

Witness Name: Mark Sedwill

Statement No.: Second

Exhibits: 160

Dated: 18 August 2023

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**THE UNITED KINGDOM COVID 19 INQUIRY  
WITNESS STATEMENT OF LORD SEDWILL  
In relation to Module 2**

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I, **Mark Philip Sedwill**, WILL SAY AS FOLLOWS:

**A. INTRODUCTION**

1. I make this statement in response to the request by letter dated 13 January 2023 for evidence under Rule 9 of the Inquiry Rules 2006 made on behalf of Baroness Heather Hallett, the Chair of the UK Covid-19 Inquiry (the Inquiry). By this statement, I intend to set out, where appropriate, the key aspects of my involvement in core political and administrative decision-making relating to the UK's response to Covid-19 (Covid) from 1 January 2020 to 24 February 2022.

**B. BASIS OF THIS STATEMENT**

2. In response to a separate Rule 9 request, I have submitted a statement for Module 1 of the Inquiry covering the period before January 2020, including evidence on societal resilience and state preparedness, and the impact of no-deal Brexit contingency planning. In this statement, I intend to address the period January-September 2020. I understand that the Inquiry is concerned with the period to February 2022. However, I left my role as Cabinet Secretary, Head of the Civil Service and National Security Adviser (NSA) in September 2020 so, thereafter, I was neither involved in, nor privy to sensitive information about, decision-making by the Government in relation to Covid, notwithstanding my part-time role in relation to the UK's G7 Presidency after September 2020. My experience of subsequent lockdowns was as a citizen.

3. I make this statement on the basis of my personal knowledge, as refreshed by documents which have been made available to me and by documents which I have been able to source. While I have not had the capacity to read all such documents, I have endeavoured to identify key and illustrative documents relevant to my evidence. I have also had access to the materials listed in the Annex to this statement which I understand to have been prepared for Module 2 of the Inquiry. I am ready to supplement this statement in the light of any documentation, including from messaging apps, presented to me which I may not have considered.
4. Although I no longer possess any of the mobile telephones which I used during my time in office and, as a high-profile espionage target as National Security Adviser, on my own authority and as good security practice, regularly deleted and thus neither retained nor backed up messages or WhatsApps which might now otherwise be available to me, I have now been provided with copies of threads with Martin Reynolds (Principal Private Secretary to the Prime Minister), Helen MacNamara (Deputy Cabinet Secretary) and Simon Case (Director-General / Permanent Secretary No.10 and my successor as Cabinet Secretary). While I exchanged messages with many others involved in handling the pandemic, including ministers, their special advisers and senior officials, experts and others, I have not been provided with messages from any other groups or threads that are relevant to decision making in respect of planning or preparedness for a pandemic or Covid.
5. During my tenures as NSA and Cabinet Secretary, I did not maintain a diary. My notes taken in Cabinet meetings were not verbatim and are contained in Cabinet Office notebooks that I returned when I left office and which have been held by the Cabinet Office. I have now had the opportunity to review some of this material. I also did not use personal emails for official business other than for administrative functions such as blocking out my personal calendar.
6. The Inquiry has invited me to reflect on the various issues which are the subject of Module 2. My own judgements during that period drew on the resources available to a Cabinet Secretary and NSA, including the ability to commission proper analysis and have detailed conversations with key stakeholders to inform my own conclusions. I have not had access to such resources since I stood down in September 2020 and therefore am not able to provide more authoritative assessments than I was able to make at the time. For the same reason, nor am I able to offer authoritative analysis of institutional or policy developments since I left office. However, to assist the Inquiry in

determining whether governance mechanisms during the Module 2 period were effective, I have set out in detail the relevant machinery of government and changes made during early 2020, a narrative of the key decisions and how they were taken, and, in the concluding section, my own assessments at the time of the state's effectiveness in preparing for and responding to the first phase of the pandemic.

7. In the course of making this statement, I have noted the published report by the Joint Committee on the National Security Strategy (JCNSS) ("Biosecurity and national security" HL195 / HC 611 18 December 2020) [MS/1 - INQ000146687]. In order to refresh my memory, I have also reviewed the published records of my oral evidence to the JCNSS on 8 July 2020, to the House of Commons Public Administration and Constitutional Affairs Committee (PACAC) on 17 November 2020, and to the Science and Technology Committee, Health and Social Care Committee (Oral evidence: Coronavirus: lessons learnt, HC 877 Tuesday 2 December 2020).

**C. BACKGROUND AND EXPERIENCE**

8. At the material time, I was the Cabinet Secretary and Head of the Civil Service (HoCS) (2018-20). I was also National Security Adviser (NSA) (2017-20) and will therefore set out the relevant responsibilities and my experience in those roles.
9. I served in the Foreign and Commonwealth Office (FCO) 1989-2013, with overseas tours to Egypt, Syria, Iraq, Jordan, Cyprus and Pakistan. I was HM Ambassador and then NATO Senior Civilian Representative in Afghanistan (2009-11), FCO Political Director (2012-13), and Home Office Permanent Secretary (2013-17) having earlier served as Director of UK visas and International Director of the Border Agency (2006-08).
10. In early 2017, I became NSA. Then, in June 2018, the Cabinet Secretary, Sir Jeremy (later Lord) Heywood, took medical leave. The Prime Minister (the Rt Hon Theresa May MP) asked me to become acting Cabinet Secretary, retaining my role as NSA. Tragically, Lord Heywood did not recover from his illness and had to retire on 24 October 2018. The Prime Minister then confirmed me as Cabinet Secretary and HoCS, alongside my role as NSA. The combination of the roles was not intended to be permanent. Her successor as Prime Minister (the Rt Hon Boris Johnson MP) endorsed this arrangement.

11. Since the early 1980s, the roles of HoCS and of Cabinet Secretary have usually been held by the same official. For this reason, in this statement, I will not distinguish between these roles and will refer to my position as “Cabinet Secretary”. I was conscious that, while I had more operational and command experience than was typical for senior civil servants due to previous positions in Afghanistan, the Home Office and as NSA, I had little experience of social policy, so relied on the expertise and insight of colleagues.
12. The Cabinet Secretary is the head of the Cabinet Secretariat, which in turn, supports the Prime Minister and the various chairs of Cabinet committees in ensuring that Government business is conducted in an effective and timely way, that proper collective consideration takes place and that standards of public life and constitutional conventions are followed. Much of this is set out in the Cabinet Manual **[MS/2 - INQ000182315]**. The precise role of Cabinet Secretary is organic, varying according to the personalities of the serving Cabinet Secretary and Prime Minister. Part of my job was to design around each Prime Minister a system for formulating and implementing policy which suited their working methods.
13. As Head of the Civil Service, I was responsible for senior personnel. Throughout the pandemic, I sought to ensure that the relevant departments and taskforces, especially the Department of Health & Social Care (DHSC), No.10 and the Cabinet Secretariat, had the resources necessary for the demands of the period, with sufficient spare capacity to cover for the illness or Covid isolation of any personnel.
14. As Cabinet Secretary, one of my duties was to advise the Prime Minister on machinery of government and ministerial personnel. Relevant advice on machinery of government, including transparency and accountability, is set out below. Advice on ministerial personnel, their capability and conduct is given in strictly private conversations with the Prime Minister. The Prime Minister makes his or her decisions about ministerial personnel, drawing on the Cabinet Secretary’s or any other sources of advice or insight at his or her discretion. It is a longstanding principle that neither the Cabinet Secretary nor the Prime Minister reveals such exchanges publicly to protect the candour and confidence of such advice for current and future Prime Ministers.
15. In June 2020, with Brexit concluded, after the first phase of Covid and as he planned to shift the Government’s focus to the implementation of the December 2019 manifesto, the Prime Minister and I concluded that it was time to separate the roles of



Cabinet Secretary and NSA again. We had discussed this before and other positions in national or international public service to which I might move thereafter. We agreed that I would retire from the Civil Service at the end of September 2020, allowing for smooth succession to both roles. This was announced in an exchange of letters on 28 June [MS/3 - INQ000146681 and MS/4 - INQ000146682] and the Prime Minister briefed Cabinet the following day [MS/5 - INQ000088880]. The Prime Minister announced that my successor as NSA would be his European Adviser, Lord Frost. There was a separate appointment process for Cabinet Secretary & HoCS, overseen by the First Civil Service Commissioner, Sir Ian Watmore, and Simon Case was appointed to take over on 9 September 2020. My last Cabinet was the previous day [MS/6 - INQ000088964].

#### **D. MACHINERY OF GOVERNMENT**

16. At the onset of the pandemic, the Government's response was led by structures already in place at the time, all supported by the Cabinet Secretariat. The UK Civil Service supports HM Government and the Devolved Administrations (DAs) in Scotland and Wales. The Northern Ireland Civil Service is a separate institution.

##### The Cabinet

17. The Prime Minister determines departmental structures and appointments, and Cabinet Committee structures, membership and remit. These systems and structures reflect the Prime Minister's priorities, working preferences and external events. For example, shortly after the 2016 Brexit Referendum, the new Prime Minister established the Department for International Trade, the Department for Exiting the European Union and new Cabinet Committees. The current Prime Minister has established a new Department for Science, Innovation & Technology. I describe below how governance structures and systems were reshaped through the first few months of the pandemic to ensure the coordination across government and the wider public service of effective policy formulation and implementation.
18. The Cabinet is the ultimate decision-making body of HM Government (HMG). Cabinet meetings are chaired by the Prime Minister and attended by all Cabinet ministers and the Cabinet Secretary. The Cabinet system is based on the principle of collective responsibility, with all government ministers ordinarily being bound by the collective decisions of Cabinet and its Committees, whether involved in the decision or not, and

carrying joint responsibility for the Government's policies, decisions and actions. Ministers contribute on the basis of departmental briefs and their own political judgement. Ministers chairing a formal meeting (e.g. Cabinet, Cabinet Committees or COBRs etc.) typically hold an informal briefing meeting with key officials and advisers in advance, which also provides an opportunity to consider their own position on the issues to be considered.

19. I invariably attended meetings of Cabinet and the National Security Council (NSC). Members of the Cabinet Secretariat take a minute. Some No.10 private secretaries and special advisers usually sit in. For each issue discussed, Cabinet minutes summarise presentations by the responsible minister and the Prime Minister's introduction to and summing up of the discussion. With some exceptions, to facilitate candour and protect collective responsibility, minutes generally do not attribute the contributions of other ministers but record only the key points of discussion. The Cabinet Secretary's role in these meetings is facilitative. I would speak rarely and only at the request of the Prime Minister, for example on a matter of Cabinet procedure or to advise the Prime Minister or other minister chairing to ensure that a presentation had been completed before ministerial discussion and decision. Policy advice in which I was involved would normally be contained in the Chair's Brief.
20. This overall approach continued when Cabinet meetings had to be held remotely during the pandemic. Since ministers could not easily indicate in person that they wished to intervene, I would receive messages by SMS or WhatsApp from ministers who wanted to speak or would send messages to ministers I thought might wish to do so.

#### UK COBR(M)

21. During the pandemic, the UK COBR(M) (see below) was established as the principal forum for the Prime Minister, the First Ministers of Scotland and Wales, and the First and Deputy First Minister of Northern Ireland. The respective health ministers and chief medical officers for each nation also attended. These meetings were remote and the committee functioned as a UK-wide liaison body. Like other ministerial meetings, ministerial COBRs would usually be preceded by an official preparatory meeting.
22. In some policy areas, the powers to take action rested with devolved governments, e.g. the closure of schools or other aspects of social distancing measures, so COBR

decisions were not binding but supported alignment, a shared understanding of the issues and options, and coherent public communications. Collective responsibility did not apply.

23. Cooperation between HMG and the DAs was mostly strong, but there were occasional frictions because of the uneven structures and styles of governance within the UK, and the differing perspectives of governments run by rival political parties. However, notwithstanding these tactical frictions, there was a consistent consensus on the strategic questions, such as the timing and nature of mandatory/comprehensive vs advisory/targeted lockdowns. Public communications across the UK were a particularly complex issue. Inevitably, the Prime Minister had impact across the UK even though his communications were typically for England only. This required active management between the various communications teams.

#### Cabinet Committees & Cabinet Secretariat

24. On my advice (set out below) the Prime Minister established several Covid-specific Cabinet Committees. Cabinet Committees either meet in person or agree policy positions through a written procedure. During the pandemic, they also met remotely or in hybrid format. These meetings operated and were minuted in the same way as traditional in-person meetings.
25. The Cabinet Secretariat acts on behalf of the Cabinet Secretary to ensure the effective functioning of Cabinet Government. It oversees the policy, practice and precedent underpinning Cabinet collective responsibility, as set out in the Cabinet Manual. It is a collective structure. I consider myself to be accountable for all material produced by the Cabinet Secretariat while I was Cabinet Secretary, whether I was directly involved or not.
26. Each Cabinet Committee has a “Senior Secretary”, a senior official from the Cabinet Secretariat, responsible for ensuring the effective functioning of their respective Committee, e.g. agreeing the work programme and agenda with the Chair within the Committee’s terms of reference, producing the Chair’s brief, ensuring lead departments produce timely and useful material, recording actions and decisions, and circulating minutes. The Senior Secretary will often take preparatory officials’, or “(O)”, meeting(s) beforehand. Committees have a standing membership, with other departments and public bodies invited depending on the agenda.

27. In general, with the exception of the National Security Council (NSC), of which I was secretary as NSA, I would not attend meetings of Cabinet committees or other ministerial groups unless the Prime Minister were chairing the meeting, although I might attend an early meeting of a new committee to support the relevant ministerial chair as it was first established.
28. Once Cabinet or Cabinet Committee decisions are taken, the Cabinet Secretariat circulates a list of actions to the departments responsible, alongside, or, when required, in advance of, the formal minutes of the meeting. The purpose is to communicate decisions within government and identify responsibility for implementation. The communication of a decision to the public is handled by the No.10 communications team, which is not part of the Cabinet Secretariat.
29. Unlike government departments, where a few special advisers work directly for ministers alongside private offices, with which they are often co-located, for several decades, in No.10, civil servants and special advisers (SpAds) have operated in combined policy and communications teams, while maintaining separate roles and lines of accountability. This was the case throughout my time in government, including as Cabinet Secretary. As is true for many roles within government, the extent of integration and cohesion between SpAds and officials depends upon their individual working practices and personalities, and those of their ministers.
30. Some SpAds are subject matter experts and might thus be considered to be specialist advisers whose tenure might bridge changes of minister, but most provide political and communications support to individual ministers and thus move with them. The same applies in No.10. While SpAds are generally associated with individual ministers, formally, all are appointed by the Prime Minister on contracts as temporary civil servants and are subject to a separate Special Advisers Code.
31. Invariably, in No.10, both officials and SpAds attend meetings with the Prime Minister to which they contribute according to their roles, personal authority and relationship with the Prime Minister. Prime Ministers hold political meetings which officials do not attend and, occasionally, there are sensitive matters which the Cabinet Secretary or other senior officials will need to discuss with the Prime Minister without special advisers present. But in most meetings, including policy discussions during the pandemic, officials, experts and SpAds are present and contribute.

Policy Discussions and Policy Advice

32. During my period in office, documents from the Cabinet Secretariat were signed off in three categories:
- (a) documents which I drafted myself, because I had personally considered the issue or because the Prime Minister had asked me to share my personal view on a particular matter. I would generally share drafts with my senior colleagues in the Cabinet Secretariat to test my thinking but the final personal minute to the Prime Minister would be in my name and style;
  - (b) documents which were drafted by other officials within the Cabinet Secretariat but considered appropriate to be in my name. Chair's briefs and minutes of Cabinet meetings would fall into this category. I did not draft these myself but, as Cabinet Secretary, would check and sign them;
  - (c) documents that were produced in the name of another person within the Cabinet Secretariat. On occasion, I would look through a draft and discuss it with the responsible official, but I tended not to make textual amendments. This category covered the majority of Secretariat advice during my tenure as Cabinet Secretary and more than had been typical under my predecessors. I naturally delegate responsibility and considered it to be good for the relevant official's profile for advice to be submitted in their name(s). For example, recommendations to the Prime Minister on machinery of government might be submitted by a Cabinet Secretariat colleague but would have been agreed with me in advance.

Therefore, all advice to the Prime Minister or other senior ministers chairing Cabinet Committees from the Cabinet Secretariat is produced under the authority of the Cabinet Secretary. No distinction should be inferred from the signatory between the Cabinet Secretary's and the Cabinet Secretariat's advice.

33. Serving concurrently as Cabinet Secretary and NSA, I took the opportunity to reform the various secretariats in the Cabinet Office to create a single integrated Cabinet Secretariat [MS/7 - INQ000146674, MS/8 - INQ000146675 and MS/9 - INQ000182316]. I sought to ensure that they worked effectively as a combined team,



drawing on the operational and contingency planning expertise of the national security community and the expertise in socio-economic issues of the domestic policy community.

34. The process of policy formulation is designed to explore the range of options and alternative perspectives, albeit that there was no specific institution such as a 'red team' to challenge policy advice. In some policy areas, for example the Joint Intelligence Committee (JIC) on national security issues or the Office of Budget Responsibility (OBR) on fiscal issues, groups or committees were established to provide independent expert advice to government, with scrutiny and challenge inherent. SAGE was one such body (see below).
35. I experimented with a red team as NSA by establishing a "shadow" NSC(O) (National Security Council (Officials)) of more junior officials from a diverse range of backgrounds within the national security community. I then incorporated the challenge function, scenario planning etc. into the standard policy formulation process as part of the Fusion Doctrine mechanisms established by the 2018 National Security Capability Review [**MS/10 - INQ000146692**]. While recognising that it would not have been appropriate simply to replicate national security mechanisms in domestic, social and economic policy, as Cabinet Secretary, I encouraged the Civil Service policy profession to explore a similar approach [**MS/11 - INQ000146676**]. This work was in its early stages as Brexit and the pandemic occurred.
36. Like my predecessors, during my tenure as Cabinet Secretary and NSA, I engaged in many informal and unrecorded conversations with officials, special advisers, ministers, experts and external stakeholders, perhaps before a significant meeting, to test the policy process and to ensure that ministers were being presented with credible and deliverable options, with the appropriate supporting material. Other senior colleagues and ministers would do the same. Many such meetings were not recorded or there might have been a brief note commissioning follow-up analysis or action. Both Prime Ministers I served as Cabinet Secretary would also hold informal brainstorming sessions, whether in dedicated meetings or in the course of other meetings (e.g. the 8:30 or 9:15 daily meetings - see below).
37. Such informal discussions are vital for good policy making, but do not constitute formal advice submitted by the Cabinet Secretariat or Departments of State. Sometimes suggestions would be made to test orthodox thinking, or to identify departmental or

institutional positions. Some ideas would crystallise to the extent that we were prepared to submit them formally to the ministers as genuine policy options. Sometimes, a conversation would be an attempt to understand the issues, particularly from the scientific perspective. Some informal or casual exchanges during the pandemic, about which recollections vary and of which I have no contemporaneous note, would fall within this category and did not constitute policy advice or decisions. For example, insofar as I recall it, my remark about “chickenpox parties” was part of an informal conversation in a meeting in the Prime Minister’s office about whether there were targeted and/or advisory alternatives to a mandatory comprehensive lockdown. I do not recall over-hearing the Prime Minister comment about injecting himself with Covid.

38. My use of WhatsApp and other messaging services included ephemeral issues, such as ministers asking for an opportunity to speak during a remote Cabinet meeting or the preparations for a meeting. Whereas I generally used email, and do not presume to know what might have been said in messages to which I was not privy, my experience was that email, WhatsApp or text messages were also used for informal (often unstructured) conversations, particularly once we began working remotely. Other such conversations, such as in private, casual or chance meetings, would not be recorded, but would also contribute, sometimes more substantively and effectively than exchanges in messaging apps, to policy formulation. Policy decisions are required to be recorded formally either in response to written submissions or in the minutes from ministerial or official meetings. To the best of my knowledge, that process was followed during my period in office.

#### Prime Minister’s Daily Meetings

39. Like his immediate predecessors, the Prime Minister would generally take a weekday meeting at around 8.30am. This meeting would be attended by his core political and official team. It was a mostly political meeting and would generally involve running through the Prime Minister’s diary for the day ahead, and discussing politics and issues in Parliament and the media. As Cabinet Secretary, I had a standing invitation to this meeting and generally attended a few times a week but not every day. Before becoming Cabinet Secretary, as NSA, I generally attended once a week on the days NSC meetings were held. The primary purpose of the meeting for me was to remain in touch with the No.10 team and stay informed about the Prime Minister’s preoccupations and diary.

40. During the pandemic, a meeting at 9.15am, known as the “9.15” would follow the morning (8.30am) meeting. Attendance would vary, but would usually include the Secretary of State for Health and Social Care (the Health Secretary), the Rt Hon Matt Hancock MP, the Chief Medical Officer (CMO), Professor Chris Whitty, and the Government Chief Scientific Adviser (GCSA), Sir Patrick Vallance, and/or their deputies. Other senior ministers, notably the other “Quad” ministers who chaired the Ministerial Implementation Groups (MIGs) (see below), would also attend regularly. These meetings, like COBRs and Cabinets, would invariably begin with a briefing from officials on the latest data from the UK and overseas. This evolved in the first few months of 2020 as data analysis and visualisation were developed from standard situation reports to the online dashboard, to information from the International Comparators Joint Unit (ICJU) etc. Further details of how this meeting evolved are set out below.

#### National Security Council & National Security Secretariat

41. The National Security Council (NSC) was established at the beginning of the Coalition Government in May 2010. The NSC is a Cabinet Committee, which succeeded committees from the previous government responsible for national security, intelligence, defence, international affairs and international development **[MS/12 - INQ000146670]**. The NSC’s secretary is the NSA. As well as relevant senior ministers, the heads of the security and intelligence agencies, the Chief of the Defence Staff and the Deputy NSAs attend, plus other ministers, officials or uniformed officers as required. The NSC is chaired by the Prime Minister. It has sub-committees which deal with highly classified national security matters.
42. Prior to 2010, for a civil or non-terrorist domestic emergency, the Civil Contingencies Committee (a Cabinet committee) would convene ministers and officials from the key departments and agencies involved in the response, along with other organisations as appropriate. In 2010, the Civil Contingencies Committee was replaced by a sub-committee of the NSC, the National Security Council (Threats, Hazards, Resilience and Contingency) (NSC(THRC)). In practice, the NSC(THRC) evolved to focus on preparedness, with crisis response handled through the COBR mechanisms (see below). Like other Cabinet Committees, the NSC(THRC) can secure collective agreement through either a ministerial meeting or written procedure.

43. Like the NSC itself, the National Security Secretariat (NSS) and NSA role were an evolution from previous governments, combining secretariats and roles responsible for foreign policy, international development, defence, intelligence and security. The NSS coordinates policy development and implementation on these issues across government, working closely with the Joint Intelligence Organisation (JIO), which produces independent all-source assessments to support this work.

#### Civil Contingencies Mechanisms

44. The Civil Contingencies Act 2004 (CCA) was introduced following the 9/11 attacks and several domestic crises, including severe flooding, fuel protests, foot and mouth disease, and several major public service strikes. Previous legislation included the Emergency Powers Act 1920, Emergency Powers Act (Northern Ireland) 1926, the Civil Defence Act 1948, and the Civil Protection in Peacetime Act 1986.
45. The CCA has two key elements: local arrangements for civil protection (Part 1) and emergency powers (Part 2).
46. Part 1 established a statutory framework of roles and responsibilities for local responders. It requires Category 1 responders, including blue light services likely to be involved in most emergencies, to develop emergency plans and business continuity plans, and to cooperate and communicate with the public, businesses, Category 2 and other local responders etc. Category 2 responders, such as the Health & Safety Executive, utility companies and transport operators, are less likely to be involved in the heart of planning work but will be heavily involved in incidents that affect their own sectors. Category 1 and 2 organisations meet in Local Resilience Forums (LRFs) in England and Wales, with similar local resilience arrangements in Scotland and Northern Ireland, operating under the Devolved Administrations.
47. Part 2 updates the 1920 Emergency Powers Act and the 1926 Emergency Powers Act (NI). It allows for the making of temporary special legislation (emergency regulations) to deal with the most serious and urgent of emergencies. Their use is subject to safeguards and can be deployed only in exceptional circumstances **[MS/13-INQ000056153]**.
48. The Civil Contingencies Secretariat (CCS) was founded in 2001 and is responsible for preparing for, responding to and learning lessons from major crises. While it remained

- a separate body, it was brought within the remit of the NSS in 2010. Its primary functions were:
- (a) working with departments, devolved administrations and local responders on contingency planning and capabilities, including issuing advisory National Resilience Standards **[MS/14 - INQ000056231]**;
  - (b) identifying both immediate and long-term risks, including through managing the process to produce the National Security Risk Assessment (NSRA) and National Risk Register (NRR) **[MS/15 - INQ000146680]**;
  - (c) coordination of the Government's crisis management mechanisms, including COBR;
  - (d) managing the Emergency Planning College, and providing training and support to resilience professionals across the UK and internationally.
49. CCS were responsible for supporting the Government during the initial phase of the pandemic. As the pace and scale of meetings increased, and due to the wide socio-economic effects of Covid, the entire Cabinet Secretariat became involved. It was also important to retain capacity in CCS should another crisis (e.g. a terrorist attack) arise in parallel.
50. The Government maintains the capability to respond to the range of hazards and threats facing the country through the COBR mechanism. This term comes from "Cabinet Office Briefing Rooms" which is the location in Whitehall where such meetings usually take place. COBR is the primary forum for agreeing the central government response to major crises which have international, national or multi-regional impact, and for liaising with local responders. It includes senior ministers and/or officials supported by specialist input. It facilitates cross-government coordination and ensures that ministers and senior officials are provided with timely, coordinated and quality advice to enable effective and efficient decisions during times of national crisis.
51. When COBR is activated, the key objectives are to protect human life, maintain public order and restore normalcy as soon as possible. The apparatus is designed to cope with concurrent crises.
52. COBR is supported by a range of standing capabilities, depending on the nature of the crisis, to provide authoritative information to decision-makers including legal and scientific advice, coordinate the operational response and logistic support, determine



- the allocation of responsibilities between national and local authorities, understand impact, plan recovery and communicate to Parliament and the public.
53. Supporting expert bodies and groups activated or established in early 2020 included: the Scientific Advisory Group for Emergencies (SAGE), the Scientific Pandemic Influenza Group on Modelling (SPI-M-O) and the Scientific Pandemic Insights Group on Behaviours (SPI-B). SAGE is also a standing capability. It is constituted and convened by the Government Chief Scientific Adviser (GCSA) as required or requested by COBR and consists of independent experts relevant to the situation faced. SAGE is thus designed to ensure that its conclusions encompass the range of expert analysis and evidence relevant to the issue for which it has been constituted, and subject to professional evaluation and appropriate challenge. The GCSA presents SAGE conclusions, including any qualifications, to Government. Because it is independent, its advice contributes to but does not represent Government policy. During the pandemic, the GCSA and CMO were thus able to present and explain SAGE analysis directly to ministers.
  54. The UK adopts a “frontline first” or “bottom-up” approach to managing crises, based on the principle that operational decisions should be taken at the frontline with coordination only at the highest necessary level. Most crises, such as flooding, industrial incidents and major road crashes, only affect local areas. Local responders manage them without the direct involvement of central government. In some instances, the scale or complexity of a crisis means that some degree of central government support or coordination becomes necessary. A designated lead government department or, when appropriate, a devolved administration or another public body, is made responsible for the overall management of the central government response. In the most serious cases, the central government response is coordinated through COBR. COBR can operate at ministerial or official level. I chaired numerous COBRs as FCO Political Director, Home Office Permanent Secretary and NSA, including, for example, on the 2018 Salisbury attack.
  55. COBR meets as required, from a 24/7 standing meeting, to every few hours, or every few days. Once the initial emergency phase of a crisis has been handled, responsibility is transferred as soon as practicable to the lead government department(s), releasing the COBR machinery and CCS personnel to be available for another emergency. For example, the Department for Communities and Local Government (DCLG) took over lead responsibility for the Government response to the 2017 Grenfell disaster. The

- pandemic, however, required a whole-system response, so the Cabinet Secretariat was reinforced, and new ministerial and official groups were established and adjusted, as the pandemic and the Government's response progressed. It is standard practice for departments to be able to redeploy policy and operational staff to meet emerging priorities or crises (e.g. policy staff to operational roles during strikes).
56. The 2015 SDSR allocated capital to CCS to upgrade the outdated COBR facilities in Whitehall and the secure communications network **[MS/16 - INQ000146671]**. This programme of work was still ongoing by 2020.
  57. The National Security Risk Assessment (NSRA) (previously the National Risk Assessment) is the government's main classified tool for identifying and assessing the most serious risks facing the UK or its interests overseas over a multi-year period. CCS coordinates biennial reviews and also produces a public National Risk Register (NRR) based on the NSRA (without the classified material). The NRR is useful to local emergency planners, resilience professionals and businesses who do not have access to classified systems and material. The House of Lords Select Committee report, "Preparing for Extreme Risks: Building a Resilient Society" **[MS/17 - INQ000146694]**, suggested combining the NSRA and NRR to give primacy to the unclassified public document, with a classified annex for national security risks. The Government has recently published a fresh unclassified National Security Risk Assessment.
  58. The NSRA and NRR support operational risk management, planning and responses in all tiers of the UK resilience system and also serve as a common framework for understanding risk. The GCSA chairs a sub-committee of NSC(O) to oversee the risk identification and assessment process. The NSRA/NRR does not anticipate every possible threat or hazard but collates into groups risks of a similar nature in order to determine the planning required to respond. A risk is considered for inclusion if it meets the pre-defined criteria for an emergency under the CCA, could credibly occur within the subsequent two years and has the potential to cause significant harm. This is done by identifying the reasonable worst-case scenarios, which are used to develop national resilience planning assumptions to be shared with local and national responders. These planning assumptions might be common to several of the NSRA/NRR risks.
  59. For each risk identified, a government department or agency is designated as the risk owner. They produce the reasonable worst-case scenarios in consultation with experts, for example the departmental chief scientific adviser, other departments and

agencies, the intelligence community, industry and sector stakeholders, and external scientific, academic and policy subject experts. They also assess likelihood and impact: human welfare (such as fatalities, casualties, displacement), behavioural and societal issues, economic impact, public services, environmental damage, national security and public order, and international impact. A mass casualty event could be caused by a terrorist attack, an environmental disaster, a public health crisis or a major industrial accident. By preparing for such common consequences, the system is able to be more flexible in responding to emergencies.

60. For each new version of the NSRA/NRR, risk owners update existing risks and identify new ones that fall within their remit.
61. All Government departments and agencies are also required to maintain business continuity plans (BCPs) to enable them to continue to provide essential services in a crisis, e.g. data loss, strikes, environmental disasters, epidemic disease or terrorist and cyber attacks. The typical contingency planning assumption is 20% staff absence.
62. Military Aid to the Civil Authorities (MACA) is the collective term for the operational deployment of the armed forces in support of the civilian authorities. It is intended to be used as a last resort, once mutual aid between civil authorities and/or the private sector has been considered insufficient or inadequate, or if the civil authorities lack the capability, at least in the immediate period, to which government is responding.
63. The armed forces operate under the supervision of the relevant civil authorities, and all civil and military criminal and civil law apply. MACA can include armed assistance to maintain national security or public safety, but usually involves the provision of unarmed logistics, planning, expertise or personnel, e.g. to support the Covid vaccine programme, during major public sector strikes, to deal with elements of the Salisbury chemical weapons attack and to provide security during the 2012 Olympics. Inevitably, it requires the military to be diverted from their core tasks, with an impact on training and readiness. Military planners were deployed to support DHSC in its response to the pandemic.
64. There are 42 Local Resilience Forums (LRFs) in England and Wales based on each police area (with the exception of London, where one covers both the Metropolitan and City Police Areas). The local arrangements in Scotland and Northern Ireland are similar, reflecting the variations in local governance under the devolution settlement.

An LRF is not a legal entity, nor does it have powers to direct, but is a forum to encourage collaboration. In England, DCLG and subsequently the Ministry for Housing, Communities and Local Government (MHCLG) acts as the main Government interface with LRFs through Resilience Advisers **[MS/ 18 - INQ000055993]**.

65. When I took over as Cabinet Secretary, I realized that it was necessary to strengthen our resilience systems and structures in case of a no-deal Brexit **[MS/19 - INQ000146672]**, the likelihood of which was significant and the impact of which would have been severe **[MS/20 - INQ000249618]**. I convened an official Cabinet sub-committee, EUXT(P)(O), which met frequently to review contingency programmes being developed as part of Operation Yellowhammer across central, devolved and local governments **[MS/21 - INQ000146673]**. Government departments were required to review their business continuity plans. The LRFs, some of which had atrophied in the previous few years, were revived and CCS trained more officials and other responders in contingency planning and emergency response. I visited several LRFs during this period throughout the UK.
66. In July 2019, the Chancellor of the Duchy of Lancaster (CDL), the Rt Hon Michael Gove MP, further strengthened this programme of activity when he took responsibility for no-deal preparedness **[MS/22 - INQ000146677]**. These stronger mechanisms and additional resources were thus available in early 2020 as attention switched to the pandemic. Some departments, such as the Department for Work & Pensions (DWP), were able to switch to remote working swiftly, having invested in the necessary IT systems as part of their business continuity planning processes. Others had to adapt as the first lockdown was introduced.

#### The Public Health System

67. In July 2018, meeting a commitment made in the 2015 SDSR and the 2018 National Security Capability Review, the Government published the UK Biological Security Strategy **[MS/23 - INQ000146686]**. It set out a four-phase approach to biological hazards and threats: understand, prevent, detect and respond. The Home Office had the overall lead responsibility, alongside DHSC for human health and the Department for Environment, Food & Rural Affairs (DEFRA) for animal and plant health. The JCNSS examined this system in its report on biosecurity (HL195 / HC 611 18 December 2020) and made several recommendations to improve state preparedness **[MS/1 - INQ000146687]**.



68. DHSC is the lead department responsible for human pandemic contingency plans. It oversaw NHS England, Public Health England (PHE) and the social care sector during the material period.
69. PHE was established in 2013 and combined the health security functions of the Health Protection Agency (HPA) with a range of health improvement functions from various agencies and the Department of Health. Its purpose was “to protect and improve the nation’s health and to address inequalities”. Local authorities regained responsibility for a range of community and public health services, and each upper tier authority was required to appoint a director of public health, whose responsibilities included responding to emergencies. Duncan Selbie was Chief Executive (2013-20).
70. The 2013 decision to combine health security and health improvement responsibilities was reversed in 2020-21. Having operated in “shadow” form as the National Institute for Health Protection (NIHP) since the summer of 2020, the UK Health Security Agency (UKHSA) was formally established in April 2021. It took over responsibility for health protection, while PHE’s health improvement functions were transferred to the DHSC and the NHS. It also subsumed NHS Track & Trace and the Joint Biosecurity Centre, which had been established in mid 2020. The Health Secretary explained the reform in a speech to Policy Exchange in August 2020, commenting that: “we need an institution whose only job is to prepare for and respond to external threats like pandemics” **[MS/24 - INQ000182384]**.
71. A pandemic was consistently among the top risks in the NSRA/NRR. Updates considered a range of pandemic risks as well as flu, including zoonotic diseases. A major contingency planning exercise, Exercise Cygnus, was carried out in 2016 on the basis of a flu pandemic. Flu was considered to be the most plausible pandemic scenario and the purpose was to test the UK’s system and capabilities, e.g. the preparations should excess deaths overwhelm mortuary capacity and the legislation which might be required to impose social controls to impede its transmission.
72. Such an exercise is not intended to predict, or identify how to prevent, a specific pandemic threat, but to test the system’s response to the likely consequences of any pandemic and identify actions by departments, devolved administrations and other public bodies necessary to improve resilience and response. Key outcomes from this exercise included: preparatory legislation, the requirement that business continuity



plans for public bodies enabled them to operate with 20% staff absent, resilience standards for LRFs, and the establishment of groups to consider the ethical and faith issues relating to excess deaths. Departments were required to incorporate actions arising into their business plans, with resources allocated accordingly through normal budgetary processes under ministerial direction.

73. The planning assumptions in the 2019 NSRA, based on an influenza-type pandemic, included half the population being infected, over 800,000 excess deaths, mental health impact, disruption to the NHS and other public services, economic damage and potential public disorder. These assumptions reflected consequences which were common to a coronavirus or zoonotic pandemic.
74. The reports by the National Audit Office (NAO) **[MS/25 - INQ000146685]** and House of Lords Select Committee **[MS/17 - INQ000146694]** in late 2021 made a range of recommendations to improve societal resilience and state preparedness. Both identified the need for robust risk assessment processes at the centre of government to be matched by more effective operational preparedness throughout the public service.

## **E. KEY EVENTS, POLICY ISSUES AND INSTITUTIONAL DEVELOPMENTS**

### January-February 2020: Contain & Delay

75. As set out above and in my Module 1 statement, at the initial stage of the pandemic, the Government's response was coordinated by the existing structures, in particular CCS and DHSC.
76. On 4 January 2020, CCS's daily general situation report, the NSS Watchkeeper SitRep **[MS/26 - INQ000182317 and MS/27 - INQ000182318]**, which was issued to a wide range of senior officials, including key ministerial private offices, referred to an unidentified viral pneumonia, first reported locally on 31 December 2019, involving the Wuhan Hunan Wholesale Seafood Market. The World Health Organisation (WHO) stated that it was aware of the outbreak. Singapore and Hong Kong had instigated screening measures for travellers from Wuhan. There was little reliable information from China at this point about the virus, its impact, transmission rate, epidemiology etc.

77. The first death was reported on 11 January **[MS/28 / INQ000182319 and MS/29 - INQ000182320]**. At that stage, it was reported that there had been no human-human transmission and no further cases since 3 January 2020. There were further reports on the emergence of Covid in subsequent daily NSS SitReps.
78. Covid was first raised with me by the GCSA on 21 January 2020 **[MS/30 - INQ000182321]**. That day, the WHO published its first “Novel Coronavirus (2019-nCoV) [i.e. COVID-19] Situation Report” **[MS/31 - INQ000182379]**. Its Emergency Committee was due to meet to discuss whether the outbreak would be declared a “Public Health Emergency of International Concern”.
79. From 22 January, PHE raised the threat levels to the UK from “very low” to “low” and for travellers to and from the areas affected in China to “moderate”. DHSC Ministers approved a range of port measures for flights from Wuhan **[MS/32 - INQ000182322]**.
80. Also on 22 January, in response to a request from DHSC to convene a COBR(M), I advised that this should take place if the substantive threat rose further and not for presentational reasons **[MS/32 - INQ000182322]**. I was confident that the DHSC team had the authority and capability to lead the Government’s initial response. It was led by an experienced Secretary of State, Mr Hancock, and Permanent Secretary, Sir Chris Wormald. The Chief Medical Officer, Professor Chris Whitty, was a world-leading epidemiologist. The Chief Executives of NHS (England) and PHE, Sir Simon (later Lord) Stevens and Duncan Selbie respectively, had also been in place for several years. However, on CCS advice, I agreed that a COBR(M) should take place two days later, while reiterating my guidance about measured public communications.
81. On 23 January the Health Secretary informed the House of Commons and chaired the first COBR(M) the following day **[MS/33 - INQ000056214]**. It is normal practice for the lead minister or a senior official to chair initial meetings at least (e.g. as NSA, I chaired the first COBRs on the Salisbury attack). Subsequent meetings were chaired by the Health Secretary, CDL or the Prime Minister.
82. The COBR(M) on 24 January 2020 considered papers **[MS/34 - INQ000056162 and MS/35 - INQ000056222]** noting that the virus was unlikely to be contained within China and that we should expect cases in the UK. It set out triggers and options for response, including public containment. The CMO described how the virus might evolve. I was

- informed later that the first reports of hate crimes against people of East Asian origin were made at this time **[MS/36 - INQ000182328]**. There was a further COBR(M) meeting chaired by the Health Secretary on 29 January 2020 **[MS/37 - INQ000056226]**.
83. Cabinet took its first update on Covid on 31 January 2020 **[MS/38 - INQ000182323 and MS/39 - INQ000056125]**. The update included the domestic response, support for British nationals overseas and UK involvement in the international response. The first evacuation flight from Wuhan had taken place. It was still hoped that China could contain the virus but, following WHO's decision to declare a Public Health Emergency of International Concern, PHE raised the risk from low to moderate, although the reasonable worst scenario was still judged to have only a 10% probability.
84. By early February 2020, it had become apparent that the virus was unlikely to be contained within Wuhan city or Hubei province **[MS/40 - INQ000056148]**. China was still restricting the release of information about the disease and cases there were doubling every five days despite severe lockdowns being imposed on cities affected. Covid's high transmission and low mortality rate were becoming apparent. SAGE therefore advised that Government should continue to plan on the basis of influenza pandemic assumptions until better data about Covid became available **[MS/41 - INQ000182326]**. On 3 February, the UK pledged £20m to the Coalition for Epidemic Preparedness (CEPI) for vaccine research **[MS/42 - INQ000182325]**.
85. On 4 February, CCS produced the first Covid-specific cross-department Situation Report (SitRep) with contributions from relevant government departments and organisations **[MS/41 - INQ000182326]**. The NSS SitRep continued on other issues. Thereafter, the new SitRep was produced daily and shared with other government departments, No.10 and the Devolved Administrations. The 6 February Cabinet discussed the virus and its potential economic impact **[MS/43 - INQ000056127 and MS/44 - INQ000056137]**. In his conclusion, the Prime Minister cautioned about the economic damage from a political overreaction to a crisis.
86. As cases spread internationally, more information became available and SAGE modelling was updated. Human-human transmission outside China was confirmed by 7 February and SAGE advised that testing should be extended from symptomatic individuals in the UK who had travelled directly from China to symptomatic travellers from several neighbouring countries **[MS/45 - INQ000182327]**. The level of expected

- fatalities was still uncertain, but the virus's high transmission rate was becoming apparent. Early evidence of the potential economic impact was also becoming available **[MS/36 - INQ000182328, MS/46 / INQ000182329 and MS44 / INQ000056137]**.
87. At the 14 February Cabinet **[MS/47 - INQ000056129 and MS/48 - INQ000056138]**, the CMO explained that China had declared 60,000 cases but that the real number was likely to be ten times that. If China could not contain the virus, the whole world, including the UK, would be affected. Of over 1,700 tested in the UK, nine people had tested positive. Should the virus become widespread in the UK, there were plans in place to slow its spread. He explained the difficulty of predicting the scale of the epidemic in the UK but expected it would take six to ten weeks to reach peak incidence and remain at that level for several weeks. A second peak was possible. Because no-one was immune and there was no vaccine, Government should assume that half the population would be affected. Modelling suggested that unilateral suspension of flights from China would delay the spread of the virus by less than five days. Ministers concluded that flights should continue, partly to maintain deliveries of generic medicines. Visa centres in China were closed.
88. By late February 2020, while the situation in China was stabilising, the situation in Italy, in particular in Lombardy, was becoming of acute concern and people returning from there who were symptomatic were advised to self-isolate for 14 days **[MS/49 - INQ000182330 and MS/50 - INQ000056140]**. Government communications more generally focused on good hygiene and social distancing to slow the spread of the virus. The repatriation of British citizens overseas and travel advice were high priorities during this period. Covid's differential impact was also becoming clearer **[MS/51 - INQ000182331 and MS/52 - INQ000182332]**.
89. SAGE advised that, in the reasonable worst-case scenario, while most of the population **[MS/51 - INQ000182331]** would gradually contract and recover from the virus, we should plan for a direct fatality rate of up to 1% of those infected. Scientific advice focused not on preventing the disease from spreading, as this was not considered practicable, but on managing its spread, so that serious incidence requiring critical care remained within NHS capacity.
90. Ministers were also preoccupied with the world-wide shortage of PPE and the resilience of supply chains for food and other necessities.

### March-April 2020: The First Lockdown

91. On 3 March 2020, the first No.10 press conference was held, at which the Prime Minister launched the “Coronavirus Action Plan” **[MS/53 - INQ000182380]**. At COBR the following day, ministers considered a range of Non-Pharmaceutical Interventions (NPIs) **[MS/54 - INQ000182333]**.
92. On 5 March, I wrote to Heads of Department and the DAs to explain the situation and commission reports on business continuity plans and public sector preparedness against a reasonable worst-case scenario **[MS/55 - INQ000182335]**. I also issued a message to the Civil Service on 4 March 2020 **[MS/56 - INQ000182334]** explaining the situation and Government approach.
93. By mid-March it was becoming clear **[MS/57 - INQ000182336]** that the UK would need to move from “contain” to “delay” **[MS/58 - INQ000056143** and **MS/59 - INQ000056132]** and that social controls would be required to flatten the incidence curve - to “squash the sombrero” in the Prime Minister’s phrase - to ensure that serious incidence remained within NHS critical care capacity **[MS/60 - INQ000056051]**. From the evidence available, SAGE had concluded that transmission occurred through contact of less than 2m for more than 15 minutes. Unless individuals were symptomatic there was no point in being tested: the tests available at that time would not work with asymptomatic people. The Cabinet discussed the need for legislation to implement social controls. They also discussed whether to keep schools open until the Easter holidays and whether to ban major public events, but concluded that, because timing would be key to their effectiveness, these measures should be deployed only when necessary.
94. On 13 March, I submitted advice to the Prime Minister recommending changes to machinery of government: a daily “09:15 Covid Strategy” meeting (chaired by the Prime Minister, of key ministers and officials to monitor progress and refine the measures agreed by Cabinet and the UK COBR) and four Ministerial Implementation Groups (MIGs) with the status to agree collective decisions **[MS/61 - INQ000182338]**.
95. The four Ministerial Implementation Groups **[MS/62 - INQ000182341** and **MS/63 - INQ000182343]** were:



- (a) The Health Ministerial Implementation Group (HMIG) was set up to consider the impact of Covid on NHS capacity, social care capacity, public health and other health and social care provisions. It was chaired by the Health Secretary. The Senior Secretary was Simon Ridley.
  - (b) The General Public Services Implementation Group (GPSMIG) coordinated public sector issues across the UK, excluding the NHS and social care. It was chaired by CDL. The Senior Secretary was Jessica Glover.
  - (c) The Economic and Business Response Implementation Group (EBRMIG) was responsible for business-related regional, sectoral and corporate-level issues. It was chaired by the Chancellor of the Exchequer, the Rt Hon Rishi Sunak MP. The Senior Secretary was Jonathan Black.
  - (d) The International Ministerial Implementation Group (IMIG) focused on UK's role in the coordination and delivery of the international health and economic response, bilaterally and through multilateral institutions (e.g. G7, G20, WHO, IMF, World Bank). It was chaired by the Foreign Secretary, the Rt Hon Dominic Raab MP. The Senior Secretary was David Quarrey.
96. The First Ministers from the Devolved Administrations (and deputy First Minister for Northern Ireland) attended as required, with the exception of the International MIG. This structure remained in place until late May. The UK COBR continued to meet and remained the key forum for liaison between HMG and the DAs on strategic decisions on issues such as NPIs, including social controls. The Mayor of London and other metro mayors attended on occasion when the issues discussed had a local impact. Cabinet continued to take a weekly update and, as required, substantive Covid policy items.
97. Within the Cabinet Office and No.10 many staff were moved from their day jobs to support the structures outlined above. This saw the temporary pause of business-as-usual within the Cabinet Secretariat units: the Economic & Domestic Secretariat (EDS), Trade Secretariat and the EU Transition Taskforce. CCS continued to lead on operating the crisis management structures. A dedicated Covid team established a Programme Management Office to track the implementation of measures across Government by Senior Responsible Owners (SROs) in Departments.

98. I took a regular meeting online of Departmental Permanent Secretaries and other senior officials, including SROs. This prepared for the meetings chaired by Ministers, and ensured the various programmes were properly aligned and on track. There might also be a more detailed briefing on a significant development (e.g. new ONS data) or a programme (e.g. the shielding programme).
99. From 15 March 2020, CCS began producing the C19 Dashboard **[MS/64 - INQ000146582]**. Departments and public bodies were commissioned to return a range of Covid-related data including mortality, infection, health, restrictions and mobility, the economy and public sector. The C19 Dashboard's interactive charts were shared via a dedicated Cabinet Office-hosted website, which was available across Government and to the DAs. While the CRIPs continued to be issued on occasion to support COBR and Cabinet meetings, the C19 dashboard became the primary briefing tool **[MS/65 - INQ000182340]**.
100. The following day, I wrote to all Heads of Departments **[MS/66 - INQ000087163]** directing them to make the pandemic their main effort, to ensure that business continuity plans could deliver both that and essential operations at 70-80% of personnel capacity and to submit proposals to adjust departmental priorities if necessary to enable resources which could be redeployed to be identified.
101. Also on 16 March, with the approval of COBR(M) **[MS/67 - INQ000182339 and MS/68 - INQ000056210]**, the Prime Minister announced further social controls: longer periods of isolation if symptomatic, plus advice to work from home if possible and cease non-essential travel or social contact. COBR also discussed measures to protect the most vulnerable.
102. The following day, Cabinet met in person for the last time before the first lockdown **[MS/69 - INQ000056144 and MS/70 - INQ000056135]**. Ministers were conscious that there was, compared to similar European countries, less critical care capacity per head in the UK health system. This led to decisions to maximise capacity, through the creation of Nightingale hospitals and the movement of over 30,000 non-Covid patients from hospital to social care. Ministers discussed the shielding programme, border controls (noting the closure of the Schengen border) and the first tranche of business support measures. They noted the importance of the LRFs, which were being supported by military planners. Ministers were concerned about possible divergence with the Scottish Government on the closure of schools, noting that schools were a

- safe space for vulnerable children, and discussed how to mitigate the impact of school closures on children requiring free school meals.
103. Ministers considered whether schools could be kept open until the Easter holidays or whether they should close beforehand. There was concern that closing schools would damage children's education and the safeguarding of vulnerable children, noting that children were at lower risk of serious incidence from Covid. The Easter holidays would provide a natural break. However, in the fortnight before the holidays, it became apparent that schools were closing anyway due to children being withdrawn and teachers not attending. Therefore, on advice from the Department for Education (DfE) **[MS/71 - INQ00056188]**, on 18 March 2020, the Government decided to close schools before the Easter holidays except for vulnerable children and the children of key workers **[MS/72 - INQ00056211]**.
104. The Government had planned to review each set of restrictions every three weeks as data on the impact of the measures could be assessed. However, within a few days, incomplete but worrisome evidence suggested that the measures imposed on 16 March **[MS/65 - INQ000182340 and MS/62 - INQ000182341]** were proving insufficient to contain 'R' **[MS/73 - INQ000056098 and MS/74 - INQ000182344]**. By 24 March 2020, the death toll was up to 425 from 7,000 cases, having been 69 from 2,000 cases a week before **[MS/75 - INQ000056136]**.
105. Policy advice had been formulated to enable Ministers to explore a range of NPIs. Epidemiological, behavioural and socio-economic considerations were included, e.g. the potential effects on mental health, other medical conditions, social cohesion and the economy **[MS/76 - INQ000182337 and MS/75 - INQ000056136]**. I also discussed with officials, for example, whether the furlough scheme could be linked to online skills training but this was not considered practicable in the time available and thus did not develop to the point of formal advice.
106. Given the differential nature of the disease, Ministers considered whether a more targeted or advisory approach were possible, or whether more outdoor activity might be permitted. SAGE advised that isolating the elderly and vulnerable only would have little impact on delaying the pandemic **[MS/77 - INQ000056158 and MS/78 - INQ000052395]**. I am aware that, in October 2020, after my term in office, they confirmed in published advice **[MS/79 - INQ000061570]** their position that segmenting the population would not be viable. Behavioural considerations about public

- compliance and confidence were also taken into account [MS/73 - INQ000056098]. In my later 5 April personal minute to the Prime Minister ahead of the first major review of the lockdown, I set out some of these issues [MS/80 - INQ000182368].
107. There was no available data on how long a lockdown could be sustained or on its socio-economic impact and thus the timing of its imposition needed to be judged carefully. If imposed too early, the release or erosion of lockdown might occur ahead of the peak of the incidence curve. If imposed too late, incidence could exceed the healthcare system's capacity [MS/77 - INQ000056158 and MS/78 - INQ000052395]. The possibility of requiring multiple lockdowns as incidence ebbed and resurged was also considered. Another factor in timing the lockdown was seasonality. As a later consolidated presentation set out [MS/81 - INQ000083783], SAGE advised that, like other viruses, Covid would likely be more transmissible during winter months when people spend more time in indoor enclosed spaces in close proximity and when other viruses which would lower immunity might also be circulating.
108. So, on 23 March 2020, given the pressures on the NHS and having explored alternatives, in a COBR(M), Ministers concluded that a full lockdown was required [MS/82 - INQ000056213, MS/83 - INQ000182345 and MS/84 - INQ000182346]. The Prime Minister announced this in his "Stay at Home" address that evening. DA First Ministers made parallel announcements. To manage the effects of the lockdown, the Government developed a range of business support schemes, the furlough programme and the shielding programme to protect the vulnerable [MS/85 - INQ000056013]. I took a particular interest in the latter as it required coordination across several government departments, local government, the third sector and communities.
109. Cabinet met for the first time by video conference on 24 March [MS/86 - INQ000056145 and MS/75 - INQ000056136]. The MIG chairs reported on their work. The CMO explained [MS/87 - INQ000048167] that excess deaths would be caused by the virus itself, by otherwise treatable conditions not being dealt with in time and by the increase in poverty because of the lockdown. The actions announced the previous day would slow the spread but he could not be sure that it would not still be exponential. He advised that Cabinet would need to consider trade-offs as the lockdown was eased. He also reminded Ministers that the situation would stabilise when enough people had contracted and recovered from the virus that it could no longer spread, or when



effective treatments or vaccines became available. Population or 'herd' immunity was not a policy but a description of this phenomenon.

110. While the CCA provides powers to ministers in cases of unforeseen emergency **[MS/13 - INQ000056153]**, the pandemic required dedicated legislation **[MS/89 - INQ000056156]**. The police were clear that they needed a clear legal basis to enforce lockdown measures. The first national lockdown took effect in England under The Health Protection (Coronavirus Restrictions) (England) Regulations 2020 which came into force at 1:00pm on 26 March 2020 and were made under the Public Health (Control of Disease) Act 1984. The Government also introduced the Coronavirus Act 2020 (based on draft legislation produced after Exercise Cygnus), which came into effect after Royal Assent on 25 March. The DAs introduced similar regulations. Considerable effort was invested in reconciling the headline communications - "Stay at Home" etc. - with the formal legal position and the lengthier explanations in, for example, the Prime Minister's 28 March 2020 letter to households **[MS/90 - INQ000182381]**, and to aligning communications as far as possible across the UK. Enforcement mechanisms were considered carefully **[MS/91 / INQ000055925]**.
111. At the 31 March Cabinet **[MS/92 – INQ000088876** and **MS/93 - INQ000088891]**, Ministers discussed the duration of the lockdown and its impact on the sustainability of businesses, especially SMEs. The GCSA reminded them of the focus on serious incidence to ensure that demand for intensive care remained within NHS capacity. There was evidence from the first week of the lockdown of reduced contact which would have a significant effect on community transmission, and there were some signs that the spread was not exponential. Treatments were being developed. A vaccine was still probably over a year away, notwithstanding promising programmes in the US and UK. The Chancellor noted that the impact of the lockdown on economic activity was greater than had been expected, with a million universal credit claims submitted. Ministers also discussed the impact on the food supply chain, PPE outside the NHS and the consistency of the policing – response. Public order remained a concern.

#### Continuity of Government

112. In late March 2020, I contracted Covid. The media was not informed of this until questions were asked because it was not considered sensible, in terms of public confidence, to announce cases of Covid at the centre of Government. The Prime Minister and several senior members of his team contracted Covid at a similar time. In



No.10 and the Cabinet Office, because of the physical layout of the building and the nature of the work making it difficult to operate remotely, people were working in closer proximity than was sufficient to prevent the virus from spreading. Colleagues tried to create as much social distancing as possible, with part working in the office and part working at home. Although I experienced some symptoms of “long Covid” for several months afterwards, I had a mild case and was able to fulfil my duties without interruption by working remotely during the isolation period.

113. It became clear after the Prime Minister had been isolating for a couple of weeks that his condition was deteriorating seriously. We knew that he would be going into intensive care and therefore he agreed that Dominic Raab, as First Secretary of State (and, as Foreign Secretary, already a national security deputy), would take over his duties while he was incapacitated. The Prime Minister was taken into intensive care on 6 April 2020. I informed the Cabinet of his condition and the arrangements for continuity of government in his absence. The First Secretary made a public statement that evening [MS/94 - INQ000182383].
114. Continuity of Government is an important principle of modern governance and usually one of the first issues the Cabinet Secretary and National Security Adviser discuss with a new Prime Minister. It is essential to ensure in a crisis (especially a national security crisis) that positive ministerial control can continue uninterrupted should the Prime Minister and/or other senior ministers be incommunicado and/or incapacitated. For example, during the 2012 Olympics, a senior minister was held on standby to deal with any immediate terrorist threat. Redundancy and resilience are also designed into the official machine. These arrangements continued but were refined as online working developed throughout the pandemic.
115. During the Prime Minister's incapacity in April 2020, decision-making structures remained the same, with the First Secretary chairing meetings on his behalf. He also oversaw the work to map the phased release of the first lockdown. Once the Prime Minister left intensive care, he gradually resumed his duties, with the First Secretary and CDL deputising as necessary. He chaired his first Cabinet after his illness on 30 April (see below).

April 2020: The Easter Review

116. By April 2020, government strategy had crystallised into three principal interventions: the lockdown to suppress the transmission rate, shielding to protect the vulnerable and increasing NHS critical care capacity. The shielding programme was minimising the risk to the 1.5m who were particularly vulnerable. With the surge in critical care capacity, the NHS considered that they should be able to deal with the projected serious incidence of the disease.
117. Public compliance with the first lockdown was high. I saw no evidence that it was affected by reports of breaches of lockdown rules by personnel in the Cabinet Office and No.10, presumably because those reports became public as the first lockdown was easing or much later. As I set out in my 5 April minute to the Prime Minister **[MS/80 / INQ000182368]**, the “Stay Home! Save Lives!” message, coupled with a public transport narrative about essential travel only and some heavy-handed enforcement by some police forces, had over-ridden the more nuanced line in the Prime Minister’s letter to households about being permitted to work in the workplace for those (the majority) who could not work from home. School attendance was less than 2% instead of the 10-20% expected to provide for vulnerable children and those of key workers.
118. Data on the social impact was less clear by then, but the Government was concerned at early reports from the police and social services of signs of a rise in mental ill-health, domestic abuse, child vulnerability etc. The NHS was also reporting displacement and capacity remained a concern **[MS/95 - INQ000089020]**.
119. In early April 2020, the Cabinet Secretariat developed detailed advice reviewing the national situation **[MS/96 - INQ000088354]**, with a personal minute from me entitled “C-19 Easter Review” **[MS/80 - INQ000182368]**. The CMO and GSCA submitted a paper **[MS/97 / INQ000182369]** in parallel which set out how the pandemic might become epidemic and eventually endemic. As the CMO had briefed Cabinet a few weeks earlier **[MS/75 - INQ000056136]**, they advised that it would be necessary either to develop a treatment that enabled us to manage it like other serious diseases, or that people would acquire immunity through either a vaccine or by contracting and recovering from the virus. They continued to advise that treatment and/or vaccines of sufficient effect to manage Covid without NPIs were probably at least 6-12 months away, noting that there was no successful vaccine against any coronavirus.

120. At that time, SAGE estimated that R had dropped just below 1 in the community, but that the Easter Review would likely coincide with the peak in deaths and pressure on the NHS, and that R remained above 1 in some hospitals and care homes. They cautioned against relaxing the lockdown measures until the impact was clear and sustained **[MS/98 - INQ000083633]**. While they had considered relaxing controls on outdoor activities because of the lower risk, SAGE were concerned about the behavioural impact on overall compliance of even a slight relaxation. On 16 April, the GCSA reported this advice to Cabinet **[MS/99 - INQ000089018 and MS/95 - INQ000089020]** and COBR(M) **[MS/100 - INQ000083790 and MS/101 - INQ000083827]**.
121. Therefore, for the short term, Ministers concluded that there was no practical alternative to continuing with the three same interventions, but with the aim of shifting the balance to permit the economy and society to recover at least some normalcy, while also managing the immediate and subsequent peak public health risks. They were conscious that easing social controls did not mean simply reversing the measures imposed, and that it would be necessary to consider the economic and social benefit of any easing against the marginal impact on public health risk. The Government also considered easing measures differentially across the country, piloting to determine the impact of any specific relaxation on general compliance, and being ready to re-impose them fast and in a more targeted way should outbreaks recur.
122. Meanwhile, the Government launched the vaccine task force and a parallel effort to develop effective treatments **[MS/102 - INQ000182348 and MS/103 - INQ000182372]**. My main role was to ensure that the Whitehall machine supported both effectively, that financial approvals etc. were handled swiftly and that sufficient expert resources were available to them. The Department for Business, Energy & the Industrial Strategy (BEIS) took the departmental lead for developing vaccines and treatments as DHSC did not have the capacity while handling the immediate pressures on the health and care systems. The NHS developed plans for vaccine distribution. Capability and transparency in the health and social care system remained a concern during this period **[MS/104 - INQ000182373]**.
123. By late April, it had become clear that the lockdown had been effective. SAGE advised that infectious incidence was on track to fall below 0.1% of the population by mid-May, and the track, trace and test programme offered the prospect of targeting social

controls on individuals and their immediate contacts rather than the broader public **[MS/105 - INQ000182370]**.

124. Papers setting out options for releasing the lockdown through population segmentation and safe environments were submitted to Ministers and to the (convalescing) Prime Minister in parallel **[MS/106 - INQ000182367 (to PM only), MS/107 - INQ000182349, MS/108 - INQ000182350, MS/109 - INQ000182351, MS/110 - INQ000182352, MS/111 - INQ000182353, MS/112 - INQ000182354, MS/113 - INQ000182355, MS/114 - INQ000182356, MS/115 - INQ000182357, MS/116 - INQ000182358, MS/117 - INQ000182359, MS/118 - INQ000182360, MS/119 - INQ000182361, MS/120 - INQ000182362, MS/121 - INQ000182363, MS/122 - INQ000182364, MS/123 - INQ000182365, MS/124 - INQ000182366]**. They set out five tests for a phased release: NHS critical care capacity, testing and PPE capabilities, falling death and infection rates, and the avoidance of a second peak. Although the evidence for the protective effect of face masks outside the clinical setting was weak, Cabinet **[MS/125 - INQ000089067]** discussed the benefits of using them inside in conditions when social distancing was not possible. Additional measures at the border were also considered around this time **[MS/126 - INQ000182371]**.
125. Cabinet also discussed the economic impact. Even though the lockdown had been in place for only a few weeks by then, the Office of Budget Responsibility (OBR) estimated that GDP had fallen by 35% in Q2, equivalent to 14% pa (double the previous consensus forecast) **[MS/125 - INQ000089067]**. The furlough scheme was by then supporting 3m people and there had been an additional 1.5m universal credit claims, the data suggesting that young people in low-paid insecure employment were worst affected. Notwithstanding the unprecedented interventions from HM Treasury and the Bank of England, almost half economic activity had ceased. The recreational sectors had shut down entirely. A quarter of SMEs, many of the self-employed and most local newspapers expected to go out of business within the subsequent couple of months **[MS/80 - INQ000182368]**.
126. To plan for the phased release, the Government engaged business, unions and other groups across the public and private sectors in the co-design of new operating models for workplaces, schools, transport, public and recreational spaces. SAGE had issued initial guidance, which boiled down to a mixture of hygiene, low density occupancy, PPE and testing. A key question was when businesses where proximity was



- unavoidable between workers or with the customer (e.g., a dentist) could re-open and how they would operate.
127. It was apparent that the differential impacts would become evident, particularly if the population were segmented according to risk: only 15% of hospitalisations were from the under-50s. The question remained of how to balance low general incidence, which required R to stay well below 1, and low serious incidence, i.e. minimise the number of those who had a dangerous not just unpleasant bout. This would affect decisions about access to retail and recreation, and the speed with which some restrictions, even just advisory, for some groups were lifted **[MS/106 - INQ000182367]**.
128. A full public transport timetable with access rationed to maintain the 2m social distance would provide 20% of the usual passenger capacity. Country-wide, two-thirds of commutes were by car, only a sixth by public transport and the remainder by healthier means. So this was mostly a London and urban constraint. **[MS/106 - INQ000182367 and MS/120 / INQ000182362]**.
129. Schools remained a challenging issue. SAGE advised that full re-opening would likely push R back above 1. Ministers mostly favoured re-opening primary schools to permit parents to return to work or work more effectively from home. While it would not be practical for primaries, DfE also explored whether secondary schools could operate a low-density model through a mixture of remote and shift schooling. **[MS/106 - INQ000182367 and MS/113 - INQ000182355]**

May-August 2020: Lockdown Release

130. On 30 April, the Prime Minister chaired his first Cabinet since his illness **[MS/127 - INQ000089091 and MS/128 - INQ000089093]**. SAGE estimated that R was between 0.6 and 0.9, and therefore that the epidemic was shrinking. Care home deaths were flat and possibly beginning to reduce. At the 7 May Cabinet, Ministers endorsed the phased release of the lockdown and the publication of the road-map **[MS/129 - INQ000088953 and MS/130 - INQ000182374]**.
131. On 10 May, SAGE produced a review of what they had learnt by then about the progress of the disease since it first emerged **[MS/81 - INQ000083783]**. That day, Cabinet approved **[MS/131 - INQ000088983]** the road-map out of lockdown **[MS/132 - INQ000174731]**, which was launched the following day by the Prime Minister. The



first phase included encouraging people who could not work from home to return to work in safe workplaces and unlimited outdoor exercise. Ministers discussed the new Joint Biosecurity Centre (JBC)'s Covid alert system (based on the JTAC system), noting that the UK was still at the second-highest level. The road-map set out plans for the further relaxation of restrictions on 1 June and in early July. Cabinet also agreed to introduce a quarantine system at the border to manage the risk of re-infection from abroad. The first phase came into effect on 13 May.

132. In mid-May, the Cabinet discussed the conditions for proceeding with the second release on 1 June **[MS/133 - INQ000088999 and MS/134 - INQ000089051]**. They acknowledged that it would be unlikely to be possible to approve the full list set out in the road-map for 1 June because of the risk of pushing R back above 1. They considered the socio-economic impact of local lockdowns, noting evidence that R was higher in northern England, the situation in schools and outbreaks in care homes. On 21 May, the Home Secretary convened a meeting of public service leaders on "hidden harms" to address the needs of vulnerable people as the lockdown was eased.
133. On 22 May 2020, on my behalf, the Deputy Cabinet Secretary and the new No.10 Covid Permanent Secretary, Simon Case, submitted advice to the Prime Minister recommending revised ministerial governance and decision-making structures **[MS/135 - INQ000182375]**. I had earlier explained **[MS/136 - INQ000146679]** that, to deliver the road-map, there were over three dozen programmes, distributed across government to provide the capacity, capability and resilience necessary for a prolonged effort, which clustered into five main lines of operation with senior ministerial oversight: Covid-resilient economy (Chancellor), smart lockdowns (Home Secretary), vulnerability (CDL), vaccines and treatments (Business Secretary), and medical supply and capacity (Health Secretary). The four MIGs and the 09.15 Covid Strategy meeting ceased, and the Covid Strategy (Covid-S) and Covid Operations Committees (Covid-O) were established, supported by a new No.10 / Cabinet Secretariat team, the Covid-19 Taskforce, led by the No.10 Permanent Secretary. These arrangements and my expectations for the Civil Service were set out in letters from me to Heads of Department **[MS/137 - INQ000182376 and MS/138 - INQ000182377]**.
134. Covid-S was chaired by the Prime Minister with a core membership of the Chancellor, Foreign Secretary, Home Secretary, CDL, Business Secretary and the Health Secretary. The meetings ran from 4 June 2020 and continued after I had left

Government. I generally attended Covid-S meetings, sometimes in person, sometimes remotely.

135. Covid-O was chaired by CDL. The core membership was the Chancellor and the Health Secretary, with other departmental ministers attending according to the agenda of a particular meeting, plus the CMO and GCSA. The meetings ran from 29 May 2020 and continued after I had left Government, meeting several dozen times in that period. DAs were invited to meetings of the Committees as required, for example where a four nations approach was needed on border measures and vaccination. On occasion, the Prime Minister chaired Covid-O meetings. I attended those meetings and some others to support CDL, but mostly left these to Cabinet Secretariat colleagues.
136. Papers for Covid-S and Covid-O meetings were provided by a lead department or the Covid-19 Taskforce. Both Committees were supported by officials' meetings, chaired by a senior official in the Taskforce. A senior official from the Taskforce also took the role of Senior Secretary for the ministerial meetings, depending on the policy area being discussed. CDL wrote each week to the Prime Minister summarising Covid-O meetings and decisions taken that week. Covid-O typically agreed decisions through a meeting, but, like other Cabinet Committees, was also able to take decisions through a written procedure.
137. The UK COBR(M) continued to meet on occasion during this phase, particularly where issues required cross-UK agreement, chaired by either the Prime Minister or CDL. An update on Covid continued to be taken at each meeting of Cabinet. Cabinet meetings or calls were also conducted ahead of all key moments, press conferences and publications.
138. On 25 May, Cabinet reviewed the 1 June relaxation, noting the requirement for a formal review on 28 May [**MS/139 - INQ000089073** and **MS/140 - INQ000089074**]. Recognising that approving the full list identified for 1 June would risk pushing R back above 1, Cabinet decided that schools and non-essential retail should be re-opened in two stages on 1 and 15 June, and that permitting outdoor hospitality and larger social gatherings should be postponed until late June. People contacted by the Test, Track & Trace Programme, which was launched in the first week of June, would be advised to self-isolate for 14 days. Ministers were conscious of the potential impact on R of moving from a mandatory to an advisory approach as the lockdown was eased.

139. By mid-June, SAGE advised that R was 0.7-1.0 and that prevalence had fallen to 0.1%. As the lockdown eased, Ministers focused on the implementation of Covid-safe activity. On 2 June, they questioned the 2m rule, noting that public transport could run at only 20% of capacity, while accepting SAGE advice that 2m distancing was 10-30 times safer than 1m **[MS/141 - INQ000088936 and MS/142 - INQ000088938]**. They concluded that face coverings should be mandatory on public transport. On 9 June, they approved the 15 June easing of restrictions, noting that not all primary schools would re-open before the summer **[MS/143 - INQ000088976 and MS/144 - INQ000088978]**. Ministers were concerned that children from deprived backgrounds were less likely to have returned to school **[MS/145 - INQ000089022]**.
140. The phased relaxation of the first lockdown was accompanied by increasing confidence in the development of therapeutics and vaccines and thus the hope in Cabinet that further waves of the virus could be mitigated without national lockdowns **[MS/144 - INQ000088978 and MS/146 - INQ000088881]**. Meanwhile, however, policy options were developed to prepare for winter **[MS/147 - INQ000088301]**.
141. After that and for the remainder of my time as Cabinet Secretary, the Government's focus shifted to recovery. The Government launched several recovery programmes, such as the "Eat Out to Help Out" initiative. On 23 June, the Chancellor told Cabinet that GDP had fallen by 5% in March and 20% in April, equivalent to 18 years of economic growth, with the worst impact in deprived areas **[MS/148 - INQ000089071]**. While cognizant that more local outbreaks were likely, Ministers approved the third easing of restrictions to be implemented on 4 July, including the reduction of social distancing from 2m to 1m with mitigations. At the next two Cabinet meetings, they discussed the Prime Minister's 30 June speech and the Chancellor's 8 July statement on the Government's economic recovery plan **[MS/5 - INQ000088880 and MS/149 - INQ000088961]**.
142. On 17 July, with Cabinet approval, the Prime Minister announced an additional phase to the recovery plan, to be implemented on 1 August, including shifting decisions on place of work to employees and employers, further relaxation of public transport measures, and re-opening indoor leisure and performances, subject to applying Covid-safe guidelines **[MS/150 - INQ000089026 and MS/151 - INQ000089027]**. He set out the ambition to return to normalcy by November. The speech also described the framework to control local outbreaks. A few days later, at the first in-person Cabinet since March, Ministers also discussed winter preparations and changes to NHS

procedures to encourage more online access **[MS/152 - INQ000089052 and MS/146 - INQ000088881]**.

143. However, there were significant local outbreaks in July leading to significant restrictions being imposed in Leicester, Manchester, and parts of Yorkshire and Lancashire. Overall incidence was rising again. Therefore, the 31 July Cabinet decided to postpone the 1 August release until 15 August and mandated face coverings in additional indoor venues **[MS/153 - INQ000088882 and MS/154 - INQ000089100]**.
144. On 1 September, Ministers discussed the rise in cases over the summer and the impact on R of the return of schools **[MS/155 - INQ000088929 and MS/156 - INQ000088930]**. The GCSA explained that young people were contracting the virus without significant ill effects but were transmitting it to the older and more vulnerable at risk of serious incidence. The following week, the CMO warned that people could not be allowed to use their own judgement of risk, because each individual was a risk to others as well as themselves **[MS/157 - INQ000088962 and MS/6 - INQ000088964]**. Cabinet acknowledged that a second wave was coming and approved tougher operating rules but concluded that older people should be encouraged to take action to protect themselves rather than being subject to compulsory action. This was my last Cabinet.
145. Meanwhile, as political and governmental bandwidth was released, normal Government business gradually resumed while maintaining the resources required to manage the Government's continuing response to Covid, including terrorist attacks in Reading and Glasgow, China's imposition of a new national security law in Hong Kong, the murder of George Floyd, rough sleeping, the France-UK summit, the commitment made during the 2019 Election to merge the FCO and DfID into a new department, the decision to restructure Public Health England and create the National Institute for Health Protection **[MS/24 - INQ000182384]**, and the effort to address outstanding issues from the Brexit negotiation, in all of which I was involved in the weeks before standing down as Cabinet Secretary in early September 2020.

## **F. CONCLUSION**

146. In my 11 May minute to the Prime Minister **[MS/136 - INQ000146679]** as the country began to emerge from the first lockdown, and noting that demographic and societal factors would be significant in a final judgement, I set out my initial assessment of the



- state's effectiveness in preparing for and coping with the first phase of the pandemic, which, in an earlier note [MS/80 - INQ000182368], I had described as a "paradigm-shifting shock". In the first few weeks, as the pandemic approached the UK, we had used existing crisis management mechanisms. As its potential impact became apparent, we had reinforced and reshaped central governance to enable ministers to direct the state's response effectively.
147. I was conscious that, notwithstanding their divergent political agenda and differing styles of governance, the Prime Minister and the DA First Ministers had reached much the same conclusions about the timing and nature of the first lockdown, its socio-economic mitigations, and its release. Most other European governments had taken a similar approach. So I concluded that structural issues had outweighed political. In that context, my key reflection in the minute to the Prime Minister was that the UK had relied on ingenuity, teamwork and the fortitude of our citizens to overcome capability gaps in the health and care sectors, which were not equipped for a pandemic, and the fragility of a post-industrial economy fuelled by consumption, services and London, which had been hit hard by the lockdown.
148. Required to manage the ill-health of an aging population, the NHS had inadequate critical care capacity for a public health crisis. This was compounded by a fragmented social care system, which was over-reliant on low-paid labour who became a vector of transmission between facilities. Despite the experience of its political and professional leadership, dedicated and determined staff, and a surge of civilian and military personnel, DHSC was neither structured nor resourced for a public health crisis of this magnitude. It straddled the complex NHS, the over-stretched PHE and the fragmented public/private provision of social care. Moreover, responsibility for protecting citizens in need was scattered across central, devolved and local government, and the public, private and third sectors. Admirably, people had pulled together and front-line staff and volunteers had performed heroics, but the programmes delivered despite not because of the legacy systems. I argued that the health and social care systems needed major reform. I also recommended that medical supply chains should be regarded as critical national infrastructure.
149. In a subsequent exchange with the No.10 Covid Permanent Secretary, I commented that whereas the virus killed the old and sick, the lockdown had hit the young and healthy, and that we should confront that "brutal truth" and organise for it. I had been conscious of this tension throughout the first phase of the pandemic and had sought



to test whether alternatives, such as population segmentation, to a mandatory comprehensive lockdown were practicable. As government policy across the UK evolved swiftly from advisory social controls to a mandatory lockdown in March 2020, I accepted that the public health system did not have the mechanisms for a targeted rather than comprehensive approach. The Test, Track & Trace Programme, local lockdowns etc. attempted to redress that and thus mitigate the socio-economic impact of lockdowns while maintaining control of disease transmission. Regrettably, these new capabilities were insufficient to avoid further compulsory and comprehensive national lockdowns in late 2020 and 2021.

150. In my valedictory lecture at the Blavatnik School of Government on 27 July 2020 [MS/158 - INQ000182382], I commented further on the public service response to the pandemic, paying tribute to their efforts:

*“We’ve seen the excellence of British public service over the past couple of years in the preparations for Brexit and in the response to the Covid crisis. We should apply that methodology - collaboration, innovation and impatience - to normal business. As the Prime Minister indicated last week, whenever the Covid inquiry is held, it should, of course, ask whether the Government took the right decisions at the right time. Let’s reflect and learn. What I do know is that the response of the whole public service was extraordinary. In this country, unlike some others in Western democracies, everyone who needed a ventilator, everyone who needed any kind of treatment for Covid, had the treatment they needed.*”

*“Teamwork between military, health professionals and civil servants delivered the Nightingale hospitals faster than China delivered theirs. With grassroots groups and the charitable sector, we designed and delivered programmes to shield 1½m of the medically vulnerable and other programmes to support many more of the socially vulnerable who struggled with the lockdown. We designed and delivered the furlough programme and the support to businesses, and did so in record time. We registered millions for benefits and support to find new work. We repatriated over a million citizens who risked being stranded overseas. And as the lockdown was being imposed, we planned for its release: the Covid-secure economy, smart local lockdowns, school re-opening, and ... the search for effective treatments and vaccines where the UK’s world-class life sciences base and public-private partnerships puts us in a strong position*”

*to serve the needs not just of our own people but of the global population. And we did all that while switching, in the space of a few days, from having 95% of our staff from working in the office to 95% of them working from home, a process we are now reversing”.*

151. When my retirement was announced, I wrote to all my colleagues **[MS/159 - INQ000182378]**, concluding:

*“In my time as Cabinet Secretary, I have had the privilege of witnessing the dedication and hard work of so many public servants throughout the United Kingdom, whether in the response to the Salisbury attacks, preparations for Brexit, handling the immense health, economic and social challenges of COVID and in the services we provide every day to our fellow citizens. I know I can count on you to support the Government as it navigates its way through the great challenges that lie ahead, with the values which are, and always have been, at the heart of the Service of leaders to which we belong: honesty, integrity, impartiality, compassion and, most important, a fierce determination to serve the best interests of the citizen, community and country. I am deeply proud of the Service and of everything we have achieved together.”*

152. The Covid pandemic was unprecedented and strained the capabilities of every society and state, authoritarian or democratic, unitary or federal. Tragically, in the UK, as elsewhere, many people died before their time and many more have been affected by the disease itself and its aftermath. Like everyone, this includes my own family and friends. I express my deepest condolences to all those bereaved or affected.

153. I hope that the Inquiry will yield important lessons for societal resilience, state preparedness and national response. In my foreword to the 2021 G7 Report on resilience **[MS/160 - INQ000146683]**, I noted that:

*“Over the next few decades, the most significant risks are not other single-source crises like the pandemic, but some combination of adverse environmental, health, geo-political and socio-economic events. Future resilience is already under pressure because of ageing populations, the debt burden, the scale and scope of the green transition, cyber security threats, and adapting to the climate impacts already locked in”.*

The Inquiry's conclusions are crucial to preparing for those crises to come.

**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**

Name: Mark Sedwill

Date: 18 August 2023

ANNEX (Paragraph 3)

1. A high-level list of chronological events entitled 'DRAFT - Covid-19 Inquiry - Module 2:  
A chronology of key events'
2. The corporate witness statement of Simon Case dated 25 January 2023
3. The corporate narratives produced by the Cabinet Office for Module 2