about their standalone effectiveness from other measures or in specific settings, SAGE evidence states that face coverings (if worn correctly and of suitable quality) are likely to be most effective (at least in the short to medium term) in reducing transmission indoors where social distancing is not feasible."

135. As step 4 of the Roadmap was taken in July 2021, the Government stopped mandating that people should wear facemasks. However, guidance remained which advised for the wearing of facemasks in enclosed and crowded spaces.
136. Given that facemasks had a positive public health benefit and low economic cost, the Government's Autumn and Winter Plan anticipated that legal requirement to wear facemasks would be re-introduced in the event of a significant rise in prevalence or new variant of Covid-19. This formed part of a wider 'plan B', which was introduced on 8 December 2021 as cases of Omicron were doubling extremely fast ('**Plan B**'). Plan B included Regulations to wear facemasks in most settings, with the exception of hospitality. Plan B was removed in January 2022 following the accelerated roll out of booster vaccinations.
137. Policy on facemasks was challenging. It became an increasingly divisive issue for people as concern of restrictions rose. Policy also became complex as Regulations had to deal clearly with wearing masks in more settings. As facemasks policy for much of the pandemic was in Regulations, we had to address issues such as wearing a facemask in hospitality venues when entering and going to the toilet, but not when eating. These issues were challenged and at times ridiculed leading to increasingly polarised debates.
138. There were several debates with Ministers about whether facemasks policy should be in Regulations or guidance. Each time it was concluded that regulatory approaches would be clearer and that the benefits would be greater.

Working from Home

139. I do not recall being involved in any discussions surrounding working from home in the period before the CTF was established. The 2020 March lockdown required isolation. People were only allowed to leave their home for four very limited purposes, shopping for basic necessities, as infrequently as possible; one form of exercise a day - for example a run, walk, or cycle - alone or with members of your household; any medical need, to provide care or to help a vulnerable person; and travelling to and from work,

but only where this was absolutely necessary and cannot be done from home. This remained the position for “the foreseeable future” in the May 2020 Our Plan to Rebuild Roadmap, which I had little involvement in producing.

140. This policy reduced social contact around the country and therefore reduced transmission of the virus. The policy also had the effect of reduced crowding on public transport for those people that had no option but to travel to and continue working.
141. Following the publication of the May 2020 Our Plan to Rebuild Roadmap, the working from home policy was mainly discussed in meetings with the Prime Minister, core Ministers (particularly the Secretary of State for Health and Social Care and CDL), the CMO, GCSA, and the CTF. The CTF published various strategy documents through the pandemic, with many referring to the Government’s working from home policy. These documents were covered in the relevant Cabinet and Covid-O meetings and discussions.
142. Working from home was never included in any formal Regulations by the Government but was consistently included in guidance. In summer 2020, the Government loosened the guidance on working from home, to provide employers with increased discretion on employee safety. The new guidance was developed across Whitehall, with departments developing sector specific approaches. The guidelines offered practical steps for businesses to make the workplace as safe as possible and give people confidence to go back to work during the coronavirus pandemic. For example, guidance was offered to office workers, as follows:

“Many offices can accommodate social distancing and put in to place extra measures such as staggered working shifts, extra screens and desk spacing.”
143. As prevalence increased through autumn 2020, one of the tightening measures taken in September was to reintroduce a policy that people should work from home if they could. Guidance at this point was also clearer that public sector key workers should continue to go to work where necessary and that employees in industries such as construction, that could not work from home, should keep going to work. As previously, employers were told to follow Covid-19 secure guidelines.
144. When the tiering system was introduced in autumn 2020, working from home was included as part of the tier 1 restrictions because of the effectiveness of the measure in reducing social contact.

145. The Prime Minister announced a national lockdown on 4 January 2021 and this again required people to stay at home to control the virus and protect the NHS. As mentioned above, on 22 February 2021, the Government published its Roadmap out of Lockdown, detailing a four-step route back to a more 'normal' life. Upon moving to step 1 of the Roadmap on 29 March, the Government moved back to guidance of working from home wherever possible, which remained the position until July 2021.
146. The July 2021 Social Distancing Review report considered the working from home guidance. The report states:

“Guidance on WFH has been a necessary and effective lever to reduce transmission and social contact. Introducing WFH guidance reduced the transmission risk inside and outside the workplace, including from people taking public transport (which posed increased risk of transmission due to close proximity and duration of exposure to potential infected individuals in a crowded space and poor ventilation), reducing the number of face to face meetings and social activities, thereby reducing further community/household transmission. The number of people exclusively working from home has gradually decreased through steps 1 to 3 of the Roadmap. For working aged adults (18-59), contacts in the work setting have driven most of the rise in overall mean levels of contact since April.”

147. The report went on to consider that:

“Overall socio-economic effects of the Government’s WFH guidance are complex and unevenly distributed. For example, WFH has reduced the frequency of commuting for many workers resulting in reduced consumption in direct office-related spending, indirect social consumption (such as in retail and hospitality) and transport use in city centres. However, some of this reduced consumption is displaced to surrounding areas where homeworkers live and therefore partly replaced by increased consumption of other goods and services closer to home. As of 19-25 June 2021, workplace mobility in London and Manchester remained 38% and 32% below median January-February 2020 levels respectively.”

148. In July 2021, when the Government announced we would move to step 4 of the Roadmap, the guidance was altered, and everyone could return to the workplace, though the Government suggested a gradual return over the summer. This was to

manage the risk of a surge in transmission as society and the economy was fully opened up following step 4 of the Roadmap.

149. As with facemasks, work from home guidance was featured as a part of Plan B in autumn 2021. Guidance to work from home was re-introduced on 8 December 2021 as cases of Omicron were doubling extremely fast. Plan B was removed in January 2022 following the accelerated roll out of booster vaccinations.
150. Work from home policy was an important part of controlling the spread of Covid-19 throughout the pandemic. It was clear that working from home reduced social contact and therefore transmission. SAGE and others repeatedly set this out.
151. The policy did, however, have significant economic impacts. It reduced travel significantly therefore reducing yield for public transport and associated businesses including those at stations. There were also significant distributional impacts for businesses that relied on commuter and office workforces as consumption moved from commercial areas in city centres to residential neighbourhoods. There was ongoing debate among individual office-based businesses about the impact of working from home.
152. The biggest challenge was in communicating the position through guidance. This was a particularly difficult example of the broad problem, that the public and press had to interpret guidance that advised people and businesses to do or not do something but were not backed by Regulations. Allied to the fact that the Government's position and therefore wording of the guidance changed several times in the summer and autumn of 2020, working from home was often a contested policy. Despite this, many people and businesses that could work from home, shifted to working from home in spring 2020 and stuck with it throughout the pandemic. The changes to norms remain with us now.

Social Distancing

153. As is well publicised and well known, from the outset of the pandemic, social distancing measures were adopted as a key strategy to prevent the spread of Covid-19. On 7 April 2020, I presented a report at the HMIG on social distancing policies (**SR/178 - INQ000083638** report, **SR/179 - INQ000083639** Annex A and **SR/180 - INQ000083633** Annex B).

154. The Our Plan to Rebuild Roadmap which was published in May 2020 and sought to plan for re-opening society and the economy after the first lockdown in 2020 noted that, while restrictions may be lifted, social distancing would need to remain in place. Moreover, in many cases the re-opening of many outdoor and indoor spaces in June and July 2020 was contingent on ongoing social distancing.
155. At each of the steps of reopening in summer 2020, provided advice from the CTF on whether the situation met the 5 tests set out in the Our Plan to Rebuild Roadmap and the details of the plans to reopen and the changes in social distancing as part of that. This advice drew on expert input from the CMO and GCSA. For example, in the week commencing 15 June 2020 I provided advice to the Prime Minister in relation to social distancing Regulations and the package of changes to announce for the 4 July 2020 (**SR/181 - INQ000198104**, **SR/182 - INQ000198110** and **SR/183 - INQ000198111**). This provided the Prime Minister with information on the control of the virus, the review of the proportionality of social distancing Regulations, and the options for opening. Although it noted that the Secretary of State for Health and Social Care would receive a full Equalities Impact Assessment as part of the Social Distancing Regulations review, the advice identified a number of equality concerns relevant to the decision (either to relax restrictions or maintain them) as they related to BAME individuals, women, and people shielding. This was considered by Covid-S on 22 June 2020 (**SR/184 - INQ000088242**) again based on papers from the CTF and with input to the Committee from the CMO and GCSA. The Prime Minister then made a statement to the House of Commons on 23 June 2020 setting out how some businesses could begin to reopen from the 4 July 2020. There was significant correspondence around this time as to which venues would be identified as 'close proximity' where the risk of transmission was too high to allow for reopening.
156. As I have outlined above, a similar approach to social distancing and the considerations as we reopened after the third national lockdown formed part of the Roadmap. The Roadmap drew on what we learned through summer 2020 about the challenges of re-opening different sectors and the differential risks, for example between indoor and outdoor activity. What we learned in 2020 enabled us to maintain a level of health protection with lower economic costs. The Roadmap also identified that a social distancing review would be undertaken. The Social Distancing Review was published in July 2021.

Work with Devolved Administrations

157. The HMIG often met on a UK-wide basis with participation from representatives of the four Devolved Administrations. I often liaised with Permanent Secretaries and civil service counterparts in the Devolved Administrations. It was seen as desirable to have a 'four-nations' approach to Covid-19. Healthcare was, however, a devolved matter and there could be (and were) differences of approach.
158. The original route for Devolved Administrations to be involved in the process was via the COBR meetings. By the time that I had joined, the scale of the Covid-19 response was such that we were establishing MIGs and holding the Prime Minister's strategy meetings daily to debate and decide issues. COBR meetings became less frequent.
159. The actions taken from the first HMIG meeting on 18 March 2020 were for "the Secretariat to engage with the Devolved Administrations on a join-up between England and UK-wide interventions".
160. From 26 March 2020 Cabinet Office had set up a Devolved Administration Liaisons and Union Policy team (**SR/185 - INQ000198019**). This team circulated a tracker of issues relevant to devolution, an example of such a tracker is exhibited (**SR/186 - INQ000198020**). These continued until the winding down of the MIGs (**SR/187 - INQ000198097**).
161. At the HMIG meeting on 2 April 2020 an agenda item was "a consistent UK-wide approach to the virus". Accompanying this agenda item was a slide pack from the DHSC on procurement needs. An action from the meeting was for the secretariat to schedule a follow-up discussion with DHSC and the Devolved Administrations on developing a consistent Covid-19 response across the United Kingdom (**SR/188 - INQ000198034**).
162. On 7 April 2020 issues were raised at a further HMIG meeting relating to social distancing. I wrote a note to Mark Sweeney after the meeting to say that it was useful to have the Devolved Administrations present (**SR/189 - INQ000198036**).
163. On 16 April 2020, I was involved in further discussion about Devolved Administrations and in an e-mail exchange with Zainab Agha (**SR/190 - INQ000198052**).
164. The CTF had a team that focused on Devolved Administration issues and relationships from May 2020 as part of its strategy directorate. We had regular meetings at all levels

between officials in the CTF and the Devolved Administrations. We had a unit led at G7 level, and there was a regular Director level Devolved Administration call to keep in touch on policy. I engaged with the Devolved Administration Permanent Secretaries and Director-Generals bilaterally and also collectively via Sue Gray's weekly meetings. Devolved Administration Ministers also often joined Covid-O meetings and officials joined the pre meetings. This was particularly the case on some issues such as international travel. I also joined the CDL at regular meetings with Devolved Administration First Ministers to discuss Covid-19, where we gave a data briefing from the CTF and I often briefed directly on strategy and policy issues.

Personal Protective Equipment

165. The challenges of both acquiring sufficient PPE for the response to the pandemic and distributing it effectively, particularly to care homes, persisted through the first few months of my time working on Covid-19. On 19 March 2020, at 9.15am, the Prime Minister held a meeting at which DHSC agreed to proceed with all efforts to procure testing, ventilators, and PPE products internationally **(SR/191 - INQ000056056)**.
166. On 20 March 2020, a HMIG meeting which I attended, discussed the progress that had been made on PPE. It was noted that hospitals that had reported limited stock had received emergency deliveries of PPE. A plan to give PPE to social care providers would be completed the following week. It would be important to consider the needs of hostels for the homeless for PPE. MoD had agreed to deploy 5,000 troops to help with delivery of PPE. A copy of the minutes of this meeting are exhibited **(SR/192 - INQ000055934)**.
167. Also on 20 March 2020, at 9.15am, the Prime Minister held a Covid-19 Strategy Meeting. It was agreed that the Civil Contingencies Secretariat would work with DHSC to include more detailed information on the dashboard on testing and PPE **(SR/193 - INQ000056066)**.
168. PPE was again discussed on 22 March 2020 at another HMIG meeting. As with ventilators, further data was needed on the metrics on supply of, and demand for PPE. Access should be extended to cover secondary and community care. The General Public Sector MIG would create an order of priority for PPE distribution to the wider frontline workforce. A copy of the minutes of that meeting are exhibited **(SR/81 - INQ000055942 exhibited above)**.

169. On 01 April 2020, the HMIG discussed a paper on PPE setting out: the approach to collating and managing demand, prioritisation, updated PPE guidance and procurement **(SR/194 - INQ000083632)**.
170. On 02 April 2020, the HMIG discussed PPE prioritisation across the public sector **(SR/84 - INQ000083701 exhibited above)**.
171. At the HMIG meeting on 07 April 2020, the Minister of State for Care noted that ensuring parity of approach between the NHS and social care for PPE and testing was important. The Minister further set out steps that were being taken to ensure sufficient PPE was being provided to social care providers. A copy of the minutes of this meeting are exhibited **(SR/33 - INQ000083702 exhibited above)**.
172. In April 2020 there was concern that PPE was taking up a considerable amount of Local Resilience Forums' ('LRF') time and capacity, and that the local experience of planning was very poor. A Strategic Coordination Group had been set up for London, which provided strong links with national Government. This was being replicated successfully in a number of other areas. A dashboard was developed to show a snapshot of every LRF in England, providing data with which to flag trouble spots **(SR/195 - INQ000088609)**. Further, in April 2020, there had been expended use of military planners to determine demand for and supply of PPE. New guidance from PHE on the use of PPE was expected to dampen demand **(SR/195 - INQ000088609 exhibited above)**.
173. On 9 April 2020, the HMIG discussed the DHSC PPE Plan, which was published the following day². The Plan was intended to provide further clarity on when PPE was and was not needed. The Director General for Prevention, Community and Social Care noted that supplies were being used very rapidly. Whilst working innovatively within the UK to increase supply would help, getting supplies from abroad and particularly China was the most important aspect of this. In discussion, those attending noted that it had been challenging to establish an overall run rate, demand and supply. Military planners had been brought into LRFs to help get a better picture outside the NHS. It was important to increase the predictability of deliveries of UK-wide supplies. Many offers of help were coming in, which needed to be triaged rapidly **(SR/196 - INQ000083704)**.

²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/922273/Coronavirus_COVID-19_-_personal_protective_equipment_PPE_plan.pdf

174. On 10 April 2020 I participated in a Covid-19 Strategy deep dive into the PPE Plan, a copy of the minutes of this meeting have been exhibited **(SR/197 - INQ000088663)**.
175. At the Covid-19 Strategy Ministerial Group meeting on 13 April 2020, the Adult Social Care Strategy paper was discussed. Concerns were raised regarding the lack of a clear strategy on PPE in the paper. PPE continued to be the most substantial issue from a public perspective and in terms of feedback from local councils. Clipper distribution services would start delivering PPE to social care providers **(SR/198 - INQ000088629)**. LRFs were to continue to deliver items for several weeks until the Clipper system was operating at full scale. Since April 2020, Clipper Logistics had delivered all PPE products and the Government published figures for what had been distributed by them **(SR/199 – INQ000198248)**.
176. At the Covid-19 Strategy Ministerial Group meeting on 14 April 2020, the Secretary of State for Health and Social Care noted that PPE stocks were running low for certain critical items, most notably surgical gowns. The Foreign Secretary noted that guidance on usage might need to be updated to ensure supply would last **(SR/200 - INQ000088630)**. The concern about PPE shortages was further expressed in the Covid-19 Strategy Ministerial Group meeting on 19 April 2020. International engagement was in train to address this. Military assistance had been signed off the previous day to assist with distribution. Changes had been made to the approvals system so that PPE arrivals no longer needed to be signed off by the Health and Safety Executive **(SR/201 - INQ000088615)**.
177. In an email I sent on 16 April 2020 **(SR/202 - INQ000198050)**, I noted that I had a meeting with DHSC, NHS and No 10 on the topic of domestic manufacturing of PPE but was not expecting sufficient answers. As outlined further below, this matter became part of Paul Deighton's team in DHSC. I was not involved with procurement.
178. On 20 April 2020 at 9.45am, I attended a Meeting of the Covid-19 Strategy Deep Dive Ministerial Group. Regarding the MoD's response to Covid-19, we discussed issues about PPE logistics. There had been a lack of clarity with Clipper Logistics. A target for PPE distribution had not been communicated to LRFs or recipients. In summing up, the Secretary of State for Health and Social Care said that existing offers to produce PPE by UK business should be reviewed and the issue raised around distribution by Clipper should be resolved **(SR/203 - INQ000088675)**.

179. Also on 20 April 2020, the Covid-19 Strategy Ministerial Group meeting discussed the inclusion of PPE data on the Covid-19 dashboard. The dashboard would demonstrate the 'time to no stock'. The Government had signed a contract with China which would provide the UK with the surgical gowns it required **(SR/204 - INQ000088616)**.
180. In April 2020, Lord Deighton was appointed to lead the effort to procure and produce PPE **(SR/205 - INQ000198247)**. On 21 April 2020, Lord Deighton attended the Covid-19 Strategy Ministerial Group meeting at which a deep dive on PPE was undertaken **(SR/206 - INQ000088633)**.
181. On 24 April 2020 at 09.15am, the Covid-19 Morning Update Meeting discussed an updated PPE graphic on the dashboard and questions put by Lord Agnew to DHSC regarding the PPE process. The actions **(SR/207 - INQ000088473)**, and DHSC response to questions **(SR/208 - INQ000088465)** have been exhibited to my statement.
182. On 27 April 2020, there was a Covid-19 Strategy Meeting deep dive with BEIS and HMT to look at how to develop an industrial strategy to increase domestic manufacturing capacity for items including PPE **(SR/209 - INQ000088678)**.
183. On 30 April 2020, in the Covid-19 Strategy Ministerial Group, the Director of the Civil Contingencies Secretariat, Katharine Hammond stated as part of the commentary on the data dashboard that PPE supplies continued to be an area of concern **(SR/210 - INQ000088643)**.
184. On 04 May 2020, a PPE deep dive took place **(SR/211 - INQ000088536)**. On the same day I attended a Covid-19 Strategy Meeting. A copy of the minutes of this meeting have been exhibited to my statement **(SR/212 - INQ000088671)**. In summing up, the Prime Minister concluded that PPE remained a major risk. The Prime Minister stated that we needed to progress work on a medium-long term plan for PPE including increasing domestic production.
185. By the time of the Covid-19 Strategy Ministerial Group on 05 May 2020, the supply of some PPE items had improved but further work was required **(SR/213 - INQ000088647)**.
186. On 07 May 2020, the HMIG received an update on the new PPE programme under Lord Deighton. Lord Deighton stated that the right data on demand types, timing and locations was key. On supply, the focus to date had been on procuring to deal with

- current shortages. The programme would focus on improving confidence in external suppliers, exploring opportunities in key producing countries, the programme for internal PPE manufacturing, and removing logistical friction from internal distribution channels. In summing up, the Secretary of State for Health and Social Care said that it would be important to continue work with the Devolved Administrations to ensure the PPE programme was taking the needs of all four nations into account **(SR/214 - INQ000083698)**.
187. On the same day, I led the discussion at the Covid-19 Strategy Ministerial Group on the use of face coverings in a non-clinical setting. In summing up, the Prime Minister said that any guidance would need to set clear parameters for their use, saying face coverings would protect others rather than the user, and were optional rather than mandatory. The agenda **(SR/215 - INQ000088558)** and minutes **(SR/216 - INQ000088649)** of this meeting have been exhibited to my statement.
188. The PPE situation had improved somewhat by 12 May 2020. On that day, the Covid-19 Strategy Meeting noted that the domestic supply of PPE was being brought on stream faster than almost any other area. **(SR/217 - INQ000088653)**.
189. On 14 May 2020, the Covid-19 Strategy Ministerial Group noted that the frontline PPE picture for care homes was improving. Work was in train to ensure greater data transparency between LRFs, Local Authorities and Government **(SR/218 - INQ000088624)**.
190. On 19 May 2020, I had a meeting with Robert Jenkins, HMT, and a number of others regarding funding for PPE **(SR/219 - INQ000198092)**.
191. On 12 June 2020 in the Covid-O meeting, it was noted that although the supply of PPE had improved with Lord Deighton's taskforce, more was needed, and the cost of PPE was not sustainable for care homes **(SR/220 - INQ000088789)**.
192. On 2 July 2020, the CTF's 'Covid-19 Winter Preparedness' paper emphasised that plans needed to be developed coherently, taking into account that changes may impact the PPE requirements **(SR/221 - INQ000088301)**. At the Covid-S meeting on the same day, in discussions regarding Covid-19 winter planning, it was agreed that the NHS should be given the resources for stockpiles of PPE **(SR/222 - INQ000088245)**.
193. Acquiring the necessary stocks of PPE and distributing them effectively was a critical challenge in the early part of the Government's response to Covid-19. There were

issues common to other parts of the response such as establishing a common set of reliable data about the position and having the necessary clarity of governance and decision making to effectively coordinate activity. It was an issue that fell between different MIGs given the healthcare focus, necessary funding decisions, international supply chains and debates about PPE supplies for workforces beyond healthcare.

194. The appointment of Lord Deighton to provide a point of leadership and bring together all the efforts improved working across government considerably and provided increased confidence in No 10. Similarly, once there was a single data set of existing supplies and what was coming through the pipeline it established the management of the necessary decisions to make progress.

The illness of the Prime Minister

195. During my first two weeks in the role as Secretary to the HMIG, a number of senior individuals who were part of the response were falling ill, including senior people in No 10 and the Cabinet Office as well as key Ministers. In some instances, those who were ill continued to work from home, while others were severely ill and unable to do so. Many other senior people were also increasingly working from home as close contacts of friends or family who had caught Covid-19. The decision-making structures, such as the Dashboards and MIGs, were in operation prior to the Prime Minister's hospitalisation due to Covid-19 on 5 April 2020 and were being run increasingly remotely via Zoom. Following Boris Johnson's admission to hospital, the MIG structures continued at the same pace and the strategy meetings continued under Dominic Raab's leadership. Naturally, the First Secretary of State coming in to lead the Government brought with it a different dynamic of leadership. However, the people and structures that were in place responded well.
196. I was not involved in the discussions relating to the transition of leadership during this period.
197. The First Secretary of State determined early and was clear that the next phase of the strategic plan needed to be ready by the time the Prime Minister was discharged from hospital. He established a new Quad meeting with CDL, the Secretary of State for Health and Social Care and the Chancellor of the Exchequer to oversee this work. While I did not attend the Quad meetings, these were an additional decision-making structure, which informed the forward strategic development.

198. On reflection, I think it is fair to say that the structures that were in place were sufficiently robust to deal with the illness of the Prime Minister.

SECTION D: THE COVID TASKFORCE

The issues which led to the development of the CTF

199. In May 2020, I was appointed as Director General for Policy and Strategy on the CTF. I served in this role until I was appointed as Head of the CTF in July 2021. I oversaw the downsizing and ultimately the closure of the CTF before taking up my next role leading the joint Home Office and Department of Levelling up, Housing and Communities team that led the cross-government humanitarian response to the Ukraine refugee crisis including the Homes for Ukraine scheme.
200. This section of my statement should be read alongside the CTF corporate statement which I have produced along with James Bowler.
201. When I joined the Cabinet Office on 1 February 2020, Covid-19 was not part of my work. On 16 March 2020 and upon my appointment to HMIG, it was clear that we were already dealing with an unprecedented civil emergency that would need a coordinated, whole of government response. The new structures that we put in place from 16 March 2020, aimed to bring organisation to the work, focusing on an overarching strategy lead and four key lines of operation: healthcare, economy, public services and international. Inside the Cabinet Office, we moved a significant proportion of people (including myself) out of their day jobs to focus on the response. We built teams around this structure to provide secretariats to the MIGs and seek to coordinate decision making as a fully cross Government response. This structure was agreed by other key departments, including the Department for Health and Social Care.
202. However, a number of challenges emerged between mid-March and May 2020. Firstly, it took a few weeks to fully organise and resource the new structure. Initially, the healthcare team in the Cabinet Office consisted of only me and a couple of other individuals who had been working on similar issues in the Economic and Domestic Secretariat. As a result, I had to spend lots of time discussing resources, both with senior colleagues across the Cabinet Office and with individuals who might join my team (**SR/223 - INQ000198053**). Given the pace of work to respond to the rapidly escalating crisis, scaling up in this way led to a sense of churn, resulting in not always having full clarity at lower levels in the Cabinet Office of who was doing what.
203. Secondly, there were complex and overlapping boundaries between the different MIGs. On healthcare this was particularly the case on shielding, where there was an

- overlap with wider volunteering work between HMIG and GPSMIG, and on PPE supply chains which we were leading from HMIG but which had overlaps with all the other MIGs and were often discussed in strategy meetings with the Prime Minister given the pressures on PPE supply. This led to time and energy being spent on establishing which discussions should happen at which meetings.
204. Thirdly, the ways of working between the Cabinet Office, No 10 and other departments, particularly in my case the **DHSC**, were not established in the early weeks. Through the period from mid-March, we were transitioning to coordinating a whole of government response from the Cabinet Office and No 10. However, there were different views of how to approach this in the centre of government, which together led to a proliferation of approaches including MIGs, Prime Minister meetings and the establishment of a Project Management Organisation (**SR/224 - INQ000198031**).
205. Fourthly, a significant proportion of people contracted Covid-19 and were off very ill for periods of time. This was true of senior colleagues in the Cabinet Office, which meant we all needed to cover each other at different meetings. At the same time, many people were starting to work from home and we were establishing hybrid working for the first time. For formal HMIG meetings this created difficulties in the early days as it did for other discussions.
206. Taken together, this led to additional pressures on people working in response to the crisis and there were concerns between No 10 and the Cabinet Office regarding the clarity about who was leading in which areas and whether there was a sufficiently organised response across government.
207. By late April 2020, it was clear that the structures were struggling to cope with the demands we faced, both inside the Cabinet Office and across the centre of government, in responding to the crisis and there was a need for changes to how we were working. At this time, I was involved in discussions with Mark Sweeney, Jonathan Black, Helen MacNamara, Jess Glover and John Owen [] as to how to organise a strategy function (**SR/223 - INQ000198053 exhibited above**).
208. On Sunday 26 April 2020, I received a message from Helen MacNamara, Deputy Secretary to the Cabinet, entitled "How We Govern", which followed on from a conversation that she and I had previously. Helen's email very helpfully proposed a discussion between the senior Cabinet Office team to identify and agree changes that

- would put the Cabinet Office and Number 10 in a better place to support the government to respond to the challenges ahead.
209. At a similar time, Helen MacNamara and Martin Reynolds jointly commissioned work to look at ways of working the issues at that time and how we could improve them. I attended a meeting on 7 May 2020 with Helen MacNamara, Mark Sweeney, Simon Case, John Owen and Patrick Curry. Over the following two days there was further correspondence which I have exhibited (SR/225 - INQ000198086). On 10 May 2020, I received an e-mail from Helen MacNamara proposing that the MIGs would no longer be used (SR/226 - INQ000198066 and SR/227 - INQ000198067). I received another email on 12 May from Helen and Martin that referred to the work they had commissioned, which we discussed on 27 May 2020 (SR/228 - INQ000252830).
210. Throughout the middle of May, following the publication of the Our Plan to Rebuild: The UK Governments Covid-19 Recovery Strategy, which was published on 11 May 2020, senior colleagues and I across the Cabinet Office were discussing structural changes for the next phase of work.
211. We started to shift to these new structures quite informally from mid-May, as I got more involved with Covid-19 strategy work alongside Jonathan Black. As part of this change, I attended a “Strategy Update” meeting between the No 10 and Cabinet Office teams organised by Helen MacNamara and Dominic Cummings on the evening of 14 May 2020, and a meeting with the Prime Minister the next day (see SR/229 - INQ000252835 , SR/230 - INQ000252836 , SR/231 - INQ000252837 , SR/232 - INQ000252832 , SR/233 - INQ000252833 and SR/234 - INQ000252834). A readout from that meeting with the Prime Minister has been exhibited (SR/235 - INQ000252838).
212. These proposed structural and organisational changes ultimately led to the formation of the CTF that was initially led by Simon Case. In the run up to the CTF formally coming into being, I worked with Helen MacNamara to bring in a senior Chief Operating Officer, Andy Helliwell. Andy’s arrival gave me invaluable capability to lead the people and resource management for the new team, as many Cabinet Office staff returned to previous roles. It would not have been possible to improve how we worked and establish the team without Andy’s experience.
213. While it is the case that there were imperfections within the structures devised by the Cabinet Office between March and May 2020, the pursuit of perfection would have

undoubtedly hindered progress. The positives that I take from this time are that, in the early days of an unprecedented crisis, the Cabinet Office quickly devised and put in place responsive structures and diverted significant numbers of people to the response. These structures saw us through the first peak. When it became apparent that those structures were under stress and that there needed to be clearer leadership across the response and enhanced co-operation with No 10, they were revised into what ultimately became the CTF. This was a clearer and more responsive structure that enabled us to build longer term capability and it endured until the end of the pandemic.

214. The CTF was announced by way of email from Simon Case, then Permanent Secretary in No 10, on 5 June 2020. I exhibit an organogram which sets out the initial structure of the CTF (**SR/236 - INQ000198127**). It was led by Simon Case overall. There were six groups. Three came under my control: 'Vulnerable and Shielding' which had previously been led by Simon Case in the MIGs phase, 'Strategy and Roadmap' which had been led by Mark Sweeney; and 'Policy' which brought in a number of Jess Glover's Public Services MIG team as well as the nascent analysis function. Three other teams came under Tom Shinner's control: the 'Programme Management Office' which had been under Mark Sweeney, a Covid-19 Implementation Team, which was largely Tom Shinner's team from No 10, and a No 10 analysis team.
215. In early July 2021, Tom Shinner's secondment finished, and Kate Josephs replaced him. Simon Case ran the CTF until he was appointed Cabinet Secretary on 1 September 2020. Thereafter the CTF was led by me and Kate Josephs until 19 October 2020, when James Bowler was appointed as Second Permanent Secretary. Kate left the CTF in December 2020 and was replaced by Kathy Hall, who had already joined the CTF in October. In October, Rob Harrison joined as a third Director General to lead our analysis function which was increasingly being established. James left the CTF in July 2021 and I led the CTF until March 2022.
216. I have been asked to provide an overview of the timeline into which the various workstreams of the CTF can be divided into. In my view this is:
 - a. June 2020 – August 2020: there was a relatively low-level prevalence of Covid-19. During this time, much of the work I was involved with concerned reopening after the first lockdown, responding to local outbreaks and considering smarter NPIs.

- b. September 2020 – November 2020: much of the work during this period concerned the response to increasing prevalence of Covid-19 during the second wave, testing, tiering and ultimately the second national lockdown.
- c. November 2020 – January 2021: in this period the focus was on coming out of the second lockdown into tiers, the initial rollout of vaccines, policy for Christmas, responding to the Alpha variant and ultimately the third lockdown from January 2021.
- d. January 2021 – July 2021: the development and implementation of the Roadmap and roll out of vaccines.
- e. Autumn 2021 – February 2022: focused on preparing for autumn 2021 learning the lessons of 2020, responding to Omicron and the ending of restrictions in early 2022.

217. I now turn to address the main workstreams that arose during the lifespan of the CTF.

Tiering

218. The tiering system had its origins in the approach to using local restrictions to manage outbreaks, starting in Leicester in July 2020. At this time, we were exiting the first national lockdown and we were trying to suppress the emergence of the virus with targeted local responses including mobile testing and a degree of restrictions to reduce social contact. The logic was to suppress the virus when and where incidence first increased and to try and protect the economy and society in areas with lower prevalence. This logic, and a tiered approach, remained in different forms between late summer 2020 and the start of the third national lockdown in January 2021 (apart from the period of national restrictions during November 2020). The approach, however, evolved over the autumn.
219. As was the case with much of the Government's response to the pandemic, data was critical. The infection survey that the Office for National Statistics ('ONS') ran for much of the pandemic was a critical cornerstone of the dashboard discussions, but also to looking at localised prevalence. The Government's approach to decision making on local restrictions was supplemented by data collated by the new JBC. The Secretary

of State for Health and Social Care chaired a regular Gold meeting and, once the process had been established, the data and recommendations from that came through Covid-O for cross government decision making. The outcome of the 'Fieldforce' visits also fed into our discussions at the time. Over time we also established thresholds at which we became more concerned that local restrictions and increased testing could be important to suppress the virus overall.

220. Through the early autumn, as local restrictions became necessary in more places, the CTF, working with DHSC, developed tiering proposals to standardise the process. These were discussed at Covid-O meetings. The approach was nonetheless relatively unstandardised for much August and September. There were myriad debates about where to draw boundaries locally between areas in and out of restrictions, which had a number of practical implications. In the second half of October, the approach became even more negotiated as we sought to agree the highest tier of restrictions between central government and the relevant local authorities and regional mayors. When the Government ended the national restrictions at the start of December 2020 we had standardised national tiers that were applied by Government at local authority level, again through Covid-O decision making.

Smarter NPIs

221. A Smarter NPIs Design Panel was created in June 2020 and chaired by Simon Case. It included HMT, DHSC, the CMO, GCSA and other departments. The draft Terms of Reference dated 01 July 2020 (**SR/237 - INQ000198121**) states that "the Panel will be supported by a Secretariat team and an NPI design team in the Strategy Directorate of the CTF. The NPI design team will bring together input from the rest of the CTF including the analytical function, and will lead a virtual team from across Government to support the analysis and policy input to the design process." The Terms of Reference state that the Panel's specification is to "develop a hierarchy of 'smart Non-Pharmaceutical Interventions', which could be applied to reduce the transmission of Covid-19, seeking to provide maximum transmission benefit at the least economic cost." At a meeting held on 1 July 2020 (**SR/238 - INQ000198124**), the minutes show that the Panel agreed the definitions of Smarter NPIs set out in the slide pack with some clarifications (**SR/239 - INQ000198120**). The GCSA noted that Smarter NPIs should have 'maximum outcome in terms of impact on epidemic, with minimal disruption'.

222. Work was done to assess the economic impact of lockdown in a paper produced by the Smarter NPIs Design Panel on 03 July 2020 which, among other things, looked at the economic impact on different sectors of lockdown restrictions (**SR/240 - INQ000198126**).
223. While there was some discussion on smarter NPIs throughout August 2020, this work fed into the policy development of tiering and other national restrictions as we went through the autumn.

Compliance

224. Enforcement and compliance were important considerations for much of the period of the response to Covid-19. The Prime Minister and the Government continually reiterated that compliance was critical in order to maximise the impact of the restrictions that were in place and to minimise the time they would be needed. This view was strengthened as enforcement activity brought public breaches to light, some of which were highlighted in the press. We worked with the Behavioural Insights Unit to bring data together and to advise on options to improve compliance. This work looked at both communication tools and informed advice about fines, which were increased in autumn 2020. These issues were discussed and agreed at Covid-O meetings and in meetings with the Prime Minister. Following the implementation of measures, we considered data about the relatively low number of fines, as police forces were cautious about the degree to which some Regulations could be enforced. It was a ministerial view from the Prime Minister that we should press this, and the Prime Minister had meetings with the Home Secretary and police chiefs. Further consideration was also given as to how local authorities could be supported, through the provision of finance, to assist with compliance and enforcement (**SR/241 - INQ000198161**).

The Second National Lockdown

225. In late July/August 2020 it became increasingly apparent that there was a rise in Covid-19 infections across the country. At the time prevalence was very low and it started ticking up very gradually. Work was underway on scenario planning for the Prime Minister. On 29 July 2020 there was a session held in the Pillared Room of Number 10 with the Prime Minister, Chancellor and key advisors. This session considered different scenarios for the ways in which prevalence could increase and looked at

different possible responses including segmentation and regional lockdowns. The papers for this meeting were sent on Tuesday 28 July 2020 (**SR/242 - INQ000252850**, **SR/243 - INQ000252851** and **SR/244 - INQ000252852**) and a final, updated set was sent the next day (**SR/245 - INQ000252853** and **SR/246 - INQ000252854**). In late August 2020, I arranged a discussion with Ian Diamond, Patrick Vallance and Chris Whitty to discuss the rise in Covid-19 and the extent to which they thought the trend was changing.

226. The Prime Minister and Chancellor commissioned more serious work on segmentation. That work envisaged that those who were vulnerable should be shielded in their homes whilst those who were not would be able to go about their business as normally as possible. The theory to test was whether this could possibly protect the most vulnerable who would also be most likely to need NHS services, while maintaining a more open economy ahead of a vaccine being available. At this time HMT seconded an official to work with the CTF on this. The rationale for this work was to explore all options that would control the virus with minimal economic impact (**SR/247 - INQ000198142** and **SR/248 - INQ000198143** attachment). We did this work and advice went to the Prime Minister in my name. For a number of reasons the approach would have been impractical and would not have achieved the aim either of protecting public health nor minimising economic harm.
227. Throughout September and October 2020, there were discussions on a wider range of options for increased restrictions and on the possibility of a lockdown. This included advice on the rule of six, hospitality restrictions and advice on wider regional restrictions.
228. Further, in September 2020 and October 2020 work was undertaken on the introduction of tiering. For example tiering was discussed at a Covid-O meeting on 11 October 2020 (Agenda: **SR/249 - INQ000090257** and Actions: **SR/250 - INQ000090205**), and a Cabinet call at 1700 the same day, ahead of a Monday announcement which included a regional agreement with Liverpool and the extension of support including furlough. The approaches we considered remained in line with the aims set in the summer to minimise economic impact and therefore only apply restrictions in the areas where they were most required. In mid-September advice went to the Prime Minister in my name considering a range of options for further restrictions that could be put in place to strengthen the Government's response to increases in prevalence. Subsequently, in the first half of October the CTF worked closely with No

- 10 colleagues on wider options, including stronger restrictions in regions with the highest prevalence.
229. I recall that, in advance of a meeting with the Prime Minister on 07 October 2020, I discussed with Imran Shafi the possibility of a harder regional lockdown in the North East and the North West **(SR/251 - INQ000198155)**.
230. On 07 October 2020, I attended a meeting with the Prime Minister to discuss regional lockdown measures. This followed advice that had been provided in my note of 19 September 2020 **(SR/252 - INQ000198152)**. A copy of the documents produced for this meeting with the Prime Minister have been exhibited **(SR/253 - INQ000198157, SR/254 - INQ000198160, SR/255 - INQ000198158 and SR/256 - INQ000198159)**. Subsequent to this meeting with the Prime Minister, there was a meeting later that day with HMT, to discuss options and issues with regional lockdowns. Following this, we agreed the Prime Minister and Chancellor would meet the next day to discuss the position. **(SR/257 - INQ000252864)**.
231. On 08 October 2020, the meeting with the Chancellor and the Prime Minister took place at which we went through the health and economic issues and arguments. An email summary of this meeting has been exhibited within the following thread **(SR/258 - INQ000252865)**. After this meeting I understand that there was a smaller meeting that involved the Prime Minister, the Chancellor, and Simon Case, but at which I was not present. On the evening of Thursday 08 October 2020, Simon Case briefed the CTF that the Prime Minister and Chancellor had agreed that the Government would negotiate restrictions with the areas with highest prevalence. The CTF would lead that process and we immediately began discussions with local authorities from Friday 09 October 2020 following a meeting that morning, confirming agreement to commence engagement with local authorities **(SR/259 - INQ000252866)**. Kate Josephs and I led the initial meetings from No 10.
232. This was a difficult process which was also entered into extremely quickly. The HMT agreed to additional funding, but testing capacity remained limited and restrictions were necessary to reduce social contact quickly.
233. There were also practical difficulties as local areas proposed different and complex restrictions, which meant that Regulations got more complicated and had to be drafted to apply to very specific areas in different ways. Throughout this period prevalence continued to rise and the political challenges from local areas made communications

less clear increasing public confusion about the Government's approach as well as restrictions in different areas of the country.

234. In the event however, it became clear supported by the GCSA and CMO's advice, that the lower tiers were not effective at restricting the virus and only at Tier 3 did areas start to have a chance of reducing the R rate. There was therefore an increasingly likelihood that under the negotiated policy we would have to discuss restrictions with more and more areas, which we did not have the capacity to do.
235. We did agree increased restrictions with some local areas, beginning with Liverpool City Region. The regional mayor, Steve Rotherham, attended COBR at 10.30am on 12 October 2020 in the wake of this. A copy of the Agenda of that COBR has been exhibited at (SR/260 - INQ000083805) and the action points arising is at (SR/261 - INQ000083807), the Chair's brief is at (SR/262 - INQ000083826) and papers considered at that meeting are at (SR/263 - INQ000083809 and SR/264 - INQ000083808) In other areas, notably Greater Manchester, despite multiple calls and discussions there was not agreement. Generally speaking, local areas did not want higher levels of restrictions than other areas of the country, and tended to argue for more financial support and control of other resources (such as Test and Trace). I was part of these early discussions with leaders and chief executives from Lancashire, Manchester City and South Yorkshire but most were led by Kate Josephs working with Lord Lister at No 10. On Saturday 10 October 2020, I attended an update call with the Prime Minister, Chancellor, Secretary of State for Health and Social Care, Secretary of State for the Department of Levelling Up and CDL to update on the first round of calls and next steps (SR/265 - INQ000252869) for the readout of the call and the call briefing at SR/266 - INQ000252870). Myself, Kate Josephs and Kathy Hall picked up a number of these calls.
236. The Chair's brief and notes of officials' meetings with local leaders from Greater Manchester and Lancashire on 16 October 2020 has been exhibited (SR/267 - INQ000252911), SR/268 - INQ000252910). The Chair's brief for the meetings on 16 October 2020 with local leaders from South Yorkshire West Yorkshire and Teesside NE5 (SR/269 - INQ000252874) and Tyneside NE7 leaders (SR/270 - INQ000252875) and the readout (SR/271 - INQ000252873) has been exhibited. The Sitrep of status of negotiations with Local authorities as at 21 October 2020 has also been exhibited (SR/272 - INQ000252876).

237. While many negotiations on local restrictions were well advanced, ultimately, they were overtaken by events and the rise in incidence of Covid-19. We did not have the vaccine at that point. The Government still hoped to ease restrictions over Christmas and to have a chance to do this it was necessary to act to bring prevalence down quickly. In the latter half of October, while negotiations continued, there were further discussions with the Prime Minister and others, including a meeting at Chequers on 25 October 2020, which discussed the implications of different approaches (SR/273 - INQ000252877 meeting invite and SR/274 - INQ000252878 readout, and SR/275 - INQ000252879 and SR/276 - INQ000252880 attachments). We subsequently provided a note to the Prime Minister on 28 October 2020 in James Bowler's name (SR/277 - INQ000252881). At a Covid-O meeting on 30 October 2020 the Government decided to impose national restrictions (SR/278 - INQ000146710 paper and SR/279 - INQ000090156 minutes). The Prime Minister announced these national restrictions to the country on 31 October 2020 and the country was placed into lockdown on 02 November 2020.
238. September and October 2020 were a difficult period. The Government's aim was to do everything possible to avoid a lockdown and minimise social and economic harm. The focus was on local and regional restrictions and seeking to calibrate the level of restrictions to only what was needed to control prevalence and protect the NHS from being over whelmed. This approach governed advice and decisions through the period. In the event measures through the autumn were insufficient to control the rise in infections and the risk to public health, including through the possibility of putting too much pressure on the NHS became too high to avoid further national restrictions in November. The continual changes of specific restrictions, local interventions, changing tiers and the negotiations further sought to reduce clarity and increase the complexity of the Government's response.

Testing

239. Throughout this period work was done to develop testing, including Operation Moonshot. In late October / early November 2020 there was a trip to Slovakia where the whole population was being tested. Mass testing was discussed at a Covid-O meeting on 21 November 2020 (SR/280 - INQ000136695). After this meeting the appetite for a 'moonshot' approach to testing waned with Cabinet becoming concerned about costing and difficulties with delivery. A community testing programme was launched in December 2020 in Liverpool to enable local authorities with high

prevalence of Covid-19 to carry out community testing on the asymptomatic. There was a policy debate led by Kate Josephs as to whether there should be additional payments to incentivise self-isolation, but this did not get HMT support and only those eligible for the £500 Test and Trace Support Payment continued to receive money.

The Third National Lockdown

240. The second national lockdown ended on 02 December 2020 as was already determined by the Winter Plan of 23 November 2020 (**SR/281 - INQ000198172**). The Winter Plan set out a regularised three tier approach which had been determined at national level and set out in Regulations. Prior to 02 December 2020, Covid-O met and the Government allocated each area of the country to a tier based on the data. There were no negotiations of the sort that took place in October 2020. The Winter Plan also set out UK wide policy for an easing of restrictions over the Christmas period. This had been agreed as a result of intensive discussions and joint working with all the Devolved Administrations and announced across the UK.
241. At the start of December the data showed rising cases of Covid-19 in Kent. The United Kingdom Health Security Agency ('UKHSA') had also drawn attention to this. As cases rose, the Government, in line with its tiering policy, increased the tier levels for areas such as London where cases were rising. As the first half of December went on, rising cases persisted and we began to question whether the tiering policy could be sustained over Christmas.
242. By mid-December it had been established that rising cases were due to a new Covid-19 variant. The existence of this new Covid-19 variant was announced to Parliament on 14 December 2021. In the following five days there were multiple meetings including meetings with the New and Emerging Respiratory Virus Threats Advisory Group on the transmissibility of this new virus. There was a particular concern surrounding this variant as it was understood to have a higher rate of transmissibility. It became apparent from these meetings that the ambition to have a relaxation of the rules for Christmas would need to be re-considered and there would need to be further national interventions. Following a number of discussions, on 16 December 2020, the Prime Minister announced that London had been moved from tier 2 to tier 3 and sounded a note of caution over Christmas encouraging people to minimise their social contact within the rules. Throughout this time, I was in regular contact with Susan Hopkins in PHE, other health colleagues and the No 10 team.

243. On 18 December 2020, we received confirmation that the new variant was up to 70% more transmissible than the original strain of Covid-19. The Prime Minister did a press conference the next day. In particular he announced that we would introduce a new, stronger tier 4, broadly comparable to the November restrictions, that would be applied to London and the South East where the new strain was rising fastest. Further, the Prime Minister announced that we had revised the policy over Christmas and tightened the ongoing restrictions for that period.
244. Despite these changes, prevalence across the country continued to rise and there were several discussions about the necessary measures to control the new variant. These included moving to a further lockdown and the nature and shape of those restrictions. After Christmas, the lockdown debates were primarily focused on what would happen with schools. As schools had not been closed during the November national restrictions there was an ambition not to close schools during the third national lockdown. There were many meetings with Department for Education officials and Number 10 and a decision was made at the start of the new year to allow primary schools to return and, as older children were transmitting Covid-19 at a higher rate, the return of secondary schools would be delayed by one week.
245. While my focus at this time was not primarily directed towards schools, as I was mainly focused on preparing for the agreed lockdown, I do recall that the decision around schools was particularly challenging. On 04 January 2021, the Prime Minister announced the national lockdown, including closing schools, with the number of Covid-19 patients in hospital around 40 per cent higher than in the first wave in April 2020. On reflection, it was a mistake not to take a more robust decision to lockdown on 03 January 2021, rather than allowing some school children to return to school for one day, before locking down on 04 January 2021.

Vaccines – CTF Period

246. I have set out above the work that I was involved in with vaccines in the HMIG period. The Vaccine Taskforce had been created on 13 May 2020. Reporting to Secretary of State for BEIS and the Secretary of State for Health and Social Care as well as Patrick Vallance and Jonathan Van Tam, the Vaccine Taskforce was explicitly set up to look at the challenges, end to end, from R&D to procurement and manufacturing and worked with academics, industry and regulators. Throughout the summer of 2020, the focus was on preparation and procurement of potential vaccines with a hope to have

- one we could deploy before the new year if we were lucky. Once the first vaccines did emerge towards the end of 2020 the focus switched to deployment. As vaccination was ultimately the strategic path out of needing NPIs, deployment was the critical focus and it underpinned the Roadmap and much of the work in 2021, including accelerating boosters as part of the response to Omicron.
247. The work on manufacturing and procurement was led by the Vaccine Taskforce, which was headed by Kate Bingham through 2020. Deployment was led by the NHS and DHSC under Emily Lawson.
248. On 28 May 2020, I attended an operations meeting with the Cabinet Secretary where Nick Elliott as SRO presented an overview of the Vaccine Taskforce. A copy of the slide pack with that overview has been exhibited at **(SR/282 - INQ000198099)**.
249. On 28 May 2020, I was also informed that Kate Bingham had a meeting with the Prime Minister in which she provided a progress update in respect of the vaccine **(SR/283 - INQ000198100 and SR/284 - INQ000198101)**. Vaccines were raised in Cabinet on 08 June 2020 and I assisted in producing a briefing paper for that meeting. I recall that at this meeting it was discussed that there would need to be a focus on where we were with domestic manufacture and supplies and that while there was an ambition to have a vaccine urgently, this was more likely to be a year away.
250. There was a Covid-O meeting on vaccines on 23 June 2020. A Chair's Briefing for the Covid-O meeting on 23 June 2020 and a copy of the actions arising from that meeting are exhibited **(SR/285 - INQ000198112 and SR/286 - INQ000198116)**. The option of a delegated budget, which had made a big difference for the delivery of PPE, was considered for vaccines. A copy of the minutes of this meeting has been exhibited **(SR/287 - INQ000088796)**.
251. By the middle of July 2020, much of the focus in respect of Covid-19 forward planning switched to address how the pandemic would be managed throughout the winter of 2020. This included a focus on the role that vaccines would play in managing the pandemic throughout the remainder of 2020 and into 2021 **(SR/288 - INQ000198129)**.
252. On 13 July 2020, there was a draft commission for a short paper to be produced by BEIS in advance of a Covid-S meeting to take place on 22 July 2022. This commission was to cover an end-to-end strategy for vaccines **(SR/289 - INQ000198131)**. I chaired

- an officials meeting in advance of this Covid-S meeting and a copy of the agenda for that meeting has been exhibited **(SR/290 - INQ000198132)**. A copy of the minutes from the Covid-S meeting held on 22 July 2022 has been exhibited **(SR/291 - INQ000088251)**.
253. On Monday 14 September 2020, I provided an update to the Prime Minister on Vaccines. In this update I outlined that good progress was being made by the Vaccine Taskforce and that there was a significant chance that vaccines would be ready for regulatory approval early 2021. I recommended that the Prime Minister meet with Kate Bingham, Patrick Vallance and the CMO to discuss the 'latest position on vaccines ensuring that we have the plans to address key international issues to maximise the effectiveness of approach'. A copy of my update to the Prime Minister, which is dated 09 September 2020, is exhibited **(SR/292 - INQ000198147)**. In response to this update, I received an e-mail from the Prime Minister's Private Secretary enquiring as to why the USA had purchased millions of doses of the Moderna vaccine even though it would not be ready until 2021 **(SR/293 - INQ000252858)**
254. On Tuesday 22 September 2020, there was a Covid-O meeting dealing with vaccine deployment. I approved a commission for this meeting on 08 September 2020 **(SR/294 - INQ000198148 and SR/292 - INQ000198147 exhibited above)**. There was an officials meeting in advance of this Covid-O meeting on 15 September 2020 **(SR/295 - INQ000198149 and SR/296 - INQ000198151)**. A copy of the actions arising from the Covid-O meeting that took place on 22 September 2020 has been exhibited **(SR/297 - INQ000090045)**.
255. On 28 September 2020, I attended a meeting with the Prime Minister to discuss vaccines. The aim of the meeting was to provide an update on the vaccine candidates and to look at regulatory approval, deployment and prioritisation. A copy of the agenda and speaking notes for this meeting has been exhibited **(SR/298 - INQ000198153)**.
256. Throughout November 2020, as the pace and urgency on vaccines began to pick up, there were many meetings, both formal and informal which took place. In November 2020, the most notable of these meetings included:
- a. 02 November 2020 attended by officials from HMT, the CTF and No 10 at which vaccines were discussed as part of an exit strategy **(SR/299 - INQ000198165)**;
 - b. Meetings on vaccines communications on 05 November 2020;

- c. A Covid-O meeting on 26 November 2020 to discuss manufacturing, legacy and supply chains across vaccines and therapeutics.
257. By the time that the first vaccine was administered on 08 December 2020, the workstream in respect of vaccines was much more sharply focused on deployment. At this time, I was working to ensure that there was robust modelling and data about vaccine deployment and impact as I was conscious that the best possible data would be central to decisions surrounding any future restrictions or interventions and in December 2020, there was a gap in the data in respect of vaccine deployment.
258. On 15 December 2020, I attended a vaccines meeting chaired by the CDL which considered the availability of vaccine doses. The chair's brief for this meeting has been exhibited **(SR/300 - INQ000198175)**.
259. On 02 February 2021, I attended a vaccine deployment meeting. A copy of the slide pack produced for officials who attended that meeting **(SR/301 - INQ000198181)** and a draft readout from the meeting **(SR/302 - INQ000198180)** has been exhibited. The Prime Minister chaired a further meeting on vaccine deployment on 08 February 2021 and a copy of the chair's brief for that meeting has been exhibited **(SR/303 - INQ000198190)**. This meeting became regular through much of 2021 and was the key moment when the Prime Minister and No 10 discussed and agreed the approaches to vaccine deployment and wider policy with DHSC and NHSE who led the delivery of the deployment.
260. On 03 February 2021, I attended a vaccines data meeting along with James Bowler, the CMO the GCSA, Susan Hopkins and Jonathan Van Tam. A readout of that meeting refers and has been exhibited **(SR/304 - INQ000198186)**.
261. Vaccines constituted a considerable part of the Roadmap which was published on 22 February 2021.
262. Overall, the work on vaccines was one of the key successes of the Government's response to Covid-19. It was successful for a number of reasons in my view. First, the strategy was set early that vaccination was ultimately the way in which we could sustainably control the virus. The decision was taken based on expert advice from the GCSA, CMO, DCMOs and others that the government should set up teams that could

- take an end to end view of vaccines. As part of this strategy the government backed several horses, procuring vaccines early and at risk from a number of companies. In parallel we explored domestic manufacturing and prepared for early and quick regulation and deployment.
263. Teams worked together across government to make this a reality and the Vaccine Taskforce brought together industry expertise and civil servants under the leadership of an expert Chair in Kate Bingham. Deployment was led from the NHS who had the capacity to scale up under first class operational leadership from Emily Lawson and Ministerial direction from Nadhim Zahawi as a dedicated vaccine deployment Minister.
264. While there were governance issues in the early months, the mechanisms for cross departmental working and the right relationships between departments, the Vaccine Taskforce and the centre, were worked out over a couple of months and did not slow the programme down.

Borders

265. I led the CTF work on borders and travel from summer 2020.
266. The CTF convened and brokered cross-Whitehall analysis and advice in relation to borders to maintain the coherency of the measures in place (**SR/305 - INQ000198185**). As such, many papers for the Covid-O meetings were drafted by the CTF although they were the product of cross departmental work and discussion. I held regular meetings with the lead officials from HMT, DHSC, the Department of Transport and the Home Office, from which we developed policy and sought to enable quick decisions through the Covid-O structure. An example of the relationship with the other departments can be seen in the following formal commissioning email, in which it was requested that the DfT worked alongside the CTF, and other departments and the Devolved Administrations to produce advice on the ninth review of Regulations of public health measures at the border (**SR/306 - INQ000198179**).
267. Devolved Administrations were integrated into the work on borders to ensure a UK wide approach. It is fair to say that when it came to the matter of borders there was at times divergence of preferred approach between the Devolved Administrations and the UK Government although throughout the pandemic policy at the border remained consistent on a UK wide basis.

268. In the early stages of implementing the CTF structure, Tom Lindsell joined from the GPSMIG team to lead the team on borders and international travel. Tom remained in this role throughout the pandemic and brought continuity to our work. Tom Lindsell's team led on producing policy papers for the Covid-O meetings held in June 2020 in relation to Borders (**SR/307 - INQ000198107** and **SR/308 - INQ000198130**). I oversaw the development of the papers.
269. A draft commission on borders was circulated on 03 June 2020 in anticipation of the Covid-O meeting scheduled for 11 June 2020 (**SR/309 - INQ000198102**).
270. A paper was produced by SAGE on 10 June 2020 pertaining to testing for Covid-19 at borders. The CTF was tasked with turning this into policy advice for the Prime Minister. I asked that Tom Lindsell lead on this (**SR/310 - INQ000198105**).
271. On 11 June 2020, CDL chaired a Covid-O meeting (**SR/311 - INQ000088785** and **SR/312 - INQ000088844**) which I attended. Borders was the only item on the Agenda (**SR/313 - INQ000252842**). A decision from the meeting noted (**SR/312 - INQ000088844 exhibited above**):
- “Home Office to agree with COVID Taskforce, DHSC TTCE/JBC, DfT and FCO [FCDO] a robust, flexible set of criteria to determine a country's risk status, and the implications for which countries and routes would be categorised as lower / higher risk at the next statutory review point, no later than 18th June. These criteria should be: (a) tested for the precedent they set in future; (b) consistent with the Government's wider approach to and public articulation of risk. They should not be overly mechanistic and should seek to use absolute measures of risk rather than comparisons with the UK.”*
272. I was contacted on 19 June 2020 to notify me that views around whether the Devolved Administrations should be invited to the borders Covid-O meeting proposed for the following Wednesday 24 June 2020 were outstanding. I was aware CDL had wanted an ad hoc meeting involving the Devolved Administrations on 24 June 2023 (**SR/314 - INQ000198108**).
273. A discussion around the Borders SRO being changed from Border Force to the DfT began around 21 June 2020 (**SR/315 - INQ000198109**). I felt this was the right decision as it was *“clear that this programme is now more in the DFT space with the focus on travel corridors rather than dominated by the operational issues that make*

Border Force a more natural lead." The Home Secretary wanted a switch immediately. Simon Case wanted to change the title of the workstream to international travel rather than borders (**SR/316 - INQ000198114**).

274. On 22 June 2020 I reviewed the '*Public Health Measures at The Border*' document prepared by Tom Lindsell, which was a note for the Prime Minister summarising the latest on borders. It was evident there were tensions between FCDO and the Secretary of State for Transport in terms of the most appropriate model to take forward (**SR/317 - INQ000198113**). Tom provided a short summary:

"from a policy perspective is that it will be a model based on first assessing countries based on health risk, exempting those considered low risk, and then coming to agreements with some of those considered medium (possibly a small number, or the remaining, non-high risk EU countries). SoS DH and SoS DfT prefer a model exempting a lower number of countries on economic grounds (...). The Foreign Sec is likely to prefer the former model, as are the Home Sec and CDL. We're working to agree a position within HMG, ahead of the statutory review date of 29th June. Once done, we'll also need to confirm the DAs [Devolved Administrations] agree with the approach, as well as complete other aspects of the review (further exemptions of specific cohorts, operational changes) ahead of an expected announcement next week." (also at **SR/317 - INQ000198113 exhibited above**)

275. I suggested we prepare a further paper setting out the options, noting *"I suspect we will need a discussion to get to agreement, unless we can devise a better forcing mechanism. I wonder therefore whether we should have a Covid O that is (immediately) followed by a discussion with DAs?"* (Also at **SR/317 - INQ000198113 exhibited above**).

276. As Tom Lindsell wrote in his email to me on 23 June, we had reached "a good place on the borders" issue in late June 2020, where a move towards the blended approach was being taken (**SR/318 - INQ000198117**). This was significant given it had been a difficult piece of policy.

277. I attended a Covid-O meeting on 26 June 2020 (**SR/319 – INQ000088786**) where there were discussion on country based exemptions and professional travel exemptions.

278. On 29 June 2020, the CTF was asked to provide an update to the Prime Minister on where we were in terms of the borders announcement concerning travel corridors **(SR/320 - INQ000198118)**. FCDO raised concerns about diplomatic consequences following the ministerial decisions made at the Covid-O meeting on 26 June 2020. On this decision, on 30 June I noted: *"I think we should stick to the Ministerial decision but be clear that we keep the list under review and that if/when we get a methodology for these countries we can add them to the list. I do not think we should either choose between countries with no data or add them all in"* **(SR/321 - INQ000198119)**.
279. In July 2020, the SRO ownership for the Border workstream was transferred from Paul Lincoln at the Home Office to Gareth Davies at DfT **(SR/322 - INQ000198128)** and at this same time the name of the workstream programme changed from 'Borders' to 'International Travel' **(SR/323 - INQ000198133)**.
280. On 2 July 2020 the Devolved Administrations were not agreed on the listing approach for the Red/Amber/Green country designations **(SR/324 - INQ000198123)**. A final list of the designations was circulated and reviewed by me **(SR/325 - INQ000198122)**, prior to being published on 3 July 2020 **(SR/326 - INQ000198125)**.
281. In September 2020, I noted that, in relation to measures to combat the second wave of Covid-19 in the UK, "I'm of the view making quarantine work is better than banning international travel" **(SR/327 - INQ000198145)**.
282. At the start of October 2020, the first Global Travel Taskforce was set up. This was led by DfT, working closely with other departments including the CTF team, Home Office and the HMT. The Global Travel Taskforce provided a structure mechanism for industry and other key stakeholders to engage with issues on international travel and the best ways to consider managing the risks while seeking to maintain as much stability for the industry as possible. The Global Travel Taskforce published a report from its review and was reconvened following the Roadmap and published a subsequent report which underpinned changes for summer 2021.
283. In January 2021, the CTF's work on borders was being undertaken against the backdrop of preventing the spread of the variants of concern which had been identified in Brazil and South Africa **(SR/328 - INQ000091688)**.
284. Following discussions with the Prime Minister and other Ministers in Covid-O, from 15 February 2021, citizens, residents, and visa holders who travelled to England and had

- been in a red list country in the 10 days prior to their arrival were required to quarantine for 10 days in a managed quarantine hotel and take 2 Covid-19 tests. Those travelling from countries not on the red list were still required to quarantine at home.
285. Establishing responsibility for delivery of the quarantine hotels programme was not a straightforward matter of delegation **(SR/329 - INQ000198178)**. Responsibility was given to the DHSC, with all new policy directions being agreed through the Covid-O mechanism **(SR/330 - INQ000198182)**.
286. A new Managed Quarantine Sub-Committee, chaired by Matt Hancock, was also set up to coordinate cross government work to implement managed isolation in hotels **(SR/331 - INQ000198187)**. The CTF formed the secretariat for this newly established Covid-O Sub Committee, a role which included advising on what discussions should take place at the Committee **(SR/332 - INQ000198183)**. In the event, this committee only met a couple of times and the decisions continued through Covid-O and other Prime Minister meetings as necessary.
287. Enhanced travel restrictions were reviewed by Covid-O and the CTF assisted with work on this topic, including the drafting of papers **(SR/333 - INQ000198191)**.
288. In spring 2021 we also started to consider how vaccination could support a reopening of wider international travel **(SR/334 - INQ000198193)**.
289. On 29 April 2021, a Covid-O meeting was held in which four agenda items were addressed – ‘Traffic light system: methodology and process’; ‘International travel: system readiness’; ‘Reducing the costs of testing for green-list arrivals’; and ‘12th statutory review of public health measures at the border’ **(SR/335 - INQ000091904)**. Papers on ‘International travel: Border System Readiness’ **(SR/336 - INQ000198197)**, Twelfth review of the international travel Regulations **(SR/337 - INQ000198194)**, Traffic lights travel system **(SR/338 - INQ000198195)** were all considered at the meeting.
290. Ahead of the Covid-O meeting on the international travel announcement, official-level and ministerial meetings took place with the Devolved Administrations. At this time, it was recognised that while residents of England could use their NHS app to demonstrate their vaccination history, the Devolved Administrations were developing their own solutions. It was identified that the proposed UK-wide solution would not be ready by 17 May 2021 **(SR/339 - INQ000198199)**.

291. In May 2021, we led work across Whitehall to bring all the international travel work together and seek to produce a coherent strategy (**SR/340 - INQ000198220**). The approach captured five key workstreams led by various government departments.
292. On 5 May 2021, the CTF supplied advice to the Prime Minister on restarting international travel (**SR/341 - INQ000198198, SR/342 - INQ000198200 and SR/343 - INQ000198196**).
293. On 7 May 2021 the Secretary of State for Transport, Grant Shapps, announced the introduction of the RAG system. The RAG system was a Traffic Light Travel System for international travel, which dictated the rules for travellers returning to England, depending on the classification of the country they were returning from. Prior to this, 'Stay in the UK' legal restrictions were in place and permitted reasons were required to travel internationally (**SR/344 - INQ000198201**). The approach drew on the second Global Travel Taskforce report. This report was one of the reviews announced in the Roadmap and the new system was the basis of travel decisions for that summer. Decisions on which country was in which category were made by Covid-O and based on data from the JBC.
294. On 7 May 2021 a paper prepared by the DHSC, entitled '*JBC Assessment of International Public Health Risk to Inform Traffic light Decisions*', was tabled at the Covid-O meeting. This paper asked Ministers 'to note the Joint Biosecurity (JBC; now part of the UK Health Security Agency) assessment of the international public health risk to inform their decisions on the 'Green', 'Amber' and 'Red' lists' (**SR/345 - INQ000091910**).
295. Over the course of the rest of 2021 we refined and simplified the system and brought in more open travel for people who were vaccinated based on some criteria. For example, we exempted vaccinated arrivals from Amber countries as well as arrivals from Green countries from 19 July 2021. From 4 October 2021, we simplified the framework to a redlist with travellers from all other countries facing restrictions based on vaccination status, reducing testing requirements for vaccinated arrivals after 24 October. We introduced additional measures during the Omicron wave and removed all Covid-19 travel measures from 18 March 2022.
296. Overall international travel and borders policy was a constant challenge of the pandemic. It was an area where uncertainty and data challenges were a significant

issue and meant that at times policy, particularly with respect to travel to individual countries, changed at very short notice. However, it was also an area where there was constant, significant collaboration across government and ongoing engagement with the Devolved Administrations and a consistent process of making decisions through Covid-O underpinned by a common set of Regulations.

The Roadmap

297. The work done by the CTF on the Roadmap has been included in the supplementary statement that I have prepared along with James Bowler. To that end, and in order to avoid duplication, I refer to the third case study on the Roadmap in my supplementary statement.

The decision to postpone stage 4 of the Roadmap

298. On 19 July 2021, the Government decided to move to step 4 of the Roadmap. However, the move to this step was preceded by a four week 'pause' (**SR/346 - INQ000198206**) in which an additional seven million vaccinations were administered.
299. On 11 June 2021, the CTF supplied advice in the form of a Weekly Priorities Note (**SR/347 - INQ000198205**) to the CDL, which included commentary on the potential to pause the move to step 4.
300. The potential approaches to step 4 were discussed by the Prime Minister, CMO, GCSA, Emily Lawson, the CTF and other team members on 8 June 2021 (**SR/348 - INQ000198203** and **SR/349 - INQ000198202**). The CMO noted the increased rate in hospitalisations and advised that if they continued to accelerate, a cautious approach to moving to step 4 should be taken. Overall, the CMO noted that it was very unlikely that the situation over the following few days would result in step 4 being recommended. The readout from this meeting notes that "the Prime Minister concluded that the case rate alone could encourage people to argue for reversal, but hospitalisation and deaths do not justify that." (**SR/348 - INQ000198203 exhibited above**).
301. In light of the data picture having worsened since the last assessment on 10 May 2021, a small ministerial group met for a Covid-O meeting on 13 June (**SR/350 - INQ000198207**). The four tests that were required to be satisfied before the move to

step 4 had been analysed and not yet met. As such, the Covid-O agreed to this pause, with a future review to take place against the four tests on 12 July 2021.

302. A further Covid-O meeting was held on 14 June 2021 (**SR/351 - INQ000091967** and **SR/352 - INQ000091961**) to engage a wider group of Ministers on the decisions taken, and to ensure the smooth implementation of the decision by making certain that the correct steps were undertaken. The CTF prepared a paper for this meeting titled, *Covid-19 Response: Step 4 of the Roadmap* (**SR/353 - INQ000063881**). This paper outlined the rationale for the pause, consequential decisions that were to be made, and the next steps.
303. At the same Covid-O meeting, the 30-person capped restrictions on wedding ceremonies, receptions, and commemorative events were removed and replaced with lesser restrictions such as venue capacity limits. The CTF was tasked with several actions in relation to data, guidance and restrictions on weddings (**SR/354 - INQ000198204**).

The Covid-19 Autumn and Winter Plan 2021

304. Towards the end of June 2021, a small ministerial group meeting was planned to discuss the 2021 summer, autumn and winter response to Covid-19. This meeting was due to be the first of a series of conversations which would deal with planning priorities for potential future periods of high Covid-19 prevalence. A copy of the meeting outline has been exhibited to this statement (**SR/355 - INQ000198208**). However, this meeting was postponed and the autumn and winter planning began following the announcement of step 4 of the Roadmap.
305. Work for the publication of the Autumn and Winter Plan began in earnest in early August 2021 with the ambition being that a skeleton draft of the plan would be produced by early September 2021.
306. In August 2021 there were discussion with the GCSA about Covid-19 antivirals that were being made available and whether the UK should be in a position to access them by winter. There was, however, a concern that those antivirals were costly and certainly more costly than initially anticipated.

307. On 26 August 2021 I attended a meeting arranged by Jack Doyle and other members of the No 10 Comms team to provide an update on, among other things, the Autumn and Winter Plan. I attended a further meeting on 01 September 2021 where SPI-M modelling and changes to the national alert levels were discussed. The CTF were actioned to keep No 10 posted on timings of possible changes to the national alert level for the second or third week of September 2021. A copy of the readout from this meeting has been exhibited **(SR/356 - INQ000198211)**.
308. The Autumn and Winter Plan was a piece of work which had input from every team on the CTF. I received a copy of it in draft form on 31 August 2021. On 02 September 2021 and 06 September 2021, I provided feedback on this draft and a copy of the e-mail with my suggested amendments to the Autumn and Winter Plan has been exhibited to my statement **(SR/357 - INQ000198213)**.
309. On 01 September 2021, I attended a CTF co-ordination call. At this call it was noted that the Autumn and Winter Plan was in draft form and due to be sent to the Prime Minister, with a publication date scheduled for the week commencing 13 September 2021. Further detail on the autumn and winter 2021 strategy was also discussed with workshops proposed to look at key objectives, risks and mitigations for autumn and winter 2021. A session to familiarise the CDL with the scenarios and key risks going into autumn and winter 2021 was also proposed. A copy of the readout of this meeting has been exhibited **(SR/358 - INQ000198212)**.
310. On Friday 03 September 2021, and in advance of publication of the Autumn and Winter Plan a note for the CDL was prepared **(SR/359 - INQ000252897)**. The note outlined the work that was being undertaken by the CTF on the Autumn and Winter Plan, noting that the plan would 'set out our strategy to protect the public and maintain economic recovery by: building up our vaccine wall of defence, retain proportionate test, trace and isolate plans and maintain key behaviours among the public' as well as preparing for 'a plan b if hospitalisations start to rise' such that there 'would be unsustainable pressure on the NHS'.
311. I sent an e-mail to Simon Case on 06 September 2021 providing a short update on Covid-19 matters. I noted in this email that while we had been in a 'summer equilibrium' we were entering an autumn of uncertainty. The plan was to publish the Autumn and Winter Plan on 14 September. I also noted that we were trying to end up somewhere sensible on antivirals. I have exhibited a copy of this e-mail **(SR/360 - INQ000198214)**.

312. A further note on the Autumn and Winter Plan was produced by the CTF for CDL on Friday 10 September 2021 (**SR/361 - INQ000198215**).
313. On 13 September 2021, some final amendments were made to the Autumn and Winter Plan before it was sent for printing and publication (**SR/362 - INQ000198216**). In advance of the publication the CTF prepared a paper to be placed before Cabinet on 14 September 2021. A copy of that paper (**SR/363 - INQ000198217**) and a copy of the Chair's brief (**SR/364 - INQ000198218**) for that Cabinet meeting are exhibited.
314. Prior to publication on 14 September 2021, I met with the CDL and the Leader of the Opposition, outlining the data picture that underpinned the Autumn and Winter Plan. The plan would provide for an optimistic 'Plan A' (with a focus on vaccinations, pharmaceutical interventions and Test and Trace) and pessimistic 'Plan B' which would look to, among other things, mandatory vaccination in certain high-risk settings and the re-introduction of face coverings in certain settings (**SR/365 - INQ000198219**).
315. The Covid-19 Response: Autumn and Winter Plan was published on 14 September 2021 having been announced in Parliament on the same day (**SR/366 - INQ000137270**). In my view this was an important publication. Critically we learned lessons from autumn 2020, when the Government entered the autumn with what transpired to be too optimistic a view of what could be achieved with local restrictions and too wedded to future easing of measures, including over Christmas. This plan set out the uncertainty of the autumn despite the successful vaccine deployment to that point. It also set out the contingency Plan B which was pre agreed, including reintroducing Regulations for face masks and guidance on working from home as well as new rules on vaccine certification for some venues. In the event, following the emergence of Omicron, the Government introduced this Plan B, which was much easier as both the policy and implementation work and the communications had been prepared in advance.

Responding to Omicron

316. On 23 November 2021 reports (**SR/367 - INQ000198222**) of a new Omicron variant were received.

317. A Covid-O meeting was held on 4 December 2021 with the Omicron variant and travel as the main item on the agenda. The CTF prepared a paper titled, '*Consideration of Border Measures in Response to Omicron*'. A copy of the Chair's Brief of that meeting (**SR/368 - INQ000092606**) and the minutes (**SR/369 - INQ000092227**) are exhibited.
318. The CTF worked with all departments to review whether countries should be added to the Red List as an immediate response to try and slow ingress of the new variant to the UK as we had done with South Africa and Brazil when previous variants of concern emerged. In line with legal obligations, this review was completed at least every 28 days (**SR/370 - INQ000092189**).
319. The CTF also worked with DfT and DHSC to agree the precise timing for the implementation of flight bans, legal requirements and the expectations of passengers before managed quarantine was available, resulting in the managed quarantine service being in place from 28 November 2021 (**SR/370 - INQ000092189 exhibited above**).
320. The number of new Omicron cases, however, rose extraordinarily fast. As well as our own data from the ONS we tracked the South African data which was a couple of weeks ahead. There was, however, a question of how virulent the new variant was as hospitalisation numbers rose much less quickly at first. On 8 December 2021, the Prime Minister announced the introduction of Plan B as had been set out in the Autumn and Winter Plan from September.
321. Despite Plan B, cases continued to rise fast through December. We held several meetings with the Prime Minister, Chancellor, Secretary of State for Health and Social Care, CDL, GCSA and CMO as well as key No 10 advisors and officials. There was a great deal of debate about whether to introduce more stringent restrictions or whether we had to trust in the vaccine roll out as the only way to end the need for NPIs. The decision was taken to accelerate the booster roll out and drive vaccination, which the Prime Minister announced on 12 December as the Get Boosted Now campaign, which was led operationally by Emily Lawson.
322. A week later, the CTF prepared a paper titled '*Covid-19 Response: Omicron*' for a Cabinet meeting held on 20 December 2021 (**SR/371 - INQ000198223** and **SR/372 - INQ000088917**). This meeting informed a discussion and the decision by the Prime Minister not to introduce further restrictions before the Christmas break.

Living with Covid-19 February 2022

323. In January 2022, having avoided wide national restrictions under omicron and following the lifting of Plan B measures, the focus of the Government's Covid-19 Response was shifting towards a long-term strategy of 'Living with Covid'. On 26 January 2022, I received an e-mail that was sent to the entire CTF team, outlining how our work was now focusing on a long-term strategy for managing Covid-19. This e-mail stated that the long-term Covid-19 strategy would be focussed on 4 main areas (i) protecting the population through vaccinations (ii) supporting the most vulnerable in specific settings (iii) managing risk and maintain contingency capabilities and (iv) maximising opportunities from the capabilities set up during Covid-19. A copy of this e-mail is exhibited **(SR/373 - INQ000198224)**.
324. On 02 February 2022 there was a Cabinet Business meeting which included an action point for me to update the Cabinet on the long-term plan for living with Covid-19 **(SR/374 - INQ000198225)**.
325. Further, in early February 2022, a number of commissions were being sent out across Whitehall seeking detail on the Government's long-term Covid-19 strategy. For example, the CTF produced a commission on NHS capacity **(SR/375 - INQ000198228)** and the HMT sent a commission to DHSC seeking information on the minimal costs of ramping down the Covid-19 testing infrastructure. Said HMT commission noted that the Chancellor and Chief Secretary were of the view that, as we moved past the omicron peak, the level of spending on UKHSA was 'unsustainable' **(SR/376 - INQ000198227)**.
326. As part of the 'Living with Covid' strategy, thought was also being applied as to how the Cabinet Office structures would be scaled down in order to reflect the fact that the most pressing and urgent part of the Covid-19 pandemic was coming to an end. On 01 February 2022, I produced a note to be sent to Alex Chisholm in the Cabinet Office outlining the funding that would be required for the transition of the CTF **(SR/377 - INQ000198231)**. There followed a series of e-mail exchanges between Alex Chisholm, Jessica Glover, and I **(SR/378 - INQ000198230)**. On 02 February 2022, I received an e-mail from Rebecca Coady in the Cabinet Office outlining a business planning return which provided for greatly reduced Covid-19 response mechanisms, with the Cabinet Office with funding focused on three distinct areas being (i) transitioning to a small

- Covid-19 policy team; (ii) a commemoration team and (iii) an inquiries team. A copy of this e-mail has been exhibited to my statement **(SR/379 - INQ000198226)**.
327. A first draft of the Covid-19 Response: Living with Covid document was produced on 11 February 2022 **(SR/380 - INQ000198232)**. A further draft of this was sent to the GCSA and the CMO **(SR/381 - INQ000198235)**.
328. On 15 February 2022, I received feedback from the GCSA and the CMO on the draft 'Living with Covid' publication. The GCSA expressed concern that the draft underplayed the uncertainty of Covid and was "too much on the 'it's all over' side of things". The GCSA went on to comment that rather than expressing what was going to happen going forward, the draft focused too much on what has been done to get us to this point. I have attached a copy of the GCSA's comments on the draft 'Living with Covid' document and my responses **(SR/382 - INQ000198233)**. I thought it correct that scientific details were included in the 'Living with Covid' publication **(SR/383 - INQ000198234)**.
329. On 16 February 2022, I received feedback from the CMO expressing concern that the draft 'Living with Covid' document was 'very light on what to do if there is a more severe variant'. I ensured that action was taken to capture the comments from the CMO in any future draft of the 'Living with Covid' publication **(SR/384 - INQ000198238)**.
330. On 17 February 2022 I was made aware that NHS leaders were concerned with the Government's 'Living with Covid' policy, with particular concern being expressed about the withdrawal of free testing provision and the removal of the legal requirement to self-isolate after a positive Covid-19 test **(SR/385 - INQ000198237)**.
331. In advance of a Covid-19 Quad meeting on 18 February 2020, I received an e-mail from Name Redacted attaching a note for the PM in advance of that meeting. The note set out a high-level overview of what the 'Living with Covid' strategy would be. I suggested some edits to this note, and they have been exhibited **(SR/386 - INQ000198236)**.
332. A Covid-19 Quad meeting took place on 18 February 2020. A copy of the slide deck outlining the Covid-19 Longer term strategy and which I presented to the Ministers in attendance is exhibited **(SR/387 - INQ000198241)**. A copy of the objectives **(SR/388 - INQ000198242)** and readout of the meeting are exhibited **(SR/389 - INQ000198240)**.

After this meeting, work commenced on the communications that would surround the announcement of the 'Living with Covid' strategy (**SR/390 - INQ000198239**).

333. On the weekend prior to the publication of the 'Living with Covid' strategy, there was communication between the DHSC and the No 10 concerning spending. The Secretary of State for Health and Social Care noting that 'it is not possible to publish a comprehensive 'Living with Covid' strategy without cutting our committed and announced spending, or further spending. Where funding is not yet agreed we cannot make public commitments in the 'Living with Covid' strategy. A copy of the letter from DHSC (**SR/391 - INQ000198243**) and the response from No 10 to this correspondence (**SR/392 - INQ000198245**) are exhibited.
334. The CTF produced a paper for Cabinet on 21 February 2021 outlining the Covid-19 Response: Living with Covid strategy. A copy of that paper (**SR/393 - INQ000198244**) and a copy of the chair's brief from the Cabinet meeting on 21 February 2021 (**SR/394 - INQ000198246**) are exhibited.
335. The Covid-19 Response: Living with Covid strategy was announced by the PM in Parliament on 21 February 2022 (**SR/395 - INQ000309523**). All remaining domestic Covid-19 restrictions ended on 24 February 2022.

SECTION E: SCIENTIFIC EXPERTISE, DATA AND MODELLING

CMO and GCSA

336. The CTF and I worked closely with Professor Chris Whitty, CMO and Sir Patrick Vallance, as the GCSA throughout the response to the pandemic. We were also closely linked with SAGE, and they provided the core scientific advice. The scientific and medical expertise sought from the CMO, DCMOs, the GCSA and SAGE informed the CTF's policy and strategy work in relation to Covid-19.
337. The CMO and GCSA, or their respective teams, attended meetings with the PM, the Covid-S and the Covid-O. The CMO and GCSA also attended Cabinet for much of the pandemic to provide Covid-19 updates. Meeting minutes demonstrate their attendance and substantive input to the meeting, some examples are exhibited (**SR/396 - INQ000088603** and **SR/397 - INQ000198192**).
338. The analytical and data capability of the CTF was developed under the leadership of Rob Harrison from October 2021. Consequently, the dashboards, a key supporting aid in these meetings, were continually being improved. Through this tool, the CTF, working closely with the CMO and GCSA, provided a constant and consistent presentation of health and other data (for example, economic) to the Prime Minister and other senior Ministers.
339. For key cross-Whitehall meetings, the CMO and / or the GCSA were invited, and often attended. In other instances, the GCSA and/or CMO would provide expert comment on strategy and policy advice prior to it going up to PM (**SR/398 - INQ000198146**).
340. Both the CMO and GCSA were critical in corraling scientific views and the various experts. They informed the CTF, the CTF subsequently drew on their expert advice to inform recommendations on strategy and policy to the PM and Committees. The CMO and GCSA also provided advice directly to Ministers and the Prime Minister.

PHE and UKHSA

341. The CTF and I also worked extremely closely with PHE and, after they had been established, the UKHSA, and the JBC.

342. PHE supplied data which included a breakdown of localised areas, an example is exhibited **(SR/399 - INQ000198141)**. PHE's health data and that of the JBC would also be presented at the GOLD forum, an example is exhibited **(SR/248 - INQ000198143 exhibited above)**. The GOLD process, which considered this health data, informed PM meetings and Covid-O meetings that made decisions about localised restrictions and tiering through autumn 2020. The JBC presented the local data into those meetings directly. This informed the local restrictions in Leicester in July 2020, which was the first use of this approach. The JBC also developed and presented the data that informed decisions on border restrictions for arrivals from different countries.
343. When I chaired various cross-Whitehall meetings, senior representatives of PHE, the JBC and UKHSA would be invited to attend. Stuart Wainwright, director of the Government Office for Science, also attended regularly.

No 10 data team

344. No 10 had a data science team, formed in January 2020, which included Ben Warner and Laura Gilbert. Catherine Cutts joined this team and worked closely with us, through autumn 2020, particularly on health capacity **(SR/400 - INQ000198164 and SR/401 - INQ000198163)**.
345. Polling data gathered by the Cabinet Office Communications team was used to understand the impact on people's daily lives and the populations confidence in the Government's response. Google data was used to understand data sets such as people travelling to work and credit card spending, on a national level, and more localised levels. Data on compliance was sourced from surveys, however, on this topic, the accuracy was not trusted and considered to be low **(SR/402 - INQ000198139)**. Data was also obtained from the Police on compliance, including how many fines had been issued **(SR/403 - INQ000198176)**.

Dashboard

346. From its creation the CTF was responsible for producing the Covid-19 Dashboard, an up-to-date and authoritative summary of key information about the Covid-19 pandemic, an example of which is exhibited **(SR/404 - INQ000056076)**. In the period when I led the CTF, I held pre-meetings with the Dashboard team to identify data, modelling and key messages to focus on. While in this role, I also chaired a weekly data briefing for members of the Cabinet that chose to attend. Data and modelling were always

included within policy strategy meetings that were held with the PM and other senior Ministers.

347. I consider that the CTF's strategy and policy work was always fully informed by the data, in as far it could be commissioned. It is acknowledged that throughout 2020, the quality and focus of the data improved, and therefore the Dashboard improved. This can be seen when comparing a Dashboard from March 2020 (**SR/405 - INQ000197982**) to a Dashboard produced in December 2020 (**SR/406 - INQ000198174**). This improvement was made possible as the size of teams involved increased and resourcing improved. However, throughout, data was consistently present and provided a constant anchor for wider policy debates and decisions. Modelling scenarios were commissioned for the preparation of Roadmap. Similarly, Plan B of the Autumn and Winter Plan was designed with modelling input. More broadly, daily data updates and modelling input were critical to decision making through Omicron.

Demographic Data

348. In summer 2020, the CMO highlighted a data set concerning how Covid-19 was disproportionately impacting people based on ethnic group. This flowed from a PHE report entitled "Disparities in the risk and outcomes of Covid-19". At this time we established a specific project on disproportionately impacted groups. We created a small team in the CTF led by **Name Redacted** in the strategy directorate. It became a cross government piece of work and Emran Mian, who was in MHCLG, agreed to be SRO for the work. This work and its conclusions was discussed at a Covid-O meeting in September, October and December 2020. For example, see a paper that was provided (**SR/407 - INQ000090046**), and minutes circulated after the meeting (**SR/408 - INQ000090183**).
349. Subsequently we also discussed work on differential take up of vaccines by different demographic and ethnic groups, which for example was discussed at a Covid-O meeting in January 2021.

Public health communications

350. The CTF contributed towards Covid-19 public health communications. I was involved in regular discussions surrounding the overall approach for public communications

throughout the period, commencing from summer 2020. Public health communications were a matter typically discussed at the PM's Strategy meeting. When changes in Regulations were announced in press conferences, the CTF was responsible for the Covid-19 guidance, which we wrote and managed the clearance process through PHE, UKHSA, DHSC and No 10. Additionally, I provided support for some briefings of the Leader of the Opposition, particularly at the times of major strategy publications or changes in guidance and Regulations.

351. The Director of the Cabinet Office Communications Hub, Claire Pimm, who reported into Alex Aiken as Government Head of Communications, worked closely with us in the CTF, particularly on strategy work beginning at the end of June 2020 (SR/409 - INQ000252847). She had an open invitation to our senior CTF 'keep in touch' meetings. Claire also worked across Whitehall, especially with DHSC, and often joined our senior CTF discussions. Claire and her team were closely involved in preparing strategy advice and fed into strategic publications, such as the Roadmaps, throughout the two-year period. Some examples of our correspondence with Claire and her team regarding communication assets, public messaging via radio and posters/digital content before Christmas 2020 (SR/410 - INQ000252883), attachments SR/411 - INQ000252884 , SR/412 - INQ000252885), New Year 2021 (SR/413 - INQ000252882 and January 2021 (SR/414 - INQ000252886 email, SR/415 - INQ000252887 attachment) have been exhibited.
352. I also attended a regular meeting chaired by the No 10 Director of Communications, starting with Lee Cain in (September) 2020 and continued with his successors. The purpose of these meetings was to develop and agree a cohesive communications strategy on the overall Covid-19 response. In the CTF we prepared a forward look of policy development and likely announcements, discussing these in the context of wider No 10 communications planning so we were aligned on content, timing, and messaging.
353. The polling information we received through No 10 informed our communications strategy, and the CTF contributed towards content for the PM's press conference and daily briefings. The No 10 Communications team were the ultimate advisers, including taking decision on the timing of press conferences and content of announcement, these decisions were informed by strategy and policy advice provided by the CTF as well as the latest data.

354. The Covid-19 Communications Hub provided valuable input and advice to the CTF which informed our public communications strategy, including provision of summaries from Covid-19 overnight polling reports **(SR/416 - INQ000198150)**.
355. During the first lockdown, the public health messaging was 'Stay Home, protect the NHS, Save Lives'. On the lifting of the lockdown, public health messaging shifted to 'Stay Alert, Control the Virus, Save Lives'.
356. There were many debates throughout on the optimal approach to public messaging. For example, on 26 July 2020, Simon Case sought my views in response to advice generated by Alex Aiken, Executive Director of Government Communications in Cabinet Office, which sought 'to simplify and dramatize the fight against Covid-19 to provide clarity and greater impact'. The advice assessed that the 'Stay Alert' message had *"been undermined by the complexity of guidance, and competing messages – go out and enjoy yourself – and the near impossibility of acting as the government recommends"* **(SR/417 - INQ000198135)**.
357. While I agreed with the general direction of the advice, an email on 26 July 2020 to Simon Case proposed a differentiated strategy and queried the ongoing use of the 'Stay Alert' messaging and the lack of clarity conveyed by this message as well as setting out the risks of messaging that aimed too much to scare people. **(SR/417 - INQ000198135 exhibited above)**.
358. There were challenges about the volume and complexity of guidance and Regulations as the response to the pandemic went on. Reopening in summer 2020 was complex as different sectors reopened and we introduced new policies on social distancing, mask wearing and other NPIs. This became more complicated still through the autumn as new restrictions were put in place. As set out above, tiers and the negotiations with different local areas added further complexity. In parallel the Regulations underpinning many restrictions also became more complicated as the policy became more specific in different areas and required more detail to ensure policy intentions were precisely implemented.

Public confidence in the UK Government's response

359. As context shifted and the Government made many decisions concurrently, it is difficult to pinpoint changes in public confidence to a number of specific events. Public

confidence was tracked, and considerable public polling was carried out throughout the pandemic in order to gain insight into public views – all of which informed communication approaches through the pandemic.

360. Cabinet Office provided YouGov polling information to the CTF on public confidence, an example is exhibited (**SR/418 - INQ000198209**). I recall that through the first lockdown public confidence in the Government's approach was extremely high. As the country emerged from the first national lockdown and as the message shifted to 'stay alert', there was an initial decline in public confidence in the Government's Covid-19 response as people took different views about how quickly or slowly the country should reopen society and the economy. These debates continued and intensified as the response to the pandemic went on.
361. Publicity regarding high profile events, including Dominic Cummings' visit to Bernard Castle, may have affected public sentiment.

SECTION F: CORONAVIRUS LEGISLATION AND REGULATIONS

362. I was not involved in the development or enactment of the Coronavirus Act 2020 or the coronavirus related Regulations associated with the first national lockdown in March 2020. Given that I joined the Covid-19 Response team on 16 March 2020, I am unable to comment on the timeliness of the decision by the Government to place the country into the first national lockdown.
363. When appointed as Director General for Strategy and Policy in the Cabinet Office CTF on 26 May 2020 however, my team and I were involved in the discussions and decisions on Covid-19 Regulations.
364. Within the CTF there was a designated Regulations Team (**'the Regulations Team'**), which was led by Michael Livingston, as Deputy Director, as part of the Strategy Directorate led by Emma Payne, who in turn reported to me. Various individuals and teams within the Cabinet Office had been working on the Regulations for the March lockdown. In developing the structure of the CTF, Emma Payne and I agreed that we needed such a team within our composition. Michael Livingston led and kept doing so until the middle of 2021. The team concentrated on ensuring that the strategy and policy agreed with the Prime Minister and the Government could be implemented through Regulations where necessary. Having finalised policy, the team would instruct lawyers at the DHSC, who would then draft the Regulations, given that the Regulations were DHSC Regulations, signed by the Secretary of State.
365. The Regulations Team prepared detailed tables as policy design took shape. The tables assisted with advising on and deciding the regulatory approach. The tables were developed with the support of the DHSC legal team, with whom CTF colleagues worked extremely closely throughout. Examples of such tables are available exhibited (**SR/419 - INQ000198154** and **SR/420 - INQ000198173**).
366. The Regulations Team within the CTF used these tables during meetings and discussions with the Number 10 Policy Unit and Communication team. These meetings were arranged around big policy announcements, e.g. new Regulations or steps to tighten/ease restrictions. **Their purpose was to ensure complete clarity of policy intent and how we would translate these into Regulations.** The tables used would go through each policy change. (See for example, emails from Michael Livingston on 19 February 2021, **SR/421 - INQ000252888**, **SR/422 - INQ000252889** **SR/423 -**

INQ000252890 SR/424 INQ000252891 , and other emails received on 2 July 2020 SR/427 INQ000252848 and on 9 October 2020 SR/425 INQ000252867 SR/426 INQ000252868)

367. Translating the policy into Regulations was not a straightforward process and took an enormous amount of time. There were significant complexities, which grew over time as we developed more targeted policy to try and maximise the public health benefit and minimise other costs. An example of early complexity was the need to define a gathering and establish the basis of much future policy on social distancing. In autumn 2020, decisions on different negotiated local restrictions as well as more nuanced policy on how businesses could open and rules on social contact created further complexity over time.
368. As I set out above, some decisions led to some Regulations becoming extremely complicated, challenging both compliance and enforcement. We also developed and introduced many regulatory changes extremely quickly, reducing the opportunities to have detailed engagement with, for example, the police on enforceability.
369. The Regulations implemented in 2021 were better in terms of clarity and implementation, as we had learnt our lessons from 2020. The move to national defined tiers in December 2020 simplified the Regulations, as at this point, we effectively had a schedule for each tier. Later on, Regulations were drafted and prepared for each of the different steps of the Roadmap. As such, we had more certain and effective measures in place, and were not faced with the difficulties of chopping and changing the Regulations as we did in autumn 2020. However, there were still some complex policy issues to consider and implement, as we sought to have exceptions from some restrictions for very young children for example. This was in stark difference to the Regulations at the beginning of the pandemic, where we had almost no carve outs.
370. The process we had in the CTF meant that we did always fully consider the design and development of the Regulations as policy was developed. This meant that proper consideration was given to the limits of what could be implemented. However, in finding ways to implement complex policy through Regulations we necessarily created very detailed Regulations over time. The pace of decision making also meant that enormous pressure was put on DHSC legal teams to successfully draft the Regulations to extremely tight timescales.

SECTION G: OTHER QUESTIONS ASKED BY THE INQUIRY

Decision making structures

371. The Government's existing decision-making structures and core emergency response processes were clearly not sufficient to deal with Covid-19 due to the sheer breadth of impacts resulting from the pandemic and the extended length of time that the virus persisted.
372. On 16 March 2020 the PM established four MIGs to aid collective government decision-making in the Government's Covid-19 response, including COBR and the daily PM chaired 9:15 Strategy meetings. These were focused on specific elements of the response, reflecting the four major strands of the Government's response to the pandemic.
373. The Healthcare MIG was chaired by the Secretary of State for Health and Social Care; the GPSMIG was chaired by the CDL; the Economic MIG was chaired by the Chancellor; and the International Implementation Group was chaired by the Foreign Secretary. The MIGs were supported by the Cabinet Secretariat, with a Director General providing the Senior Secretariat function for each.
374. These structures worked to drive decision making as the response to Covid-19 became a whole of government focus. As time progressed, however, it became clear that the MIGs led to too many overlapping meetings and not enough clear direction or overall strategic coordination. Giving each of the four strands of the Government response a Ministerial Committee became an over-elaborate structure, especially as many decisions on the key issues were, in reality, being decided through the PM's strategy meeting and other issue specific meetings with the Prime Minister and other key Ministers and advisors.
375. Following the reviews commissioned by Martin Reynolds and Helen McNamara, the Covid-S and Covid-O were introduced to address the aforementioned inefficiencies. These were modelled on the XO and XS committees that were successful in managing decision making for preparing for EU exit. The range of impacts and sheer scale of the pandemic meant that the PM had to lead the strategic decision making for the response. The PM chaired the Covid-S meetings, focusing on overall strategy and

- policy agreement, whilst the CDL normally chaired the Covid-O meetings, concentrating on implementation. These committees were both supported by the CTF, where we had a specific Secretariat team as part of the Strategy Directorate. This team, as with all the CT, worked extremely closely with No 10 and with CDL's team.
376. At the same time as changing the Cabinet Committee structure on Covid-19, the CTF was established as a single strategic team at the centre to support the PM and the wider government to develop and implement its response to the pandemic. Critically, the CTF was led by a single figure: Simon Case, followed by James Bowler, followed by me. The CTF worked extremely closely with No 10 and the wider Cabinet Office, to facilitate a single voice on strategy and policy across Whitehall.
377. The introduction of the CTF was a positive structural change. It ended the challenges of having parallel response teams in No 10 and the Cabinet Office and enabled everybody to rebuild confidence and positive working relationships across the centre of Government. This meant that the PM received unified advice from his No 10 teams and the Cabinet Office.
378. The CTF worked effectively and closely with all Government departments, particularly the with the DHSC on health issues and HMT on spending and economic issues. We had regular, senior meetings with between No 10, the Cabinet Office and the HMT throughout the pandemic.
379. The CTF was a significant driver of coordination across Whitehall, supporting its role in developing strategy and leading implementation across Government. In May and June 2020, however, a number of Cabinet Officials who had been seconded to work on Covid-19 were returned to other business, for example, the EU Exit. As a result, the numbers of people working for the CTF reduced considerably. We ran cross-government Expression of Interest processes to recruit to the CTF and later carried out external recruitment campaigns. Initially, the CTF lacked skills in several areas, as, for example, an analytical team was not properly resourced at its inception. Jonathan Black led the work to establish analytical capability at the beginning. Stephen Aldridge and Ben Cropper were brought in from MHCLG and BEIS as Analysis Directors and given some resource. They both joined the CTF when it was created, and we continued to recruit and expand capacity. Stephen left and was replaced by Steffan Jones who led Dashboard and Data work, with Ben Cropper on broader analysis, and we continued to grow the teams. We agreed with Simon Case that a

Director General for Analysis should be brought into the team and Rob Harrison fulfilled this post from autumn 2020 onwards. By January 2021 the analytical function was about 100 strong and a third of the CTF as a whole.

380. The CTF became increasingly effective over time, and the team grew considerably over the summer. By late 2020, the CTF was operating at full capability and capacity, settling on its lasting organisation, and coordinating different parts of Government to contribute to decision making. The success of the CTF was largely due to the success in building critical working relationships between the Prime Minister and No 10 and CTF teams.
381. A number of other mechanisms were developed and maintained through the pandemic to support the work of the CTF and the Covid-19 Cabinet Committees. These structures included, but are not limited to; the daily dashboard, which provided a regular rhythm of consistent data and an opportunity to identify and understand issues at a high level; a weekly note to the PM from the CDL setting out decisions from Covid-O meetings; regular strategy meetings, with input led by the CTF working closely with his No 10 team. These meetings were attended by the CMO and the GCSA. The Secretary of State for Health and Social Care, CDL and the Chancellor would also often attend these meetings, where high level strategy was formed and shaped; in addition, there were regular meetings put in place on a variety of other key issues, from testing in autumn 2020 to underpin work on Project Moonshot to vaccine deployment throughout 2021.
382. These structures and meetings enabled the PM to discuss issues and approaches, ask questions, and continually shape the direction of thinking. It was essential that the PM made the big decisions during the pandemic, due to the scale and impact of the same. There was a necessity for clear leadership and a strong capability at the centre of Government, with a significant support team in place and structures to assist.
383. WhatsApp was the main informal communication method in with colleagues in No 10 and Whitehall. It was used extensively to share information, coordinate activity, and get rapid answers to factual questions. Given that very few members of the CTF were working in the office, we did coordinate much of our team activity through WhatsApp and, more often, instant messaging, which allowed us to ask questions or share information in key groups conveniently and instantaneously. This was essential given the pace of proceedings during the pandemic. With regards to formulating advice that

went to the PM and others, WhatsApp was not preeminent in my experience. Strategy and policy decisions were formed through the structures set out above and cross Whitehall meetings held at official level ahead of Covid-S and Covid-O meetings and on specific issues, supported by advice and papers produced by the Cabinet Office and other departments.

Scientific and expert advice

384. The system for feeding scientific and expert advice into the core decision-making process was vital to the Government's response throughout the pandemic. The Government was in receipt of a range of different scientific options and opinions. We looked at the data from different countries and their approaches. We leant heavily on health modelling and data from SAGE, a group that is made up of a broad church of scientists, but relied on HMT for economic input and used inputs from others across government and beyond, including international comparisons from a joint team with the FCDO called the International Comparators Joint Unit.
385. Over the course of the pandemic, the system for feeding scientific and expert advice from the CTF into the core-decision making process became increasingly effective. There are several reasons for this improvement in efficacy. We obtained increasing capacity and an improved ability to understand the issues, question the data, and formulate proper advice as the data and analysis team in the CTF grew and matured. Rob Harrison was employed as a Director General for Analysis and Policy within the CTF in autumn 2020, at which point, our capability to feed in data to the decision-making process was fully effective.
386. The CTF increasingly convened cross-Government analysis and provided detailed notes of findings on a wide range of issues. We prepared Government consensus statements of the data, drawing expert advice from SAGE as well as other sources. From around January 2021, the CTF through Rob Harrison established cross-Whitehall analytical consensus in data packs that brought together DHSC, HMT, Go-Science and Cabinet Office (as well as other views). The consensus packs not only considered the health impacts of the virus, but also measured the economic consequences and social repercussions of potential policy decisions. An example of the consensus statements of data, also showing joint or co-production, is the email from Matt Elsby on 1 April 2021 "Step 2 - Four Tests Evidence Pack" (See **SR/428 - INQ000252892**) and **SR/429 - INQ000063618**).

387. The No 10 data science and analytics team also provided important capability and worked closely with the CTF.
388. However, it should be noted that neither the CTF nor the No 10 data science team provided the main modelling inputs for the decision-making process. SAGE always led the strategic health and epi modelling work. Similarly, any economic modelling that informed decisions was provided by HMT.
389. Further, SAGE, SPI-M and Independent Scientific Pandemic Insights Group on Behaviours had a range of members and the CTF worked closely with the PHE and its predecessor UKHSA. Through Rob Harrison's team we were also in a position to convene analysts and experts from across Whitehall.
390. It is accurate to state that health modelling, was a critical input to policy making, advice to Ministers and decision making. Health modelling was provided more often than economic modelling from HMT, though strategic direction and key decisions were informed by economic work, including through exercises such as the work on strategic NPIs.
391. The decision on the Roadmap published in February 2021 was borne out of a holistic approach, taking account of all the issues, considerations, and experiences from 2020 and learning from the decisions taken in the previous calendar year. The length of time between the various steps and the order of reopening was based on scientific advice on the necessary time to see and understand the impact of opening up parts of society. The order and extent of opening at each step, purposefully balanced public health considerations arising from increased social contact and the economic importance of different sectors.
392. We always sought to reflect impacts (whether they be economic or social) in the work that we produced and we endeavoured to ensure that our assessment on the economic and social impact of Covid-19 interventions was supported up by data. The dashboard included a great deal of economic and social data for example. On two separate occasions, approaches to segmenting the population were considered and then rejected, due to the potential negative impacts on disproportionately affected people among other issues.

393. The first of these occasions was in September 2020. On 7 September 2020, I advised that we had considered the possibility of segmentation as an alternative to a full lockdown. Our analysis, and work done by SAGE had concluded, however, that we were unlikely to be able to deliver segmentation successfully. We therefore proposed focusing on a set of interventions which would sharpen protection of the most vulnerable, using lessons learned from shielding and our experience in care homes, sharper communication on behavioural risk, and limiting social contact to keep suppressing the virus in the general population. The following day, the Prime Minister agreed, saying that we needed softer segmentation and the Moonshot (see email at **SR/430** - **INQ000252856** and attachments at **SR/431** - **INQ000252857** and **SR/432** - **INQ000070579**).
394. The second time was during the Omicron wave in December 2021 (see email request for work to be done at **SR/433** - **INQ000252902** and emails responding **SR/434** - **INQ000252903** and **SR/435** - **INQ000252904**), with attachments **SR/436** - **INQ000252905** and **SR/437** - **INQ000252906** and a further email confirming that the segmentation notes were with the Prime Minister, at **SR/438** - **INQ000252907**). The second look at segmentation was a more cursory one than the first because of the earlier work that had been done and in part because the context was different, and we had vaccination as our backstop as we made Omicron decisions.
395. We often used focus groups and polling, and we were provided with that information from the relevant teams. The Cabinet Office leads were Claire Pimm and Martyn Friar, who was her deputy while Meg Powell-Chandler was the point person in the No 10 political team. The actual polling was contracted out. The Comms unit circulated a weekly note on 5 things we learnt from polling that week (see **SR/439** - **INQ000252899** and **SR/440** - **INQ000252900**), or polling readouts (see **SR/441** - **INQ000252895** and **SR/442** - **INQ000252896**).
396. We always tried to act on the best data and evidence available at that time and had dashboards from the very start of the pandemic. We used ONS studies to inform decision makers through the summer of 2020 but a much of the data we collected was patchy and there was enormous uncertainty surrounding the makeup of the virus, its transmissibility, timescales, and potential impacts. The capability in the Cabinet Office to understand and bring data together was also weak at the outset but we gradually built the depth of capability and established the skills and expertise to inform core

decision makers confidently. Due to these improvements our team was at its most effective in informing decision makers from late 2020 and through 2021.

397. The GCSA and the CMO were absolutely critical in a number of ways. Both individuals led and corralled scientific and medical views. Through SAGE and wider scientific networks, they consolidated and inputted key information, data and insights into the core strategy and policy debates. At decision making fora, such as the dashboard meetings, they were central to explaining the science and crucial issues behind the data. They provided a challenge function to policy thinking and grounded the decision making during that time. It was clear that they had the complete trust and confidence of the PM and other key decision makers.
398. Both individuals were also critical in articulating the uncertainty around the future path of the virus, as well as the potential impact and outcomes from different policy interventions.
399. It is important to note that whilst the CMO and the GCSA provided expert input on health and science issues to the PM, and were essential in helping to interpret data, the CTF led on policy development drawing on their advice and that of others.
400. The ICJU was one important part of the overall data and analytical capability that we built over time. It was extremely valuable in leveraging the knowledge and networks of our embassies, providing part of the international insight that was utterly crucial during a global crisis. The ICJU's approach was to prepare slightly longer pieces of work, taking the time to properly coordinate and compile evidence before coming to a view, using practices developed from the intelligence community. As a result, we felt confident in their findings. Subsequently, our wider data and analysis team led by Rob Harrison adopted this method. One key piece of work undertaken by the ICJU was a recurring data set update, examining the key interventions, such as social distancing, taken by other countries in respect of the pandemic. An example of a recurring data set update is exhibited (SR/443 INQ000252901) We used this data set in numerous strategy discussions with the PM. Furthermore, we also commissioned the ICJU to produce other reports and data sets to inform our wider work at key junctures.

The Devolved Administrations

401. It is well known that there were at times divergent political and policy views between central Government and the Devolved Administrations. We did, however, work closely

with Devolved Administrations at official level through the CTF. This was particularly true in some areas. By way of an example, in November 2020 the then CDL expressed a wish to have a unified 'four nations' approach to the level of restrictions that would be in place over Christmas with a proposal that across the UK three households would be able to meet up. It was recognised that otherwise there was the potential for confusion among the public as to how they should act. This ultimately led to a meeting between the First Ministers and Deputy First Ministers of the Devolved Administrations on 21 November 2020 and the agreement of a joint statement on '*shared arrangements for the Christmas period*' (SR/444 - INQ000198171). While the prevalence of infection, and in particular the Alpha variant, ultimately meant that such arrangements were no longer possible, my recollection is that this was based on long standing and very close co-operation between the Cabinet Office and the Devolved Administrations. Another area where we worked closely over the pandemic was on issues concerning international travel and border, where Devolved Administration Ministers routinely attended Covid-O meetings and there were close official relationships.

402. I was aware as well that there were tensions at other times and different decisions were taken given that healthcare matters were devolved. This was an issue, for example, when the Welsh and Scottish governments wanted to have circuit breakers in October 2020.
403. Alongside my work with the Devolved Administrations, my time in Cabinet Office, both in HMIG and the CTF, saw me regularly liaising with local authorities across England, though MHCLG led much greater communication and joint work. In addition, the Cabinet Office commissioned the 'Fieldforce' team to visit different regions as discussed above and provide input from local areas (see the team mandate from Simon Case, the Permanent Secretary, SR/445 - INQ000252849). I cannot recall the exact number of Fieldforce visits but the team undertook but there were certainly quite a number especially through the summer and autumn of 2020. The outcome of these 'Fieldforce' visits fed into our discussions at the time. Examples of the types of Fieldforce reports are the post visit report for Sheffield (SR/446 - INQ000252855) and the post visit report for Cheshire (SR/447 - INQ000252894).
404. I have been asked by the Inquiry as to the lessons learned from a CTF Disproportionately Impacted Groups session with the Disability Unit on 14 July 2021. I

did not attend this meeting and was not copied into any correspondence concerning the outcome of this session.

405. I have been asked by the Inquiry as to my knowledge of certain comments made by the then Cabinet Secretary concerning 'chicken pox parties' on or around 12 March 2020. I have no knowledge of any such comments being made. As I have outlined above, my tenure in the Cabinet Office commenced on 16 March 2020, after these comments were allegedly made.

406. I have been asked by the Inquiry as to my knowledge of certain comments made by the Prime Minister in March 2020 where he suggested that he wished to be injected with Covid-19 live on air and in autumn 2020 where he is alleged to have said that he would rather 'let the bodies pile high' than order another lockdown. Again I have no knowledge of any such comments being made.

SECTION H: LESSONS LEARNT

407. I did not give oral evidence to any UK Parliament Select Committees. I did, however, attend two meetings in relation to, and provided written information for the *Managing cross-border travel during the Covid-19 pandemic* report published by The Committee of Public Accounts on 26 July 2022.
408. The CTF was set-up as a direct result of a short review commissioned by Helen MacNamara and Martin Reynolds in April 2020. As I have alluded to in other parts of this statement, at the outset of the Pandemic the MIG structures were put in place in order to respond to a civil emergency that was developing at pace. Those structures had challenges in that a lot of the work was duplicative in nature, there were certain gaps in leadership and there was a disconnect between the work of the MIGs in the Cabinet Office and the work of No 10. When the limits of those structures were apparent, steps were taken which led to the development of the CTF. This was a structure that was robust, had a clear leadership structure and, as it was in place until the end of the pandemic, it ultimately stood the test of time.
409. In autumn 2021, the CTF began the process of starting a broad lessons learnt exercise, looking back over the pandemic. Helen Dickinson, a Director in the CTF, was charged with leading this project. Helen Dickinson's final report dated 9 June 2022 has been exhibited (SR/448 - INQ000180306).
410. Learning from experience earlier in the pandemic was adopted when it came to policy decisions made later in the pandemic. There are a number of examples, including but not limited to:
- a. Following the implementation of local restrictions from July 2020 through to October, we did work to establish the extent to which we believe they helped to control wider spread of the virus. For example, we commissioned a strategy note setting out next steps, together with behavioural data and a note on local interventions (SR/449 - INQ000252859 with attachments at SR/450 - INQ000252860), SR/451 - INQ000252861, SR/452 - INQ000252862, SR/453 - INQ000252863). The evidence was limited and we did not revert to this approach subsequently;

- b. Following the lack of success in negotiating restrictions with local areas in October, we sets tiers nationally as the basis for restrictions in December. More broadly, in the Roadmap in February 2021 we ended the use of tiers and opened society and the economy at the same times everywhere to reduce confusion and constant change in restrictions;
- c. The approach to 'data not dates' in the Roadmap was a result of analytical work to underpin the rate of opening different sectors and to make real the tests about whether opening would risk a further surge of the virus. The fact that the Government decided to pause step 4 in summer 2021 was a direct result of learning the risks of pre-determined opening from December 2020; and
- d. The Autumn and Winter Plan had a pre-agreed Plan B that the Government agreed then would be implemented if there was a new wave, including through a new variant. That plan was implemented in December 2021 following the emergence of Omicron through much more structured decision making than in autumn 2020.

CONCLUSION

411. Overall I believe that I and, the teams I led in the Cabinet Office and teams across Government worked extremely hard and with significant skill to develop strategic and policy responses to the pandemic. We advised and supported the Government to decide its approach and implemented it based on the best information at the time and at considerable pace. Everybody made personal commitments and sacrifices to do the best they could in exceptionally difficult circumstances to put in place policies and capabilities to minimise the health, social and economic costs to the public and the country.
412. There are important lessons that can be learned and things that should be done differently in the event anything similar recurs. I believe, as the pandemic progressed, we learned from the decisions and approaches agreed earlier in the pandemic. This was true of official structures and decision-making processes as well as the substantive advice on strategy and policy.
413. Particularly at the start of the pandemic, but throughout, we were dealing with extreme levels of uncertainty as well as adapting to different ways of working. I believe we adapted to the challenges of the pandemic and the environment as quickly as possible and provided proposals and advice that acknowledged that uncertainty and nonetheless enabled rapid decision making. I have tried to set out in the above narrative how our work developed, and which issues were particularly difficult to resolve.
414. The pandemic was a time of immeasurable suffering and difficulty for many people and for many different reasons. Those who suffered, and continue to suffer, from Covid-19; those who lost loved ones and those who suffered profound hardship as a consequence of the restrictions put in place, were always in my thoughts.
415. I stand ready to provide the Inquiry with further assistance if it is required.

Statement of Truth

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

Signed: Personal Data

Dated: 23/08/2023