

Witness Name: The Rt. Hon. Dominic Raab MP

Statement No: First

Exhibits: DR/1 – DR/302

Dated: 8 September 2023

THE UNITED KINGDOM COVID 19 INQUIRY

FIRST WITNESS STATEMENT OF THE RT HON. DOMINIC RAAB MP

I, **THE RT HON. DOMINIC RAAB MP**, **WILL SAY** as follows:

A. **INTRODUCTION**

1. I make this statement in response to the request by letter dated 27 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 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 (“the Specified Period”).
2. The Covid pandemic profoundly affected everyone, and I wish to assist the Inquiry in any way I can as it carries out its objectives of examining the response to the pandemic and learning lessons for the future. The reality is that the UK, having experienced a tragedy of this nature, should now be better placed to deal with any similar event that might occur. The same should be true for most countries in the world. However, that requires a careful examination of our response to the Covid pandemic in order to identify what went well, where mistakes were made, and which opportunities were missed, so as to ensure that the UK may meet any future challenge as effectively as possible.
3. The views expressed in this statement are founded on my personal knowledge, but I have been assisted in the preparation of this statement by officials at the Foreign, Commonwealth and Development Office (“FCDO”) and the Cabinet Office (“CO”) and by referring to documents which have been made available to me by them.

4. I exhibit documents supporting, illustrating, or providing context for matters addressed in this statement or which will otherwise assist an understanding of the matters addressed in it. I shall refer to the exhibits to this statement by “DR” followed by the relevant number, each exhibit being numbered sequentially.
5. Due to the volume of documents and the pressure of my duties as the Deputy Prime Minister, Lord Chancellor and the Secretary of State for Justice (“Justice Secretary”) during the majority of the period when I prepared this statement, it has not been possible for me to review every document which may be relevant. However, I hope by this statement to have given a substantial account of the core issues. I would be willing to supplement this statement in the light of any further documentation which may be presented to me.
6. I did not maintain a diary or journal during the Specified Period. Neither did I keep ministerial notebooks. I hold no documents privately that are relevant to the Inquiry, save for some private emails and information on my mobile phone which I address below. I did make informal notes relevant to Covid during the Specified Period but I did not retain these. Such notes were only made on or in respect of papers that I received, or during meetings I attended, and would have been left in my box or in a meeting room. The three ways in which I made such notes were in an A4 notebook (which I did not retain and was left in the FCDO), on papers I received or on loose A4 paper.
7. Throughout the Specified Period, I used one phone and I have retained that phone. I used WhatsApp and text messaging in connection with my work during the Specified Period and was a member of a variety of groups and threads that included messages relevant to the UK Government’s response to Covid. I have produced my phone to enable WhatsApp messages relevant to Module 2 of the Inquiry to be identified but have not referred to any such messages when making this statement. I also used a tablet in connection with my work during the Specified Period although I used this only rarely and used it only for remote calls on Microsoft Teams or Zoom. I did not use the tablet for messaging.
8. As Secretary of State for Foreign and Commonwealth Affairs, and latterly Secretary of State for Foreign, Commonwealth and Development Affairs, (“the Foreign Secretary”), I used WhatsApp for receiving information or to make straightforward binary decisions, such as approving or not approving proposed actions. On occasion, I would engage in brief exchanges on WhatsApp with ministers or Members of Parliament. I regularly

travelled as Foreign Secretary and WhatsApp was a convenient method of communication that did not entail the same logistics as getting hold of hard copy documents. For example, if an urgent decision needed to be made shortly before I boarded an aircraft, the information could be given to me quickly using WhatsApp and I could provide a response before take-off, avoiding a delay of several hours before I was back in contact. I also used WhatsApp as Foreign Secretary to communicate with international interlocutors, particularly European partners. I avoided using WhatsApp for any fuller policy discussion. My use of text messaging would have been limited to responding to any other foreign ministers, of which I recall only one, who chose to use text message rather than WhatsApp. These messages would be simple, little more than 'yes', 'no' or 'maybe', rather than extended discussion.

9. The use of WhatsApp within the UK Government probably did increase during the Specified Period. The Specified Period coincided with WhatsApp becoming more generally used in any event.
10. I also used my private Google Mail account during the Specified Period to comment on press lines, that is, messaging to be released to the media. Such messages would always have been preceded by the substance of the matter. I was able to amend messages on Google Mail in a way that I could not on WhatsApp. I was careful about my use of private email accounts and, in general, I would always rather have a document in hard copy. I have produced my phone to enable any Google Mail emails relevant to Module 2 of the Inquiry to be identified but have not referred to any such emails when making this statement.
11. I did not exchange messages which are relevant to the Inquiry through other means.
12. I gave evidence to the Select Committees identified in Annex A to this statement on the dates set out therein.
13. In this statement, I will address the following matters.
 - (a) In Section B, I will address my background as a minister prior to the Specified Period and the ministerial roles I held during the Specified Period including the responsibilities involved in such roles relevant to Covid-related decision-making;

- (b) In Section C, I will address the decision-making structures and roles in the UK Government insofar as they relate to decision-making relating to Covid in the Specified Period;
- (c) In Section D, I will address my initial understanding and response to Covid in the period of 1 January 2020 to 26 March 2020 (“the Priority Period”);
- (d) In Section E, I will address my role, response and decision-making during the period in which I was deputising for the Prime Minister;
- (e) In Section F, I will address my role in respect of the imposition of non-pharmaceutical interventions (“NPIs”) from 25 April 2020 to 24 February 2022;
- (f) In Section G, I will address my role in relation to medical and scientific expertise and data modelling relating to Covid during the Specified Period;
- (g) In Section H, I will address my role in relation to public health communications relating to Covid during the Specified Period;
- (h) In Section I, I will address my role in relation to public health and coronavirus legislation and regulations relating to Covid during the Specified Period;
- (i) In Section J, I will address my role in relation to Four Nation decision-making relating to Covid during the Specified Period;
- (j) In Section K, I will address additional matters, such as allegations made in the media around the UK Government’s response to Covid;
- (k) In Section L, I will address the key challenges and lessons learned relating to Covid during the Specified Period insofar as they have not been addressed in the foregoing sections.

B. BACKGROUND AND MINISTERIAL ROLE DURING THE SPECIFIED PERIOD

- 14. I was appointed Secretary of State for Foreign and Commonwealth Affairs (“Foreign Secretary”) and First Secretary of State (“First Secretary”) on 24 July 2019. I have been asked to provide details of my ministerial career prior to that date.
- 15. I entered Parliament as the Member of Parliament for Esher and Walton following the 2010 General Election. From May 2015 to July 2016, I held the position of

Parliamentary Under Secretary of State (Minister for Human Rights) in the Ministry of Justice. From June 2017 until January 2018, I was Minister of State for Courts and Justice, also in the Ministry of Justice. I was then appointed Minister of State for Housing and Planning in the Ministry of Housing, Communities and Local Government, a post I held until July 2018. From July to November 2018, I was the Secretary of State for Exiting the European Union.

16. I held the offices of First Secretary and Foreign Secretary simultaneously between July 2019 and September 2021, whereupon I was appointed Deputy Prime Minister. I set out more about the roles of First Secretary and Deputy Prime Minister in paragraphs 19 to 21 below. As Foreign Secretary, I was responsible for leading the UK Government's diplomatic network to advance British interests for the people of the UK around the world. On 2 September 2020, the Foreign and Commonwealth Office ("FCO") merged with the Department for International Development to create the FCDO, and I was appointed the Secretary of State for Foreign, Commonwealth and Development Affairs (also "Foreign Secretary"). Between September 2020 and September 2021, I therefore had Cabinet level responsibility for both foreign and development policy. I understand that the functions of the FCO and FCDO, and the organisation of those departments, have been set out comprehensively in the First and Second Corporate Statements of Sir Philip Barton KCMG OBE on behalf of the Foreign Secretary (the "Module 2 FCDO Corporate Statements"), and I do not therefore rehearse their content here.
17. I have been asked to provide a brief description of my responsibilities, so far as relevant to the matters under consideration, in each of the roles I held during the Specified Period.
18. As Foreign Secretary, my first priority was the repatriation of British nationals overseas who wanted to come home, together with other forms of consular assistance to vulnerable British nationals abroad. This required continual assessment of the operation of the UK's overseas network of over 280 posts, balancing operational need against our duty of care to UK Government staff and their families, who were facing exceptionally challenging circumstances. I also emphasised at the time that the entire network needed to be focused on supporting the UK domestic Covid effort, through diplomacy and information gathering on how other countries were responding to the pandemic, and through procuring personal protective equipment ("PPE") from overseas. As the pandemic continued, the FCO, and then the FCDO, ensured that the UK's international interests were brought to bear in decisions on the UK's borders, and

- that those decisions were explained to international partners. Finally, the FCDO, leveraging its diplomatic and development expertise, was heavily involved in work on vaccines.
19. The office of First Secretary is not always filled and is currently vacant. My predecessor in the post was Damien Green who ceased to be First Secretary on 20 December 2017 and there has not yet been any successor to the post since I ceased to be First Secretary on 15 September 2021. The role of First Secretary is flexible and, in my experience, developed organically over time. There is no definitive description of the role or template; it varies hugely with each Prime Minister.
 20. In theory, the First Secretary is the second minister in the Cabinet after the Prime Minister. I found the role involved being relatively close to the Prime Minister and dealing with issues that fell outside the remit of other Cabinet ministers. To do the job properly required staying humble about rank and acting as a sort of gap-filling 'fixer'. As I saw the role, my responsibilities were to support the Prime Minister and to act as a minister to whom the Prime Minister could delegate where necessary or appropriate. Matters delegated to me on occasion included speaking to the media, appearing in Parliament and chairing small ministerial groups. I understood the role as lightening the load of the Prime Minister or taking things off his plate.
 21. As with the office of First Secretary, the office of Deputy Prime Minister has been vacant periodically. There was no Deputy Prime Minister, for example, from 8 May 2015 until I was appointed on 15 September 2021. The role of Deputy Prime Minister involves making oneself available to assist the Prime Minister. That might mean being a reserve should someone become unavailable for an appointment or meeting, supplementing the work of the Chancellor of the Duchy of Lancaster, or dealing with issues which cut across departments where the Prime Minister is unable to address them or give sufficient time to them. However, there is also an element of leading the Government's work on issues which the Prime Minister considers important but cannot make one of their absolute top priorities, particularly in domestic matters.
 22. During the Specified Period, I attended the following decision-making committees, groups and forums dealing with the UK's Government's response to Covid.
 - (a) Cabinet. I was a member of Cabinet as Foreign Secretary and First Secretary until 15 September 2021 and then as Justice Secretary and Deputy Prime Minister from 15 September 2021;

- (b) COBR. The term “COBR” originates from the location of such meetings being Cabinet Office Briefing Rooms but, by “COBR”, I am referring to committees assembled in response to crises or emergencies or significant events. During the Specified Period, I attended meetings of COBR where it was considered appropriate, if I was available to do so;
- (c) UK COBR. Representatives of the devolved administrations (“DAs”) would attend UK COBR. I attended meetings of UK COBR where it was considered appropriate, if I was available to do so. During the period that I was deputising for the Prime Minister, I chaired a meeting of UK COBR;
- (d) Covid-19 Strategy Ministerial Group (“the 9.15”). This group was established in response to Covid and met between 17 March 2020 and 15 May 2020. I attended the meetings of this group where it was considered appropriate, if I was available to do so, which would generally have depended on the issues on the agenda for the relevant meeting. During the period that I was deputising for the Prime Minister, I chaired meetings of this group. This group is referred to as the 9.15 because it was generally scheduled for 9.15am;
- (e) International Ministerial Implementation Group (“IMIG”). This group was established in response to Covid and met between 18 March 2020 and 7 May 2020. As Foreign Secretary, I chaired the IMIG. Its purpose was to coordinate and advise on the UK’s role in the international health and economic response to Covid. The group was established by the Prime Minister as part of a structure of ministerial implementation groups (“the MIGs”), the others being Healthcare (“HMIG”), General Public Sector (“GPSMIG”) and Economic. I did not attend the other MIGs;
- (f) Covid-19 Operations Committee (“Covid-O”). This committee was established in response to Covid and met between May 2020 and March 2022. According to its published terms of reference, its purpose was to “deliver the policy and operation response to Covid-19”. I was invited to attend meetings of this committee when it was considered appropriate, if I was available;
- (g) Covid-19 Strategy Committee (“Covid-S”). This committee was established in response to Covid and met between June 2020 and February 2021. I

attended meetings of this committee when it was considered appropriate, if I was available;

- (h) Quads. The term “Quad” was an informal term referring to different types of meetings that generally involved four core participants, it being known from the context which “Quad” was being referred to. In this statement, I will use the term “Quad” to refer to meetings at which the ministerial attendees were the Prime Minister, the Secretary of State for Health and Social Care (“Health Secretary”), the Chancellor of the Exchequer (“the Chancellor”) and the Chancellor of the Duchy of Lancaster (“CDL”). I attended the Quad when I was deputising for the Prime Minister.

C. DECISION-MAKING STRUCTURES AND PARTICIPANTS

23. As Foreign Secretary and First Secretary and later as Justice Secretary and Deputy Prime Minister, my role within the core decision-making of the UK Government was to attend Cabinet and the appropriate Cabinet sub-committees and to contribute to the decisions of such bodies. The Prime Minister decided on the structure of Cabinet sub-committees and allocated membership of Cabinet sub-committees.
24. Ultimately, at a strategic level, the primary decision maker was the Prime Minister. The Prime Minister was the chair of Cabinet and where there were whole government issues, the chair of any Cabinet sub-committees, including COBR. Depending on the issue and the circumstances, the Prime Minister may bring a proposal to Cabinet to be agreed collectively, such proposal perhaps having been formulated in a Cabinet sub-committee, or the Prime Minister may bring an issue to be discussed with the proposal to be developed in light of such discussion, whether in a Cabinet sub-committee or otherwise. In my view, Boris Johnson was better at chairing meetings than he was given credit for, and he struck the right balance between listening and taking others’ views and making decisions. He liked to set the strategic envelope and would shape it as it evolved, working inductively rather than deductively – in other words, he would work up from specific issues/scenarios in order to develop general propositions. He did not have a Cartesian view of a grand masterplan and, instead, there would be a steer and further adjustments of the prototype, as necessary, to try to find a solution that worked in practice. I thought that he always strived to attain the right balance between hearing input and being decisive so that we could move forward.

25. The various Secretaries of State made decisions at a tactical level, whether in their departments or with consultation in relevant Cabinet sub-committees, as was relevant to their respective departments. The Civil Service would give submissions to the Secretary of State and the Secretary of State would make a decision. Where any issue arises, it may naturally and obviously fall within the remit of the relevant department, such as an overseas conflict falling within the remit of the FCDO. Some issues however may fall within the remit of multiple departments, and some may have consequences which affect the remit of other departments, for example, 'crises affecting the supply of goods to the UK'. In such circumstances, a lead department is identified. In my experience, it is not possible to take all decisions together, and assigning one department as a lead is sensible. It helps to have a single 'cockpit' or decision-maker. In some instances, issues are deemed emergency issues, such as Covid was, and they are dealt with initially within the COBR structure with the lead department leading decisions within that structure.
26. Initially, Covid fell within the remit of the Department of Health and Social Care ("DHSC"), being a public health issue. However, DHSC could not do everything and, as the situation developed, it became a whole government issue although DHSC retained a dominant role. By way of illustration, DHSC dealt with risk assessment, with the implications for the NHS and health and with care homes but the Ministry of Housing, Communities and Local Government also dealt with care homes together with local authorities. Covid was something that demanded an overarching government approach. The Prime Minister had to lead that, and the committees allowed such an approach. In my view, the agility we had in government was valuable. The other departments tried to support the DHSC, helping deliver objectives or taking on parts. The CDL role was very important in 'greasing the wheels' of government, and the Cabinet Office was effective in co-ordinating the different parts of government in their contributions to decision making.
27. In making decisions on whether more resources were needed, we acted on the basis of the knowledge we had at the time and, as always happens in government, monitored that carefully and reviewed it over time or as circumstances changed.
28. It is easy to say with the benefit of hindsight that certain steps should have been taken earlier or later, but no one knew what Covid leaving China would mean in practical terms for the UK and, even if we had done, it is unclear that any different response would have been more effective other than at the margins. The critical thing the UK grasped early and, in my view, did well was the vaccines and, again, any difference

- (with hindsight) would only have been at the margins. The UK had the fastest rollout of vaccines, which in my view was critical. The UK pioneered the research on the AstraZeneca vaccine and was a world leader in terms of its contribution to COVAX.
29. Other attendees of Cabinet and Cabinet sub-committees, although not members, included civil servants such as members of the Cabinet Secretariat and special advisers. The Cabinet Secretariat's role was to assemble policy advice, including any data on which it was based, for the members of the relevant body to consider. The special advisers, who are political appointees, advise and support ministers in respect of matters on which it would be inappropriate for the Civil Service to act, such as matters arising in the media or political party issues.
 30. In my experience, special advisers can be a helpful bridge between a minister and the Civil Service or secretariat, whether that is by being a sounding board for the Civil Service helping to refine advice before it is presented to the minister for the first time or by monitoring the implementation of a decision made by the minister. Ministers make the decisions, and special advisers can follow up to see if something is being done or ask what progress is being made, but are not allowed to make or change decisions unless expressly delegated to do so. Most civil servants, even then, will want to hear any change directly from the minister; 'from the horse's mouth', so to speak. This is different from the US system, for instance, where there are political appointees to many roles. In the UK, we do not do that.
 31. The aim of the decision-making structure is for civil servants to give candid advice to ministers who test and challenge that advice. The ministers then make decisions, which the Civil Service then implement or execute. Given this structure, the teams that work most effectively find a way of bringing together the advice of the Civil Service and the special advisers. During the Specified Period, I did not observe anything between the Civil Service and the special advisers that I felt crossed appropriate boundaries. There were difficult conversations and, during this period people, were obviously working under stress, but, as far as I saw, the relationship between the special advisers and the Civil Service was not a significant cause of that stress, and if anything helped to reduce it.
 32. The business of government also involves telephone calls and informal conversations. Sometimes two parties would be directed to take an issue, such as a data discrepancy, 'off line' themselves, reconcile it and bring it back to the committee once reconciled. Due to the restrictions in place during parts of the Specified Period, people would call

each other or message in meetings. Sometimes others would message me to highlight a particular submission in my box. These situations are informal, and expedite the wheels of decision-making, rather than circumvent the decision-making structures. If every question were shoe-horned into the formal decision-making structure, the process would be slowed down too much. In my view, because of the nature of lockdown and the negative caricature of a 'sofa government', we actually became more formal and regimented in our decision-making. A matter would always end in the formal decision-making process and would be documented in Cabinet, a meeting chaired by the Prime Minister or a Secretary of State, or a decision made by a Secretary of State.

33. This established decision-making structure was effective in dealing with Covid in the context of what we knew at the time that decisions were being made. Decisions on Covid were all considered through an overarching prism or matrix that had been set out by the Chief Medical Officer ("CMO"), Professor Chris Whitty, and the Chief Scientific Adviser ("CSA"), Sir Patrick Vallance. That matrix involved four major factors or lenses, these being (i) the direct health impact of Covid, (ii) the impact on non-Covid health matters, (iii) the economic impact, and (iv) the social impact.
34. The key challenge was finding the right balance between which decisions were to be made on an operational basis, by Cabinet sub-committees chaired by relevant ministers, and which decisions were to be made on a strategic basis, whether in Cabinet or in Cabinet sub-committees chaired by the Prime Minister. It is worth noting that it is not possible to run anything, let alone government, on an emergency basis indefinitely. It drains the engagement and energy of everyone involved, such that efficiency and effectiveness risks falling over time.

D. INITIAL UNDERSTANDING AND RESPONSE TO COVID (JANUARY 2020 – MARCH 2020)

35. This chronology has been drawn together from the documents made available to me by the FCDO and CO teams preparing their respective responses to the Inquiry, and my own recollection. I have sought to indicate where I have an independent recollection of the events. I am otherwise relying on the materials provided to me.
36. In early January 2020, the FCO began to receive reports on the emergence and spread of what was then described as "*unidentified viral pneumonia cases*" in Wuhan City, Hubei Province, China [DR1 / INQ000220003]. FCO records show that on 7 January

- the FCO's Travel Advice pages were amended with an update reflecting that, "*On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia of unknown cause detected in Wuhan City ... As of 3 January 2020, a total of 44 cases have been reported*" [DR1 / INQ000220003].
37. On 17 January 2020, an email was sent by the China Department in the Asia Pacific Directorate to my Private Secretary ("PS") regarding this "*new coronavirus outbreak*" in Wuhan, China, reporting that a British national had been hospitalised "*with suspected Coronavirus*" - I am informed it later transpired it was not Covid; and raising concerns about "*potential human-to-human transmission*" [DR2 / INQ000075027]. The email forwarded an update sent on 15 January to the PS to the then Parliamentary Under-Secretary for Asia and the Pacific (Heather Wheeler MP), which had reported, "*41 cases of a new coronavirus infection have been confirmed by Wuhan City Health Commission, all reported following contact with a seafood market. There is no evidence of human-to-human transmission ... We made a factual update to China Travel advice on 7 January ...*" [DR2 / INQ000075027]. I do not now recall specifically seeing the email dated 17 January, or the email chain beneath it, but based on my recollection this was around the time that my Private Office explained to me in any detail what is now referred to as Covid-19.
38. The records show that on 20 January 2020 a further update was sent by the China Department to my PS which reported that there were 204 cases of 'coronavirus' then confirmed, with three outside China (one in Japan and two in Thailand) [DR2 / INQ000075027]. The update included a reference to UK academics predicting that the number of cases "*could be much higher*", but that there were "*no confirmed UK cases to date*", and that Public Health England's ("PHE") threat assessment for the UK was "*low*" [DR2 / INQ000075027]. Although I have no independent recollection of this email, the information would have been relayed to me. As Foreign Secretary, I would have wanted to ensure I was fully appraised of the emergence of this 'new coronavirus' and its spread to ensure the FCO could deal promptly with any implications (then anticipated for our overseas network in particular) and, if required, plan a wider strategic response. I see that in response to this information, on 21 January 2020 I requested a one-page note by the end of that day providing further details on the virus including "*symptoms; treatment; contagion*" [DR2 / INQ000075027]. I received the note later that day [DR3 / INQ000220004; DR4 / INQ000220005].

39. As I recall now, the seriousness of the threat to the UK posed by this 'new coronavirus' was not evident in the early weeks. The advice we received indicated that the outbreak was likely to be a problem for China but did not yet represent a global threat. I nevertheless sought to ensure I was being kept informed of the developments, and as is clear from the steps taken in subsequent weeks, as soon as it became evident that the outbreak might pose a risk to the UK, I took decisive action.
40. On 22 January 2020, the documents show that further updates were sent by the China Department to my PS, which reported that the Chinese authorities were advising citizens not to travel to Wuhan unless necessary, and I also received advice from the Health Secretary (Matt Hancock MP) and the CMO, Chris Whitty **[DR2 / INQ000075027]**. From the documents, it is clear that I considered whether a change to the FCO's travel advice was required. Based on the advice from the CMO, I decided that the threshold for amending the travel advice had been met, namely that the risk to British nationals of travelling to Wuhan had become unacceptably high. Accordingly, on 22 January 2020, I approved a change to the FCO's travel advice to advise against all but essential travel to Wuhan **[DR2 / INQ000075027]**. (I have not read the Module 2 FCDO Corporate Statements **[DR5 / INQ000130416; DR6 / INQ000130417]**, but I understand that a detailed explanation of the FCO/FCDO's process for amending travel advice is contained in the First Module 2 FCDO Corporate Statement, §§25.2, 124-128 **[DR5 / INQ000130416]**. In very short summary, and as noted further below, travel advice is issued by the FCDO to assist British nationals in making their own decisions about travelling abroad. It is advisory only, so any decision to travel, to stay in or leave a country is ultimately for the British national themselves to take.)
41. On 22 and 23 January 2020, the World Health Organization's ("the WHO's") Director-General, Dr Tedros Ghebreyesus, held an Emergency Committee meeting to discuss the emergence and spread of Covid. Following divergent views across the Emergency Committee, the WHO decided not to declare a Public Health Emergency of International Concern ("**PHEIC**"). At the time, the WHO said they welcomed the efforts made by China to investigate and contain the outbreak **[DR7 / INQ000220085]**. I recall being concerned about the transparency of the Chinese response at the time. Nevertheless, it was my assessment that the WHO's approach to China, and managing its relationship with the Chinese Government was also necessary to ensure that the WHO would be permitted vital entry to China to continue their investigations. The approach of the UK Government had to be balanced and not so intransigent or maximalist that the WHO found all access to China was denied. That was a very real

- risk. This is an inherently difficult judgement to make. The WHO did indeed travel to China (again) on 28 January 2020 as reported on the WHO website [DR8 / INQ000220089]. In due course, the approach adopted also led to the securing of cooperation in the return of British nationals to the UK.
42. On 23 January 2020, a submission was sent to my PS by FCO officials recommending no changes to the overall level of travel advice for Wuhan, which at that time recommended against all but essential travel to Wuhan. The officials were of the view that the travel advice level should not be elevated to recommend against all travel to Wuhan [DR9 / INQ000075029]. The Ministerial Submission referred to the fact that, by this time, PHE was advising that the threat to UK travellers was 'moderate', and the CMO had recommended that British nationals in Wuhan should remain there. I agreed with the recommendation; however, I asked my Deputy Principal PS to underline that I was "*very worried about this issue and would like to be kept closely updated on any developments, including what partners do regarding their Travel Advice and guidance to staff*" [DR10 / INQ000075030].
43. I understand that the first COBR meeting concerning Covid was held on 24 January 2020 [DR11 / INQ000056214]. Andrew Murrison, a minister in the FCO, attended the meeting on behalf of the FCO. If a COBR meeting concerned the FCO, and I was not able to attend due to the fact, for example, that I was travelling, it would be usual to have a minister present. I could attend remotely or I could be informed of the minutes through my Private Office in any event.
44. On Saturday 25 January 2020, at 7:20pm, an FCO official reported that they had received an email from Chris Whitty recommending that the FCO consider evacuating older British nationals or those with pre-existing health conditions from Wuhan [DR12 / INQ000220006]. This change in advice signalled a clear escalation in the seriousness of the outbreak and a key priority became the safety and security of British nationals in Wuhan. The FCO responded swiftly, and the email chain from that evening shows a series of exchanges over the next two hours which culminated in the amendment of the FCO's travel advice to advise against all travel to Wuhan and to advise those in Wuhan to leave by any means possible [DR12 / INQ000220006; DR13 / INQ000220007]. That evening, I requested that the FCO's Consular Directorate work up options for assisted departures from Wuhan [DR14 / INQ000089109]. The following day, on Sunday, 26 January 2020, following a decision of the Permanent Under-Secretary of State ("PUS"), the FCO entered crisis mode to support the repatriation of British nationals from Wuhan.

45. During this period, FCO officials worked tirelessly to arrange the repatriation of British nationals in Hubei Province. The task was made significantly more difficult because the Chinese authorities had closed all transport hubs in Wuhan on 23 January 2020, including airports, railway and bus stations. We had originally sought to repatriate British nationals via a commercial aircraft, however this was not possible so - as I explain below - the FCO chartered a Boeing 747 to conduct the repatriation.
46. On 28 January 2020, I received a submission from the FCO Crisis Management Department recommending that I waive the costs of repatriations from Hubei Province for British nationals and their dependants **[DR15 / INQ000220009; DR16 / INQ000089111]**. This was an unusual request because the FCO would normally recover the costs of assisted departures. I agreed with the recommendation to waive costs of assisted departure from Hubei Province. I recognised that time was of the essence and FCO officials on the ground in Wuhan did not have capacity to arrange or administer such payments **[DR17 / INQ000220010]**. Through my communications with overseas partners, I was also aware of the difficulties they were having in arranging the repatriation of their citizens, and that we needed to work together to ensure the safety and security of our citizens. I therefore requested that the FCO explore whether we could offer any spare seats on the flight to our partners, albeit I was clear that this should not delay departure of the flight **[DR17 / INQ000220010]**.
47. On 28 January 2020, I received a further Ministerial Submission recommending that the travel advice be amended to advise against all but essential travel to China following further travel restrictions in China and reported difficulties in accessing medical assistance **[DR18 / INQ000075032]**. I approved the recommendation to amend the travel advice **[DR19 / INQ000075035]**. The same day, I spoke with Chinese Foreign Minister and State Councillor, Wang Yi, regarding the coronavirus and the FCO's plans to repatriate British nationals **[DR20 / INQ000089113; DR19 / INQ000075035]**. I remember this was an important call. I was keen to ensure that there would be no late changes to the approvals already granted by the Chinese authorities for repatriating British nationals and that dependants of British nationals would be permitted to leave.
48. I understand that records show that I also spoke that day (28 January 2020) with US Secretary of State, Mike Pompeo **[DR21 / INQ000075039]**, and Singapore's Foreign Minister, Vivian Balakrishnan **[DR22 / INQ000075036]**, and in those calls discussed with them the coronavirus. While I do not now recall those specific conversations, I know that towards the end of January and in early February 2020, the available data

- gave rise to concerns about the extent to which the Chinese authorities had, and could, successfully contain the outbreak. I recognised that cooperation with our international partners was vital to protecting our national interests during this uncertain period, and personally went to great lengths to ensure I was in very regular communication with my overseas counterparts.
49. On 29 January 2020, I attended the second COBR meeting relating to Covid **[DR23 / INQ000056226]**. This meeting was chaired by the Health Secretary. At that meeting, the CMO Chris Whitty, and the CSA Sir Patrick Vallance, gave an update on matters relating to Covid, then known as the ‘novel coronavirus’. I remember this meeting reasonably well and that we were looking in particular at the rate of transmission. I recall thinking about the parallels with SARS. According to Chris Whitty it was possible either that the virus would be contained within China or that it would spread beyond China and impact the UK. If it spread beyond China, the assessment was that it may take weeks to months for a pandemic to develop. It was considered that it would become clear in the following three weeks whether or not China was successfully containing the virus. At this stage, the UK Government was preparing for the reasonable worst case scenario, using the pandemic flu preparations, with the additional information that the elderly and those with existing health conditions were disproportionately affected **[DR24 / INQ000056163]**. It was at this meeting that I first had the sense that Covid was going to be a major issue. I gave an update on the ‘assisted departure’ operation in China, and the location where those returning would spend a period in isolation was discussed.
50. On 30 January 2020, the WHO’s Director-General, Dr Tedros Ghebreyesus, held a second Emergency Committee meeting. The Emergency Committee declared a PHEIC but did not recommend any travel or trade restrictions **[DR25 / INQ000106079]**. The WHO’s published statement referred to China’s commitment to transparency. My position on this was as I describe above: while I had serious questions about the accuracy of the information coming from China, I considered that it remained in the global community’s interest that the WHO’s relationship with China remain intact to ensure continued access – however constrained or unreliable – to information about the emergence and spread of the virus. The alternative would be considerably worse.
51. On 31 January 2020, I attended the first Cabinet meeting relating to Covid in Sunderland **[DR26 / INQ000056125]**. At this stage, there were two known cases of coronavirus in the UK. It was discussed that, while the DHSC, the Department for

International Development and the FCO continued their preparation and work, the UK Government would adopt a reassuring tone in public communications.

52. On 31 January 2020, the first UK chartered plane arrived at RAF Brize Norton from Wuhan carrying 83 British nationals and 41 foreign nationals [DR27 / INQ000051859]. I issued a press release to announce the departure of the flight. I confirmed that the FCO had been working round the clock to clear the way for a safe departure, and that the welfare of British nationals in China remained our top priority. After the successful departure of this first chartered flight, the FCO worked extremely hard to arrange the repatriation of the remaining British nationals in Wuhan, who arrived on 9 February 2020 (see below).
53. Pausing here, I want to observe that these were extremely trying times; there were many logistical and administrative challenges of an unprecedented nature and scale, but I consider that my FCO colleagues, particularly in China and the crisis centre in London, did an admirable job in securing the safe return of British nationals.
54. Throughout this early period, my FCO colleagues in China worked professionally and assiduously to provide the UK Government with the latest data to inform decision-making on the response to Covid and to support British nationals overseas. Those in post in Beijing were working under particularly difficult circumstances due to the response of the Chinese authorities and consequent problems in accessing accurate information. However, despite this, they provided timely reporting and played a vital role in the procurement of much needed PPE into the UK in the months to come. These were unprecedented times, so it is inevitable that aspects of the FCO's initial response were reactive rather than strategic. However, the FCO overseas network worked diligently during this early period to provide the UK Government with as much information as they could about the emergence and spread of the coronavirus in China.
55. On 4 February 2020, I approved a further update to the travel advice for China expressly to encourage British nationals to leave China if they were able to do so and warning that travel restrictions imposed by the Chinese authorities meant it might become harder to access departure options over the coming weeks. The travel advice also said that the ability of the British Embassy and Consulates to provide assistance to British nationals from within China was limited, and would become even more limited if the situation were to deteriorate further. I agreed with the advice of FCO officials that the language in the travel advice needed to be strengthened to encourage British

- nationals to leave China by commercial means whilst transport links remained open **[DR28 / INQ000220012; DR29 / INQ000220011]**.
56. The same day (4 February 2020), during oral questions in the Commons, I was asked about concerns that the Chinese authorities were not permitting their citizens to leave China with their British partners. At the time, there were huge challenges in dealing with the coronavirus outbreak **[DR30 / INQ000220090]**. There was a tension between our desire to return British nationals, and the desire of the Chinese Government to prevent the spread of the virus. I received assurances from the Chinese Foreign Minister, Wang Yi, during a call on 28 January 2020 that no UK related families who wanted to return to the UK would find themselves divided on the basis of dual or split nationality among their families **[DR20 / INQ000089113]**.
57. On this date (4 February 2020), the records show that I also spoke with the Canadian Foreign Minister, François-Philippe Champagne **[DR31 / INQ000075051]**, the German Foreign Minister, Heiko Maas **[DR32 / INQ000075052]**, and the European Union High Representative of Foreign Affairs, Josep Borrell **[DR33 / INQ000075050]**, regarding the international response to the coronavirus. FCO officials were also in discussions with overseas counterparts to collaborate assisted departures from Wuhan.
58. Later the same day (4 February 2020), I commenced a pre-arranged visit to Australia, Japan, Singapore and Malaysia, returning on 11 February 2020. During this trip, I discussed the international response to the coronavirus with the Deputy Prime Minister of Singapore, Heng Swee Keat **[DR34 / INQ000075064]**, the Singapore Foreign Minister, Vivian Balakrishnan **[DR35 / INQ000075063]**, the Japanese Foreign Minister, Toshimitsu Motegi **[DR36 / INQ000075061]**, the Malaysian Prime Minister, Mahathir Mohamad **[DR37 / INQ000075072]** and the next Malaysian Prime Minister, Anwar Ibrahim MP **[DR38 / INQ000075071]**. On my return, I spoke to New Zealand Deputy Prime Minister and Foreign Minister, Winston Peters, regarding the coronavirus **[DR39 / INQ000075065]**.
59. Although I refer in this statement to certain specific meetings and conversations I had with foreign leaders/counterparts, I have not included reference to every such meeting/call. Such was the frenetic pace of activity at this time, I have been informed that records show that I made 47 calls to overseas counterparts during February and March 2020. At all times during the crisis, and particularly during these early months, I went to great lengths to liaise closely with our international partners to obtain further

- information about the spread of the virus and to garner support for a global and collaborative approach to repatriation that I considered to be in the UK's interests.
60. On 5 February 2020, the Consular Directorate informed my PS that 10 passengers on board a cruise ship, the Diamond Princess, had tested positive for Covid. There were also 78 British nationals on board, although none had at that point tested positive. My PS was informed that the ship had docked at Yokohama Port, 50 miles south of Tokyo, and had been placed in quarantine for 14 days **[DR40 / INQ000089127]**. Over time, the situation on board became progressively worse: on 7 February 2020, my Private Office were informed that one British national had tested positive and was receiving medical care in hospital in Yokohama **[DR41 / INQ000089143]**; by 12 February 2020, 174 people on board had tested positive, including three British nationals.
 61. During this period, cruise ships presented a particular challenge for the FCO given, in particular, the generally older ages of those on board, the speed at which the virus could spread in the confines of a ship, and the challenges presented by the fact that foreign jurisdictions were often reluctant to allow these ships to dock. Over time, I formed the opinion that these challenges were compounded by the approach of the cruise industry which – in contrast to the airlines – seemed to me to be prepared to shy away from what I considered to be their responsibilities in this very difficult context.
 62. On 6 February 2020, the CMO announced that British nationals returning from China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia and Macao should self-isolate if symptomatic within 14 days of their return to the UK. By this stage, the outbreak was spreading quickly, and I consider that - speaking in general terms - the UK Government's response was decisive, but at all times directed by the available medical and scientific evidence.
 63. On 8 February 2020, the joint FCO/DFID Coronavirus International Task Force (the "Coronavirus International Taskforce") was established to plan for and respond to the consequences for UK interests of the international spread of coronavirus. I am told that further information about the joint FCO/DFID Coronavirus International Task Force is in the First Module 2 FCDO Corporate Statement, §§73-78, 83-84, 87-89 **[DR5 / INQ000130416]**.
 64. On 9 February 2020, the second UK chartered plane arrived at RAF Brize Norton from Wuhan on 9 February 2020, carrying 104 British nationals, 13 UK Government staff, 3 Irish nationals and 93 EU nationals from Wuhan **[DR42 / INQ000051425]**.

65. On 13 February 2020, having returned from overseas, I requested rolling daily updates on the number of coronavirus cases in the UK, the number of British nationals and UK flights evacuated from China, changes to UK travel advice and another other relevant developments [DR43 / INQ000220000]. By this stage, I had become increasingly concerned at the spread of the coronavirus overseas and wanted to be aware of all material updates in real time.
66. On 14 February 2020, having returned from my tour in Asia, I attended a further Cabinet meeting relating to Covid [DR44 / INQ000056138]. Chris Whitty attended this meeting and gave an update. He said that the expectation was that the virus would peak in Wuhan in two weeks and that, although Covid had spread beyond China, there was not yet sustained transmission outside China. It was estimated that if the virus reached the UK, it could take between six weeks to two and a half months to peak with a possibility of two peaks and 50% of the population being affected by symptoms. As Foreign Secretary, I updated the Cabinet on the evacuation of 213 UK nationals, and explained there were at that point nine UK nationals abroad who had been diagnosed with the virus (five in France, one in Spain, and three on a cruise ship). I also reported to Cabinet that the view in Australia, Japan, Malaysia and Singapore was that China did not have the epidemic under control. I explained that travel advice had not been changed to recommend against all travel to China. Such advice would mean that commercial flights would cease, and commercial flights were the principal way by which UK nationals could return to the UK. Cabinet discussed whether to suspend flights from China into the UK but Chris Whitty advised that that action would only slow the virus spread by a maximum of five days. The reality was that we could not hermetically seal the UK. The delay set out by Chris Whitty was relevant because, in the additional time, we could bolster the capacity of the NHS. However, as highlighted by the Health Secretary at the time, suspending flights from China would harm the economy and harm the importation of medical drugs into the UK. We decided not to suspend flights from China at this time. I recall that the general advice at various points throughout the pandemic was that once the virus was in the UK and R was above 1 it would make very little difference what was done to restrict international travel.
67. On Saturday 15 February 2020, the FCO re-entered what it refers to as 'crisis mode', as FCO officials urgently explored different options for disembarking the British nationals aboard the Diamond Princess. Events moved quickly, and on 16 February 2020, I said that in the absence of the Japanese authorities agreeing to a mainland quarantine option, the FCO should aim for a European or UK charter option. I made it

- very clear that all British nationals must be disembarked by 19 February 2020 **[DR45 / INQ000220013]**. The following day, 17 February 2020, I was advised by FCO officials on the options for disembarking British nationals from the Diamond Princess. They advised that the rate of infection on board was escalating, with total infections at 454 and one British national in a critical condition in a Japanese hospital. I was also advised that DHSC and PHE were of the view that the quarantine conditions on the ship were unsuitable **[DR46 / INQ000089172]**. I was extremely concerned at the escalation, and agreed that we should proceed with a UK charter flight as soon as possible **[DR47 / INQ000089173]**. Unfortunately, there followed delays which were outside our control: the Japanese authorities were restricting international repatriations and reallocated our preferred slot **[DR48 / INQ000220014]**.
68. On 20 February 2020, I issued a statement confirming that the FCO had arranged an evacuation flight for British nationals on board the Diamond Princess, and urging British nationals who were not registered for the flight but wanted to leave to contact the British Embassy in Tokyo **[DR49 / INQ000220087]**. On 22 February 2020, the UK-chartered flight carrying 30 British nationals arrived at Boscombe Down, UK.
69. By 25 February 2020, the advice on self-isolation in respect of those entering the UK had changed. I attended a Cabinet meeting at which Covid was discussed **[DR50 / INQ000056140]**. I informed Cabinet that I was “*looking again at the travel advice for South Korea and Italy*”. Chris Whitty stated that his advice was now that those with symptoms returning from the region north of Pisa in Italy should self-isolate for 14 days and those returning from areas in quarantine should self-isolate whether they had symptoms or not. This advice had changed because of the increase of cases in Italy. The Health Secretary also said that a new public information campaign would be launched, focusing on handwashing.
70. The same day, 25 February 2020, I approved a change to the travel advice for Italy to advise against all but essential travel to ten towns in Lombardy and one town in Veneto. This followed information received about an outbreak, which led to a number of towns in Italy being placed in lockdown **[DR51 / INQ000075078, DR52 / INQ000220015, DR53 / INQ000075075, DR54 / INQ000075076, DR55 / INQ000075077]**. This advice was amended on 8 March 2020 to include an extended “red zone” as designated by Italian authorities **[DR56 / INQ000075095; DR57 / INQ000075096]**; and on 9 March 2020, I approved a further amendment to advise against all but essential travel to the whole of Italy **[DR58 / INQ000075097]**.

71. On 25 February 2020, my Private Office received an update about a hotel in Tenerife, the H10 Costa Adeje Palace Hotel (the "H10 Hotel"), which had gone into lockdown after a guest tested positive for coronavirus **[DR59 / INQ000089202]**. There were 168 British nationals staying at the H10 Hotel. On 27 February 2020, I was notified in a Ministerial Submission prepared by the FCO's Crisis Centre that the Spanish authorities might request that the UK and other countries repatriate their citizens from the H10 Hotel. I was also informed that the DHSC's advice was not to facilitate repatriation of the British guests, but rather to support Spanish plans for quarantine. The Crisis Centre's submission was keen to emphasise that the operating principle should be local management of Covid outbreaks to avoid having to organise a series of repatriations from around the world in the face of an expanding crisis **[DR60 / INQ000220017]**.
72. I disagreed with this advice and concluded that the Crisis Centre's recommendation would be untenable if the Spanish authorities asked the UK Government to repatriate British nationals **[DR61 / INQ000220018]**. The single biggest destination of British nationals is Spain. Around that time in March, a large number of elderly people and people without children travel on holiday. At one point, there was talk of British nationals being forced to leave Spanish hotels. Given such factors and particularly given some of the more stringent quarantine operations, my view was that we could not say that we were going to rely on local management of the issue. There was also learning from the Thomas Cook response as to what happens when people are stranded. I could see immediately that there were a very high number of British nationals travelling and there would be a rush to get back. We could though manage to bring people back gently over time. I persuaded the hotels to stay open for 24 hours and then allow another 48 hours to leave.
73. I discussed the matter further at a Prime Minister's meeting on 28 February 2020, and decided that the FCO should push the tour operators and airlines to return British nationals to the UK by commercial means and that only as a back-up option should the FCO explore charter options **[DR62 / INQ000220020]**.
74. My reasons for not wanting to use charter flights, rather than commercial options, were primarily that I considered commercial airlines to be the fastest and most effective way of returning Britons to the UK. I did not want to set a precedent of using charter flights when commercial flights were available because it was my view that, in addition to commercial flights being the most efficient and effective way of returning British nationals, a functioning airline industry was in the UK's broader interest, given the role

it could play both in terms of repatriating UK nationals and the delivery of PPE - as well as its ongoing role in international trade more generally. There was also a real risk of the airlines not discharging their responsibilities to their customers if the Government was perceived to be willing to step in to provide charter flights for repatriation from more challenging destinations.

75. All British nationals returned to the UK from the H10 Hotel by commercial means and the FCO exited 'crisis mode' for Tenerife on 4 March 2020 **[DR63 / INQ000220080]**.
76. On 28 February 2020, I replied to a letter from the Chair of the House of Commons Foreign Affairs Committee regarding the steps the FCO were taking with partners and allies during the Covid outbreak **[DR64 / INQ000220019]**. At that time, the FCO had successfully repatriated 213 British nationals and 136 EU nationals and their dependents from Wuhan, as well as 32 British and European nationals from the Diamond Princess cruise ship in Japan; we were in regular dialogue with international partners in respect of travel advice, including Australia, Canada, New Zealand, the US and EU Member States. The UK Government was not at that point placing any restrictions on Chinese travellers to the UK, other than those relating to individuals travelling from Hubei province or showing symptoms of Covid, and this decision was taken on the basis of advice provided by Chris Whitty and the Scientific Advisory Group for Emergencies ("**SAGE**").
77. At a COBR meeting on 26 February 2020, the FCO and DHSC were tasked with developing a set of criteria which could inform future decisions on the repatriation of British nationals **[DR65 / INQ000220021, DR66 / INQ000219996]**. I agreed with FCO officials at this early stage that we should seek to minimise the requirement for UK Government-funded repatriations, relying instead on commercial airlines **[DR67 / INQ000220022]**. We proposed that the relevant factors in determining the UK Government's approach would be vulnerability, health risk, whether there were commercial routes open, whether the host country could treat the British nationals in country, feasibility of arranging repatriation, and NHS capacity for hosting the returned individuals.
78. On 9 March 2020, I attended a further COBR meeting relating to Covid **[DR68 / INQ000056219]**. At this stage, there were 270 known cases of Covid in the UK and there had sadly been four deaths relating to Covid in the UK. We were considering the appropriate intervention measures which Sir Patrick Vallance said were aimed at reducing the peak of the virus so that the NHS could cope with demand and the

mortality rate would be reduced. The first stage of intervention was the self-isolation of those with symptoms. The committee was provided with an assessment of the business impact of Covid from the Department of Business, Energy and Industrial Strategy [DR69 / INQ000056191] and advice from SAGE as formulated by the Cabinet Secretariat [DR70 / INQ000056179; DR71 / INQ000056178]. Chris Whitty was clear that the timing of any intervention had to be carefully considered as public compliance depended on the timing. He said that the usual medical advice was for those with severe symptoms to remain at home but that within the next ten days, those with mild symptoms should also be told to self-isolate. He stated that he was not advising other interventions, such as school closures, at that stage. The committee agreed to advise those with serious symptoms to self-isolate and to consider on 11 March 2020 whether to advise those with mild symptoms to do the same.

79. On 11 March 2020, I attended a further Cabinet meeting [DR72 / INQ000056132]. At this stage, there were 373 confirmed cases of Covid in the UK and there had been eight deaths. The Health Secretary reported that the virus was passed on through contact of at least 15 minutes at a distance of two metres or less and that the tests we then had only worked for those with symptoms. He also said that legislation was being developed which would include, subject to a decision later that week, the requirement for those with mild symptoms to isolate, as had been discussed at the COBR on 9 March 2020. We discussed the range of scientific views on the most appropriate measures to deal with the virus and the Prime Minister concluded that significant action, such as school closures, was possible though their effectiveness would depend upon the timing of their implementation. The guidance for anyone with symptoms to self-isolate for seven days followed on 12 March 2020 [DR73 / INQ000220123]. I am not able to say what incremental extra protection would have been provided by an additional three days of isolation, that is, to 10 days.
80. The same day, 11 March 2020, the WHO declared a global pandemic [DR74 / INQ000106182].
81. Also on the same day, 11 March 2020, I approved an amendment to the FCO's travel advice to advise against all future travel on cruise ships for those over the age of 70 and/or with high-risk conditions until the Covid crisis was over [DR75 / INQ000220023; DR76 / INQ000219990; DR77 / INQ000075106]. The difficulties faced in repatriating vulnerable elderly passengers on cruise ships were unmatched. I was informed that the US had told its citizens, particularly those with underlying health conditions, not to travel on cruise ships and Canada had recommended that Canadians avoid all cruise

- ship travel. In reaching this decision, I requested advice regarding the potential impact of travel advice which advises against cruise travel on the cruise industry. In light of the difficulties we were facing, I decided that the amendment was in the best interests of British nationals in these vulnerable groups.
82. On 12 March 2020, with my sign off, my Special Adviser confirmed a change to the travel advice for Spain to advise against all but essential travel to Madrid, La Rioja, and the municipalities of La Bastida and Vitoria, where local governments had closed schools and universities and residents were asked to work from home **[DR78 / INQ000075110]**. On 14 March 2020, I approved a further amendment to advise against all but essential travel to the whole of Spain following the Spanish Government announcing a country-wide State of Emergency **[DR79 / INQ000075120]**.
83. At this point, due to the number of updates to travel advice and the speed at which changes were occurring, the FCO streamlined the process for amending travel advice. It was intended to increase the speed at which decisions could be taken, minimising the time between local measures being announced and those reflected in the travel advice **[DR80 / INQ000220025; DR81 / INQ000220026]**.
84. At the same time, on 13 March 2020, the FCO again entered crisis mode in respect of the repatriation of British nationals from another cruise ship, MV Braemar. MV Braemar had more than 700 passengers on board some of whom had tested positive for Covid. On 13 March 2020, I called Cuban Foreign Minister, Bruno Rodríguez Parrilla, to request Cuba's assistance in providing a safe port of disembarkation for the MV Braemar. After extensive efforts on the FCO's part, Cuba acceded to my request, and on 19 March 2020 we chartered a flight from Havana to MOD Boscombe Down, and arranged three British Airways flights to Heathrow carrying a total of 684 passengers, including 671 British nationals **[DR82 / INQ000220030]**.
85. On 16 March 2020, I attended a UK COBR meeting **[DR83 / INQ000056210]**. The UK's situation had developed and there were now more confirmed cases, 55 deaths and 55 cases in Intensive Care Units ("ICUs") around the UK. The committee received advice from the Cabinet Secretariat formulated on the basis of advice from SAGE **[DR84 / INQ000056184]**. We discussed further intervention measures relating to self-isolation, social distancing and the shielding of those who were likely to be more vulnerable to Covid. It was agreed that measures would be announced to the effect that when any person in a household displayed symptoms, the whole household would be required to self-isolate, that the public, and in particular those who were likely to be

- more vulnerable to the virus, would be advised to reduce social contact and that public and emergency cover would not be provided to large gatherings with advice that those gatherings do not proceed **[DR85 / INQ000056182]**. It was also agreed that steps would be taken in England to ‘shield’ those who were likely to be most vulnerable to Covid. The Prime Minister made a public announcement to this effect later that day **[DR86 / INQ000052566]**.
86. On 16 March 2020, I approved the FCO’s first ever global travel advisory which advised against all but essential international travel (except to the Republic of Ireland) initially for a period of 30 days. This was extended on 4 April 2020 and again on 2 June 2020. At the time, FCO officials recommended amending the travel advice to advise British nationals to “*reconsider non-essential overseas travel*” (rather than the more drastic step of imposing a global travel advisory which advised against all non-essential travel) **[DR87 / INQ000075123]**. My view however was that the global travel advisory was justified due to the unprecedented and exceptional nature of the pandemic and the international response to it, the unacceptably high risk it posed to British nationals, and the difficulties in repatriating UK nationals by this point **[DR88 / INQ000075128]**. The Prime Minister agreed with the decision to impose the global travel advisory and it was announced in Parliament on 17 March 2020.
87. In my statement, I explained that the safety and security of British nationals abroad was our top priority. We wanted to make British nationals aware of the increased risks of travelling abroad, including the risk that they may not be able to get home if travel restrictions were subsequently put in place. We urged the public to be realistic about the level of disruption they were willing and able to endure and to make decisions in light of the unprecedented conditions of the time. I also warned of the limitations of the FCO’s capacity to repatriate people and said it was costly and complicated to co-ordinate. I said that the primary responsibility for managing outbreaks of Covid and quarantine measures rested with the country in which the outbreak occurred, and that UK Government-supported repatriations had been undertaken only in exceptional circumstances **[DR89 / INQ000220027]**.
88. I have been asked to address now why the global travel advisory was not issued at an earlier juncture and whether it should have been. In my view, issuing the global travel advisory earlier was not a viable option. In March 2020, I had to confront a range of important and, at times, competing factors, and there did not appear to be any consensus across Government departments on the most appropriate course to take.

In summary, though, the following guided my decision-making and that of my department:

- (a) First, I placed great weight on the scientific data available about the utility of imposing a global travel advisory, and the balance of the advice was that a global advisory might only yield marginal gains. We were advised that attempts hermetically to seal the UK would ultimately be ineffective because the virus was already in the UK. For example, I recall that at a Cabinet meeting on 14 February 2020, Chris Whitty had advised that suspending flights from China would only slow the spread of the virus by five days and would not stop transmission **[DR44 / INQ000056138]**.
- (b) Second, it also became apparent during these early months just what an international/travelling nation the UK is, with approximately 1.5 million people overseas at the time. The impact of a global travel advisory would therefore have had a particularly acute effect on the UK and UK nationals.
- (c) Third, as Foreign Secretary, I was concerned that imposing a global travel advisory would effectively cause the airline industry to collapse, which would itself significantly impede our ability to bring British nationals stranded abroad back to the UK, as well as disrupt delivery of PPE, and such ordinary commercial activity as was still being undertaken. My concerns about the airline industry were informed by views of the Department for Transport (“DfT”) whose view was that imposing a global travel advisory might push the airlines into bankruptcy. DfT’s preferred approach was for the FCO to continue to issue travel advice on a country-by-country basis **[DR90 / INQ000257928; DR91 / INQ000257927; DR92 / INQ000075125]**. While I shared the Secretary of State for Transport’s (“Transport Secretary’s”) acute concerns about the airline industry, ultimately commercial or economic considerations like these were not determinative because decisions on travel advice had to be based on objective data regarding the risks posed to British nationals travelling abroad. My view at the time was that, while it was very important to liaise carefully with the travel sector - whether insurers or tour and airline operators - to help us make informed decisions and, where possible, limit the negative impacts on people, ultimately we could not allow commercial considerations dictate our decision-making. For example, we could not allow travel insurance considerations to be the reason why we changed travel advice. We would face legal risk if we did that. We changed

our travel advice on the basis of the risk to UK nationals, although we appreciated that these things all had a knock-on effect, and we did not operate in a vacuum.

(d) Fourth, the Health Secretary had raised concerns about the impact of changes to travel advice on our ability to import medical supplies **[DR44 / INQ000056138]**.

(e) Fifth, it was clear that imposing a global travel advisory would have an impact on the UK economy. On 15 March 2020, DfT provided a helpful note on the transport implications of the UK adopting international travel/border restrictions. They raised concerns about the impact for freight (according to DfT we imported approximately 25% of the UK's energy supply and 48% of the UK's food supplies by sea) and our supply lines **[DR92 / INQ000075125]**.

89. Again, my decision-making regarding the global travel advisory was at all times guided first by the data regarding risks to British nationals, but also had regard to the fact we were not operating in a vacuum and it was hard to ignore the magnitude of the impact of such a decision on wider society and the economy. The decision to impose the global trade advisory was not straightforward, as demonstrated by the fact that even at the time that it was issued, FCO officials and DfT did not consider it to be the preferred approach **[DR93 / INQ000220001; DR87 / INQ000075123]**. Ultimately, as with all travel advice, the primary focus was assessing the risk posed to British nationals travelling overseas. The timing of the decision to impose the global travel advisory was data-led and, while there were many competing factors at play, protecting British nationals travelling abroad remained my priority. The Prime Minister was involved in the decision-making to issue the global travel advisory and, as above, agreed.

90. On 17 March 2020, I agreed with PUS that the Covid crisis should become the main priority across the FCO **[DR94 / INQ000089263]**. This stopped the FCO's entering in and out of 'crisis mode'; and instead, the whole department was required to prioritise the response to the outbreak until further notice. The FCO's main challenge at this time was the repatriation operation, but the department was also called upon to help source medical supplies and ventilators from international partners, particularly at Posts overseas.

91. In response to the particular challenges in repatriating British nationals – especially those in vulnerable groups – on cruise ships, on 17 March 2020 the FCO established a Director-led cruise ships team dedicated to coordinating the disembarkation and repatriation of all British nationals on cruise ships worldwide. I am told that further information about the cruise ships team is in the First Module 2 FCDO Corporate Statement, §§167-170 **[DR5 / INQ000130416]**.
92. On 17 March 2020, I also attended a Cabinet meeting **[DR95 / INQ000056135]**. The Prime Minister began by setting out that Covid was dangerous, that the situation in the UK was worsening and that the entire UK Government was now required to address the virus. We discussed the various measures that would be put in place in order to protect the public from the effects of the pandemic, including the announcement later that day by the Chancellor of various financial packages **[DR96 / INQ000086739]**. We also discussed the closure of schools which was announced on the following day on 18 March 2020 **[DR97 / INQ000086755]**.
93. The same day, 17 March 2020, the Prime Minister announced the establishment of the MIGs as Cabinet sub-committees in response to Covid **[DR98 / INQ000100885]**. As Foreign Secretary, I was to chair the IMIGs. On 18 March 2020, I chaired the first IMIG **[DR99 / INQ000055951]**.
94. On 19 March 2020, I attended a 9.15 for the first time **[DR100 / INQ000056262]**. These had been established at the same time as the MIGs. The committee was provided with a note on critical workers **[DR101 / INQ000056060]**, a paper on London's particular situation **[DR102 / INQ000056062]**, a presentation on a shielding package for those deemed to be at high-risk **[DR103 / INQ000056059]** and a dashboard of current data on Covid **[DR104 / INQ000056058]**. Sir Patrick Vallance advised that, at the current rate of growth, ICU capacity would be full in two to three weeks' time and that it would not be known whether the current measures would be sufficient again until two to three weeks' time. It was decided that the shielding policy would be finalised and that a list of non-essential retail that had to be closed in London would be drawn up, with other metropolitan areas also to be considered for such a measure **[DR105 / INQ000056056]**. It was identified in discussion that the Midlands was only a few days behind being in the same situation as London in any event and that there was a lack of available data for the rest of the UK. An announcement that non-essential leisure and hospitality facilities should close followed on 20 March 2020 **[DR106 / INQ000086757]**.

95. Later that day, at 3.30pm on 19 March 2020, I chaired the second IMIG **[DR107 / INQ000049699]**.
96. During this same period, in mid-March 2020, the FCO launched a global repatriation operation to assist British nationals who were unable to return to the UK due to flight disruptions caused by Covid. This operation ended on 12 June 2020.
97. On 20 March 2020, the FCO established a Director-led repatriations cell to coordinate the global operation. I am told that further details about the work of the FCO's Repatriation Cell, which operated from 20 March 2020 to 15 June 2020, can be found in the First Module 2 FCDO Corporate Statement, §§171-173. HM Treasury made available £75 million to fund the repatriation programme, which I announced on 30 March 2020.
98. The scale and complexity of the global repatriation operation, which ended on 12 June 2020, should not be underestimated. The pandemic brought with it an extremely challenging operating environment, including rapidly evolving epidemiological and scientific data, changes to border regulations at home and overseas, and a fast-waning international transport network. The critical aspects of my role in the operation concerned engaging with overseas counterparts to keep commercial routes open, particularly in transit hubs, and liaising with airlines and governments in countries with domestic restrictions to overcome barriers to enable people to return to the UK.
99. One of the particular challenges we faced from mid-March 2020 was securing the return of British nationals from Peru. A Peruvian Presidential decree had ordered a compulsory lockdown of the country on 12 March 2020, banning all flights arriving from Europe and Asia **[DR108 / INQ000220024]**. At the time, there were 998 confirmed British nationals in Peru across several locations, many of whom were vulnerable. Due to the absence of commercial routes by which British nationals could return to the UK, and the increasingly difficult situation in Peru, the UK Government chartered flights to repatriate British nationals. The repatriation operation in Peru was particularly complex due to the location of many of the British nationals and the number of internal flights, buses and connections required. On 21 March 2020, I spoke with the Peruvian Foreign Minister, Gustavo Meza-Cuadra, regarding the repatriation operation. He agreed to secure access for a UK-chartered British Airways flight to land at Jorge Chavez International Airport in Lima. Following this, 172 British nationals were repatriated from Peru on 26 March 2020 **[DR109 / INQ000220035]**. The UK Government also chartered four internal flights in Peru, and flight-connection buses collected

- passengers from remote areas of Peru **[DR110 / INQ000220037]**. Four British Airways flights left Peru on 29 and 30 March 2020, arriving on 30 and 31 March 2020 respectively **[DR110 / INQ000220037; DR111 / INQ000219999]**.
100. I spoke with the Peruvian Foreign Minister, Gustavo Meza-Cuadra, again on 31 March 2020 regarding the remaining British nationals in Peru, in particular those who remained in quarantine in a hostel in Cusco. He gave assurance that his government would continue to support the departure of foreign nationals. Further charter flights arrived in the UK from Peru in April 2020.
 101. During this same period, the FCO was also arranging major repatriation operations in Ghana, Gambia, Algeria, Tunisia, Ecuador, Bolivia, Brunei, Maldives, Brazil, Bermuda, Grand Cayman, Bahamas, Philippines, Senegal, South Africa, Nepal, India, Cambodia, Morocco and Fiji. Extensive lobbying was underway to keep the main transport hubs open in the Middle East, Africa, Australia, New Zealand, Indonesia, Philippines and the Mekong countries **[DR111 / INQ000219999]**. For example, to name a few, on 24 March 2020, I spoke to the Singaporean Foreign Minister, Vivian Balakrishnan, who confirmed Singapore's agreement in principle to allow British Airways' London-Singapore-Sydney flight to use Singapore as a transit point. At the G7 Virtual Foreign Ministers meeting on 25 March 2020, I urged colleagues to keep commercial options open for repatriation purposes and we agreed that it was vital to keep the main airline hubs open. On 26 March 2020, I spoke with Qatar's Foreign Minister, HE Sheikh Mohammed bin Abdulrahman Al Thani, who confirmed his commitment to keep Doha operating as a transit hub.
 102. On Saturday, 21 March 2020, I attended a further 9.15 **[DR112 / INQ000056263]**. The meeting was provided with a briefing on food supplies **[DR113 / INQ000056077]** and a dashboard of data on Covid **[DR114 / INQ000056076]**. In that meeting, the Health Secretary said that the DHSC had a long-term plan for the distribution of PPE, that he was sourcing ventilators and that antibody tests had been purchased and would hopefully be available in a couple of weeks.
 103. On Sunday, 22 March 2020, I attended another 9.15 **[DR115 / INQ000056266]**. At this meeting, we noted that the rate of infections in Italy had slowed and Chris Whitty expressed the view that it was therefore possible for the UK to slow its rate of infections. However, it was also considered that if the mortality rate remained constant, the NHS would be unable to cope. We discussed the shielding measures, noted that

- the DAs were adopting similar provisions, and considered ways to improve public compliance with social distancing measures **[DR116 / INQ000056085]**.
104. On 23 March 2020, I approved an amendment to the global travel advisory to advise all UK-based travellers to return to the UK. At the time, FCO officials estimated there were at least 380,000 British people across 50 different countries. The scale of a repatriation operation using charters would therefore have been monumental, so we needed to encourage British travellers to return as soon as possible using commercial routes while they were still available. I was advised that reducing the number of British travellers overseas while commercial routes were available would leave a smaller number that would otherwise be stranded for significant periods without UK Government intervention **[DR117 / INQ000075142; DR118 / INQ000075144]**.
105. On 23 March 2020, I chaired the third IMIG **[DR119 / INQ000055967]**, which focused on healthcare supply chains and repatriation issues.
106. By 23 March 2020, the Prime Minister had already tested out the various components of a lockdown with Cabinet and with Cabinet sub-committees. I cannot remember exactly when I found out that the lockdown was going to be imposed but it did not come as a surprise. The various elements had been the subject of technical discussions in COBR or subcommittee meetings already. I could see that the lockdown was a likely development of the measures that had been taken in the preceding weeks. The purpose, as had been the case for social distancing measures and closures of businesses, was to push back and flatten the peak in a wave of Covid and to ensure that the NHS could cope during the peak. Once Covid had become a global pandemic, the issue was not about stopping the virus getting to the UK, but about trying to control the timing of it. A breakdown in the vital health infrastructure of the country had to be avoided. The idea came from SAGE and the CMO, and the timing was critical as everyone knew that we could not stay in lockdown for too long due to the wider impact on society, the economy and non-Covid health matters. I cannot remember the tipping point but a lockdown became inevitable. The decision to impose the first national lockdown was announced on the evening of 23 March 2020 by the Prime Minister **[DR120 / INQ000086759]**. The criteria under the existing legislation, the Civil Contingencies Act 2004, were quite specific and that legislation would have been scrutinised. The Coronavirus Bill passed through the House of Commons on 23 March 2020 and ultimately came into force on 25 March 2020. Health is a devolved matter. The legislation under which the first national lockdown took effect in England was The Health Protection (Coronavirus Restrictions) (England) Regulations 2020, made under

the Public Health (Control of Disease) Act 1984 and those regulations came into force at 1:00 p.m. on 26th March 2020. In Scotland, The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 were made on 26th March 2020 and came into force immediately after they were made. In Wales, The Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 came into force on 26 March 2020. In Northern Ireland, The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 came into operation on 28th March 2020.

107. On 24 March 2020, I attended a Cabinet meeting [DR121 / INQ000056136]. The Prime Minister referred to the announcement of the first lockdown and Chris Whitty stated that he was confident that the actions taken by the Government, in line with its strategy to reduce the number of deaths, would slow the spread of the virus. He could not say whether it would prevent the virus spreading exponentially. The CMO also highlighted that deaths caused by Covid would include not just those directly caused by infection, but also deaths caused by people having their medical treatments delayed or negatively impacted and deaths caused by an increase in poverty that would follow from the Covid pandemic.
108. On 24 March 2020, I responded to an urgent question in the Commons about how the Government was supporting British nationals who were overseas. At the time FCO staff in 280 posts in 168 countries and 10 overseas territories were working round the clock to respond to the global pandemic. In light of recent developments, British people who were at that time travelling abroad but lived in the UK, were strongly advised to return to the UK as soon as possible, if they were able to because commercial routes were still running. Where commercial options were limited or prevented by domestic restrictions, we were in close contact with the airlines and local authorities in those countries to overcome those barriers to enable people to return home. At the time my ministerial team and the FCO's diplomatic network were working with numerous Governments to keep commercial routes open, particularly in transit hubs and the Department of Transport were working closely with airlines to ensure that travellers could rebook or find alternative routes home [DR122 / INQ000220094].
109. Great efforts were made to facilitate the return of individuals in what I referred to as 'critical cases', including in Peru, Singapore (as a major transit hub), Australia, and New Zealand. For those trying to get home in other countries, we were providing as much practical advice as was physically possible. We advised all travellers to check the travel advice online as it was the best and most comprehensive source of information, and it was updated in real time. If people were in need of urgent

- assistance, they were advised to call our Embassies and High Commissions and they would be automatically connected to our consular contact centres – the global centres based in Malaga and Ottawa. At the time we had doubled our capacity, and were doubling it again to deal with the surge in demand. We were helping to reduce travel costs by encouraging airlines to have maximum flexibility on changing return tickets. Where people were in real need, our consular teams would work with them to consider their options and, as a last resort, offer an emergency loan.
110. At the time, we were working alongside our international partners to deliver the FCO's 'four-point plan' for the UK's broader international strategy which was (i) a strong and co-ordinated global health response, particularly for the most vulnerable countries; (ii) finding a vaccine, new drugs and expanding testing; (iii) keeping trade open and supply chains intact; and (iv) supporting the UK's overseas nationals, including to get home safely.
111. Later on 24 March 2020, at 3pm, I chaired the fourth IMIG, where the recommendations in the FCO's Repatriation Paper **[DR123 / INQ000055970, DR124 / INQ000055969, DR125 / INQ000055968, DR126 / INQ000055973]** were agreed, "*including that travellers not expatriates should be the focus, and the country prioritisation criteria*". In accordance with the recommendations in the FCO's Repatriation Paper, we also agreed that we would prioritise countries "*where there were large numbers of stuck British tourists; where departure options are disappearing; and where access to healthcare is poor*" and that efforts to keep commercial routes open would continue. It was also "*agreed that HMG is willing to bear significant financial burden to get British tourists home, and that this would be covered by the FCO budget initially with further discussion need with HMT*" **[DR127 / INQ000055981]**.
112. On 25 March 2020, I chaired the fifth IMIG, with various actions agreed regarding FCO's international engagement, including that the FCO issue a Diptel asking all Posts to report any evictions of British nationals from foreign hotels **[DR128 / INQ000055982]**. On the same day, a request for eviction numbers was sent to Geographical leads **[DR129 / INQ000220034]**.
113. On 26 March 2020, I attended the last 9.15 in the Priority Period **[DR130 / INQ000056267]**. At this meeting, the Foreign Office presented a paper and I formally introduced the FCO's four-point plan to deliver an effective international response **[DR131 / INQ000056122; DR132 / INQ000056119]**. The four-point plan was endorsed at the meeting **[DR130 / INQ000056267]**. I provided an update on repatriation,

highlighting the challenges and scale of the operation. I said that a call to arms should be made to the airlines and that the UK should lead by example and lobby to keep key hubs open. I recall that the Prime Minister was supportive of the FCO's plan [DR130 / INQ000056267] as was HM Treasury who agreed to funding arrangements on the condition that we moved to keep commercial routes open as a matter of urgency and ensured that efforts were focussed on those who did not have commercial options available to them to return home [DR133 / INQ000220036]. Also at this meeting, the Covid dashboard (the "Covid Dashboard") was launched for the first time [DR134 / INQ000056121], the intention being that it would be the sole source of data at the 9.15s in the future [DR132 / INQ000056119]. We were given an explanation of how to find the relevant data on the Covid Dashboard and what type of data it would generally contain. I remember the Covid Dashboard vividly as it became a key document and it got longer and longer throughout the course of the pandemic.

114. On 30 March 2020, the FCO announced a government partnership with airlines to fly home British nationals stranded abroad [DR135 / INQ000220093]. Virgin, Easyjet, Jet2 and Titan Airways signed a memorandum of understanding which I negotiated with the Transport Secretary. British Airways also said they would work with us in the national interest to get people home. I also announced that the Government had pledged £75 million for charter flights where commercial routes did not exist and explained how charter flights would be prioritised. In my statement I said: "*This is a worrying time for many British citizens travelling abroad. We've already worked with airlines and governments to enable hundreds of thousands to return home on commercial flights, and we will keep as many of those options open as possible... Where commercial flights are not possible, we will build on the earlier charter flights we organised back from China, Japan, Cuba, Ghana and Peru. The arrangements agreed today will provide a clearer basis to organise special charter flights where Britons find themselves stranded. Our priority will always be the most vulnerable*" [DR135 / INQ000220093]. At the daily press briefing on 30 March 2020 I said: "*In arranging these flights our priority will be the most vulnerable, including the elderly or those with particularly pressing medical needs, and also looking in particular at countries where large numbers of UK tourists struggling to get home*" [DR136 / INQ000220083]. At this point, following the actions agreed at the fourth IMIG on 24 March 2020, British nationals – not expatriates – were the focus of the repatriation operation. However, the passenger prioritisation policy was kept under review. For example, on 6 April 2020 I approved an amendment to the order of passenger

- prioritisation on UK charter flights with vulnerable British nationals and acutely vulnerable British expatriates receiving the top priority **[DR137 / INQ000089322]**.
115. At the daily press briefing on 30 March 2020, I stated that our first priority was to keep commercial flights running and that as a result of this effort, as at 30 March 2020, we had enabled an estimated 150,000 British nationals to return from Spain, 8,500 from Morocco, and 5,000 from Cyprus **[DR136 / INQ000220083]**. As I explained in the briefing, the scale of the repatriation operation was unparalleled. Airports were closing down or preventing airlines from operating on a commercial basis; local authorities were placing restrictions on movement, which prevented people from getting to airports; the critical transit hubs that we relied on for long haul flights were shutting down or limiting flights; and some of these restrictions were done with very little notice, and some with no notice at all, which made it very difficult to respond **[DR136 / INQ000220083]**.
116. At this time, I considered that international collaboration was one of the keys to success, which is why I had by this stage spoken to over 20 of my counterparts to ensure that transit hubs, airports and airspace open to ensure travellers were able to return to the UK **[DR135 / INQ000220093]**.
117. The FCO subsequently received criticism for its strategy to rely predominantly on commercial airlines to repatriate British nationals between January and June 2020, which I would like to address.
118. As noted above, the scale of the repatriation operation was unprecedented, and it quickly became clear at the start of the pandemic just how much of a travelling nation we were. Every flight required specific permissions and each location presented unique challenges. Some locations were remote and required us to overcome significant logistical difficulties, including organising internal transfers by boat, bus and aircraft. These difficulties were compounded by the volume of travellers who required assistance.
119. My firm belief at the time was that the fastest and most effective way of getting Britons home was to rely on commercial airlines, which is why I, along with Ministers and Posts, lobbied hard to keep commercial routes and hubs open. The Transport Secretary and I also worked at pace *with* the airlines and by 4 April 2020 14 airlines had signed up to the Government's scheme to "*get Britons home now*" **[DR138 / INQ000086578]**. The 14 airlines were Air Tanker, Blue Islands, British Airways,

Eastern Airways, easyJet, Jet2.com, Jota Aviation, Loganair, Norwegian, Ryanair, Titan Airways, TUI, Virgin and Wizz. This demonstrated the airline industry's resounding commitment to, and support for, our strategy and enabled us to focus charter flights where government intervention was needed most. Taking one example, in April 2020 travel from India was severely restricted so the FCO chartered 66 flights to bring back more than 18,000 people to the UK. Another example is Pakistan where we used commercial flights to bring back 10,500 people but, when commercial options were scaled back, we arranged charter flights to bring thousands more home [DR139 / INQ000220098].

120. Ultimately, the success of working with the commercial airlines was demonstrated by the fact that 1.3 million people returned to the UK this way, with the majority benefitting from commercial routes we had lobbied hard to keep open. Attempting to repatriate this many people through charter flights would have been unworkable – it would have required an already stretched FCO to organise thousands of flights in the most trying of times. However, despite the challenges, a further 38,391 people were successfully brought back to the UK on 186 charter flights from 57 countries and territories, and the FCO collaborated with other countries to ensure the repatriation of 4,000 British nationals on their charter flights and the repatriation of 8,000 of their nationals in return.
121. Another of the criticisms of the FCO was that “*only £40 million*” of the £75 million allocated by HM Treasury for charter flights was used during the repatriation operation. I understand that the total spent was £29 million. My view at the time was that £75 million was a maximum limit, not a target. While we were mindful of the costs of repatriation – as any prudent government would be – and were greatly assisted by the flexibility this funding provided, our main concern at the time was ensuring that British nationals returned home in the fastest and safest way possible. In my view, commercial airlines provided the fastest and most effective way of bringing Britons home. The commercial airlines' willingness to assist, combined with the FCO's admirable efforts in persuading our international partners to keep commercial routes and hubs open, meant we did not need to rely on all of the public funds allocated by HM Treasury.

E. DEPUTISING FOR THE PRIME MINISTER

122. On 27 March 2020, the Prime Minister announced that he had tested positive for Covid. At this stage, the Prime Minister continued to carry out his duties while self-isolating in his flat at Downing Street. As Foreign Secretary and First Secretary, I had attended a

- 9.15 chaired by the Prime Minister earlier in the day **[DR140 / INQ000088602]**. The Prime Minister continued to chair 9.15s (remotely) on 30 March 2020 **[DR141 / INQ000088603]**, 31 March 2020 **[DR142 / INQ000088604]** and 2 April 2020 **[DR143 / INQ000088606]** and a Cabinet meeting at 10.15am on 31 March 2020 **[DR144 / INQ000088891]**. I attended such meetings in my capacity as Foreign Secretary and First Secretary.
123. On 3 April 2020, the Prime Minister was continuing to exhibit symptoms of Covid and so he remained in self-isolation. He was able to continue working, however, and chaired meetings of the 9.15 on 3 April 2020 **[DR145 / INQ000088607]** and 4 April 2020 **[DR146 / INQ000088625]** which I again attended as Foreign Secretary and First Secretary.
124. On Sunday, 5 April 2020, the Prime Minister was admitted to St Thomas' Hospital in London. It was announced on the same day that this was a precautionary step due to his ongoing symptoms **[DR147 / INQ000220099]**. As the Prime Minister was in hospital on 5 April 2020, I was told that I would chair the 9.15 on 6 April 2020. That meeting proceeded at 9.15am on 6 April 2020 **[DR148 / INQ000146700]**. I stated that business should continue as usual in the Prime Minister's absence. I also gave a press conference shortly after 5pm to address the UK Government's continuing response to Covid **[DR149 / INQ000220110; DR150 / INQ000220039]**. The Prime Minister, despite being in hospital, continued to be updated on developments and it was not necessary, at this stage, for me to assume any other responsibilities of the Prime Minister.
125. Unfortunately, however, the Prime Minister's condition did worsen on 6 April 2020. The Prime Minister was moved to the ICU at St Thomas' Hospital. This development was announced that evening and it was also announced that I would deputise for the Prime Minister where required **[DR151 / INQ000182383]**. I went to see the Cabinet Secretary, Mark Sedwill, and the Deputy Cabinet Secretary, Helen MacNamara, and they said that the Prime Minister had gone into the ICU. Shortly afterwards, I did a piece to camera on the stability and continuing functioning of government. Around the time that I was appointed as First Secretary, some time before the Covid pandemic began, I had had a conversation with the Prime Minister in which it was made clear that if he was to be indisposed, I would step in and deputise for him. It also became evident that, if he should die in office, there would be a leadership election and I would act as caretaker Prime Minister in the interim until his successor was appointed.

126. I understood that Helen MacNamara and Mark Sedwill, in particular, had worked on the contingency planning. I cannot recall if there was any discussion about this before the Prime Minister contracted Covid, but once he did and there was a risk he could be hospitalised there were extensive discussions. There was some concern over the constitutional precedent for my deputising, in particular as no-one other than a Prime Minister had ever chaired a Cabinet meeting in the past. However, it was determined that the business of government should continue as close to normal as possible.
127. My approach to the deputising role was, where possible, to execute and drive forward the policy already decided upon by the Prime Minister rather than develop any new policy. I certainly did not want anyone to get the impression that I was doing anything other than taking forward the Prime Minister's policies. If it became necessary in the national interest to develop any new policy, then I would do so but with more consultation or consensus than would perhaps be the norm. If I was unsure, I wanted to check that the Prime Minister's political advisers were also comfortable with the decision, not on technical matters for which I relied upon specialist advice but as a 'political handrail'. Many of the Prime Minister's special advisers were self-isolating or unwell themselves for much of the period I was deputising, but I recall Munira Mirza was available and in particular I relied upon Lee Cain.
128. On 7 April 2020, I chaired a 9.15 for the second time **[DR152 / INQ000088609]**. The Civil Contingencies Secretariat said that there was a discrepancy in the data on deaths between the NHS and the Office of National Statistics. The Paymaster General presented an issue with death management, saying that national capability was required to supplement local capacity **[DR153 / INQ000088359]**. The Secretary of State for Housing, Communities and Local Government presented an issue on local resilience fora, indicating that they needed assistance with PPE procurement but that they were succeeding on the shielding programme **[DR154 / INQ000088360]**. Following the meeting, the discrepancy in data on deaths was to be investigated, the Cabinet Secretariat were to assist GPSMIG with cross-government work on the emotional impact of the pandemic, the DHSC were to provide clarity on guidance on attendance at funerals and the HMIG was to mitigate the PPE pressures in local resilience fora.
129. Later that day, I chaired a call with the rest of Cabinet **[DR155 / INQ000088952]**. During the period when the Prime Minister was unwell, an important matter was the tests to determine when it would be safe to come out of lockdown. When the first lockdown had been implemented, the government had committed to reviewing the

measures following the Easter weekend of 10 to 13 April 2020 (“the Easter Review”). Putting in place reviews or tests was a way of keeping people on board with what was an extraordinary deprivation of liberty. This commitment to the Easter Review remained and I confirmed in the call with Cabinet that the review was still due to take place after the Easter weekend. It was noted that the Welsh government had asked that such review was conducted before the Easter weekend. However, the original timetable was maintained. The various Secretaries of State gave reports from the MIGs and overall, the Cabinet expressed their concern for the Prime Minister’s condition and confirmed their full support for me in undertaking the Prime Minister’s role.

130. Later that day, at 6.15pm, I had a call with the Chancellor **[DR156 / INQ000220043]** at which we considered a report from the Office for Budget Responsibility **[DR157 / INQ000220044]**. Finally, at 7.15pm, I met with the Cabinet Secretary, Sir Patrick Vallance and Chris Whitty amongst others **[DR158 / INQ000220045]** so that I could be briefed on the current strategy in the government’s response to Covid. Prior to this meeting, the Prime Minister’s private office presented me with a note explaining the current situation **[DR159 / INQ000220042]** and papers from the Cabinet Secretary, Mark Sedwill **[DR160 / INQ000182368]**, Chris Whitty and Sir Patrick Vallance **[DR161 / INQ000068683]**. At this meeting, I asked the Civil Service to continue working on the strategy that had been based on the Prime Minister’s previous steers and asked for a paper to be produced on the medium-term strategy **[DR162 / INQ000220049]**. This paper was later provided on 10 April 2020 **[DR163 / INQ000220051]**.
131. On 8 April 2020, I again chaired the Covid-19 Strategy Committee meeting at 9.15am **[DR164 / INQ000088610]**. The meeting followed a standard structure with an initial update followed by discussions on particular issues, being social distancing **[DR165 / INQ000088354]**, shielding **[DR166 / INQ000088355]** and actions following the meeting on 7 April 2020, with an item on communications to conclude. In particular, the committee determined to hold a COBR to agree the final content of an announcement on the Easter Review **[DR167 / INQ000088362]**. Later that day, I chaired a Quad on the review of coronavirus measures **[DR168 / INQ000220046]**.
132. Before the usual 9.15 on 9 April 2020, it was decided that the 9.15 would be reserved for updates on Covid and communications issues, with a further meeting of a smaller number of people to meet subsequently to focus on any key issues that arose. Accordingly, on 9 April 2020, I chaired the 9.15 in which the updates and communications strategy was discussed **[DR169 / INQ000088626]** and I then chaired

- a separate meeting at 9.45am, albeit with the same list of key attendees [DR169 / INQ000088626]. This meeting was to focus on NHS resilience, several issues having arose in respect of social care capacity, PPE and testing [DR170 / INQ000220047]. That afternoon, at 3.30pm, I chaired a meeting of UK COBR [DR171 / INQ000083830] in relation to social distancing [DR172 / INQ000083774; DR173 / INQ000083787] and communications in relation to the Easter Review [DR174 / INQ000083773]. It was decided that there would be clear public messaging implemented before Easter to ensure compliance without pre-empting SAGE's conclusions that they would reach on the Easter Review in the next week. I gave a press conference that evening which reflected that decision [DR175 / INQ000220116]. I also chaired a call with senior figures from other political parties at 6.30pm that evening which enabled the other political parties to ask direct questions of the CMO and CSA [DR176 / INQ000220048].
133. That evening, the Prime Minister was sufficiently recovered to move out of the ICU [DR177 / INQ000220117]. By 12 April 2020 the Prime Minister was able to be discharged from hospital [DR178 / INQ000053041]. He was advised, however, not to return immediately to work and I continued to deputise for the Prime Minister while he recovered. I recall that the Prime Minister wanted to return to work but I wanted to offer him as much time to convalesce and recover as possible. He recuperated at Chequers for a while.
134. From 10 April 2020 to 25 April 2020, I continued to chair the 9.15s on most mornings and the further meetings at 9.45am to focus on key issues. In addition, there were some issues for which an hour long 'star chamber' discussion with subject matter experts and a larger group of advisers was appropriate. Such meetings would be prepared for in detail, for perhaps as long as a week, with specific papers addressing the issue in detail. These meetings were known as "**Deep Dives**" and held within the Covid-19 Strategy Group, the same group that held the 9.15s and the more focused meetings at 9.45am. Those key issues or Deep Dives included PPE on 10 April 2020 [DR179 / INQ000088663] and 21 April 2020 [DR180 / INQ000088633], testing on 14 April 2020 [DR181 / INQ000088699], the economy and employment support on 15 April 2020 [DR182 / INQ000088708], track and trace on 17 April 2020 [DR183 / INQ000088664], NHS capacity on 18 April 2020 (although this was considered during the 9.15) [DR184 / INQ000088615] the response from the Ministry of Defence on 20 April 2020 [DR185 / INQ000088675], testing and tracking on 22 April 2020 [DR186 / INQ000088636], vaccines on 23 April 2020 [DR187 / INQ000088689] and the non-shielded vulnerable on 24 April 2020 [DR188 / INQ000088638].

135. While I was deputising for the Prime Minister, I chaired a meeting into UK-wide considerations in Covid on 11 April 2020 [DR189 / INQ000088685]. A paper was produced covering data collection, communications and the Easter Review [DR190 / INQ000088686]. We discussed the procurement of PPE and agreed that there should be a single contact for international procurement for UK-wide procurement, while the DAs retained autonomy for their own procurement. Further, I considered it particularly important for there to be clear UK-wide messaging after COBR meetings to avoid the risk of divergent messaging, with a coordinated, UK-wide approach being essential in respect of the Easter Review [DR191 / INQ000088684].
136. In addition to the above, I chaired meetings into adult social care on 13 April [DR192 / INQ000088629] and 14 April 2020 [DR193 / INQ000088695]. For the meeting on 13 April 2020, the Department of Health presented a paper titled “Covid-19: Our strategy for Adult Social Care” [DR194 / INQ000088388]. The paper set out a strategy in respect of adult social care, including in respect of funding, employment considerations and PPE. On discharge, the paper proposed that, where care homes were unable to facilitate the isolation of a patient discharged from hospital, such patient would be discharged into a community hospital or a Nightingale hospital to complete their isolation there. During the meeting, a concern was expressed that this solution was not feasible due to the level of cases in hospital settings and the rates of discharge. The paper also explained that testing was not to be carried out on asymptomatic patients being discharged from hospital into a care home. This was considered in a lot of detail. At this stage, it was thought that the tests were not sufficiently reliable, and a negative test result could create false assurances. Instead, it was proposed that staff or patients within a care home be divided into separate groups or “cohorted”. During the meeting on 13 April 2020, it was considered that such cohorting proposals would need to be further examined. It was agreed that the paper would be reviewed at a further meeting on 14 April 2020.
137. As I recall, the advice at this stage was that the biggest risk in respect of Covid affecting care homes was the movement of asymptomatic carriers (family, friends and care workers) in and out of the homes. This was a particular issue in respect of agency workers who worked in multiple care homes. A DHSC publication entitled ‘Health Impacts of Social Distancing’, dated 15 April 2020, identified a SAGE review of available data which had been carried out on 14 April 2020; SAGE had found that it was highly likely that transmission in the community was decreasing, although more work needed to be carried out to understand transmission rates and effect in hospitals

and care homes **[DR195 / INQ000106349]**. A later DHSC publication entitled 'Social care update and next steps', dated 27 April 2020, identified that PHE had conducted a rapid study in 6 care homes in London between 11 April and 13 April 2020 and that early results had found high numbers of asymptomatic or pre-symptomatic cases in staff and residents and that infection may be being imported into the homes by staff, with it being possible that usual staff may be off work, self-isolating, with infection then being introduced by bank staff. Two of the key messages in that publication were that there was asymptomatic transmission of Covid in care homes in both residents and staff and that agency staff were likely to be vehicles for imported transmission, with infections being imported into care homes and between care homes by staff, especially whilst the usual staff were self-isolating **[DR196 / INQ000088490]**. The question was whether the care homes could function without agency workers who serviced multiple homes, and the information that we received was that they could not. The reality was that the smaller care homes, in particular, would simply have become unviable if agency workers were not allowed to work there. Discharge of patients into care homes from hospital was important and significant but it was not the most significant factor at the time, based on the information and advice we had.

138. At the meeting on 14 April 2020 **[DR193 / INQ000088695]**, updated notes on the paper considered at the previous meeting were presented **[DR197 / INQ000088391; DR198 / INQ000088697]**. By 14 April 2020, DHSC had agreed a testing policy with PHE with testing being available to social care workers and the previous cap of a maximum of five residents per care home being lifted. The discharge strategy was not yet agreed as it still needed the agreement of the NHS and local governments for post-Covid patients to be isolated within NHS facilities, with no care home being obliged to take patients with Covid. During the meeting, the Health Secretary stated that all patients being discharged from hospitals to care homes, even asymptomatic patients, would be tested and the Chief Executive of the NHS asked for it to be clarified that patients could not be held in NHS facilities. I was not aware of any instances of hospitals refusing to admit patients with Covid from care homes. It was decided that the remaining policy issues would be resolved by the following day and the strategy paper would be published once these issues were resolved. A further Secretariat note was produced following the discussion at this meeting of 14 April 2020, which provided an update on the outstanding policy questions **[DR199 / INQ000220055]**. I confirmed that I was content to sign off the paper without a further meeting if it had been cleared **[DR200 / INQ000220122]**. The paper was subsequently published on 15 April 2020 **[DR201 / INQ000108813]**.

139. During this period, the time to review the measures imposed in March 2020 around social distancing arose. On 16 April 2020, I chaired a meeting of the Covid-19 Strategy Ministerial Group (being a 9.15), at which it was explained that cases in both care homes and prisons had continued to rise and at which I stated that the delivery report on Tier 1 Covid priority workstreams was to be returned to that Committee on a twice weekly basis [DR202 / INQ000088631]. Then, Cabinet met at 11am to discuss the review [DR203 / INQ000089020]. I chaired the meeting and presented the proposal that the social distancing measures continue. This proposal was made in light of the data from SAGE at that time. In summary, Sir Patrick Vallance, the CSA, explained to the Cabinet that, although “R” (the reproduction rate of transmission) was now below one in the community and therefore the epidemic was reaching its peak, to vary or relax the existing social distancing measures would risk reversing the progress that had been made. I had been provided with papers on the social distancing review earlier that week, on 14 April 2020 [DR204 / INQ000220054; DR205 / INQ000220052; DR206 / INQ000109278], and had chaired a Quad meeting on the issue on 15 April 2020 at which a similar paper was considered [DR207 / INQ000220057]. The Cabinet agreed with the proposal. The same proposal was then tabled at the UK COBR meeting on the same day [DR208 / INQ000083827]. The UK COBR was provided with a dashboard of data [DR209 / INQ000083778], a paper on social distancing [DR210 / INQ000083790] and a presentation from the communication service [DR211 / INQ000083779]. It was agreed in this forum that the social distancing measures would continue across the four nations and agreed that the approach of each of the four nations remained consistent [DR212 / INQ000083788]. That evening, I made a statement to the public explaining the extension of the social distancing measures and the five tests for adjusting any measures [DR213 / INQ000086576]. Following this Easter Review, I chaired a Quad meeting on 20 April 2020 which discussed how future changes to NPIs would be formulated [DR214 / INQ000220058].
140. On 23 April 2020, I chaired a Cabinet meeting [DR215 / INQ000089067] and on 25 April 2020, I chaired my last 9.15 while deputising for the Prime Minister [DR216 / INQ000088639]. By 27 April 2020, the Prime Minister had recovered sufficiently to recommence chairing such meetings and, from then on, I reverted to my role of Foreign Secretary and First Secretary.
141. During the period that I deputised for the Prime Minister, I was focused on ensuring that, when he recovered, we were able to tell him that we had continued with the necessary work, in particular with the Easter Review. I supposed there might have

been the potential for political jostling when the Prime Minister became ill, but there was none that I recall. Cabinet was cohesive. The situation was quite traumatic for everyone. We all had personal relationships with him, and there was a strong feeling that we wanted to do the right thing in his hour of need. We were all quite stereotypically British and 'stiff upper lip' about it, and I think there was a realisation that any political manoeuvring was wrong and would have been viewed very poorly inside and outside of government.

F. ROLE IN RELATION TO NON-PHARMACEUTICAL INTERVENTIONS FROM APRIL 2020 TO FEBRUARY 2022

142. After I ceased to deputise for the Prime Minister, I continued to chair some Deep Dive meetings. I think I was still asked to chair these Deep Dives because as a former commercial lawyer I was thought to be good at 'kicking the tyres' or challenging and testing proposals. I recall there were a lot of documents for some of these meetings, and my approach was usually to ask attendees to focus on the top eight or so factors that were contributing to the problem at hand, and then testing each one to see what, if anything, we could do to address it. The Deep Dives I chaired related to infections in care homes on 28 April 2020 [DR217 / INQ000088641], prisons on 28 April 2020 [DR218 / INQ000088622], medical treatments on 29 April 2020 [DR219 / INQ000088712], quarantine at the borders on 29 April 2020 [DR220 / INQ000088623], care homes again on 6 May 2020 [DR221 / INQ000088555; DR222 / INQ000220078] and test and trace on 8 May 2020 [DR223 / INQ000088651].
143. I also attended Deep Dive meetings chaired by the Prime Minister. This included a meeting on 4 May 2020 [DR224 / INQ000088671] which focused on PPE supply. The committee was provided with a presentation on PPE supply [DR225 / INQ000088534]. Further data was required and another Deep Dive was scheduled for 11 May 2020 [DR226 / INQ000088672]. Issues with the PPE supply arose in relation to China being the dominant manufacturer of masks and Malaysia and Thailand being major manufacturers of gloves. It was necessary for the UK to protect its supply chains.
144. For the Deep Dive meeting on 6 May 2020 a number of papers were produced, including a paper on care home delivery planning, 'Intensive Support Package to Care Homes', which, amongst other matters, identified steps taken to implement actions from the meeting on 28 April 2020 and set out a detailed implementation plan [DR227 / INQ000088561], a paper on nosocomial transmission, 'Deep Dive – Nosocomial Transmission 6th May 2020' [DR228 / INQ000088564] and an additional paper for the

nosocomial infections item – 'Infection prevention and control board assurance framework 4 May 2020 [DR229 / INQ000088563].

145. The paper on nosocomial transmission identified the context as being that:

- The number of Covid inpatients was reducing by around 2,000 a week and the NHS was now shifting focus to the second phase.
- The potential risk of hospital acquired Covid infection was declining, but was still important.
- Initial data suggested that, of the occurring nosocomial transmission, most was between patients themselves, rather than between staff and patients, or staff-to-staff [DR228 / INQ000088564].

146. At that meeting I said that:

- the Government should seek to ban movements between care homes if this was legally and practically possible and asked that a proposal be developed for the Prime Minister to mandate this policy for one month, setting out the practical implications including on finance and resource;
- there should be a recommendation to the Prime Minister that the cohorting of Covid cases amongst care home residents be mandated;
- there should be a recommendation to the Prime Minister that published guidance on visits to care homes should be mandated to ensure that all care homes were clear about the approach which they should take;
- there should be a recommendation to the Prime Minister that deep cleaning of care homes with an outbreak and regular deep cleaning of all care homes be mandated, in order to promote good practice;
- clear milestones should be set to reach the UK Government's target for sending swab kits to all care homes by 6 June 2020.

147. This then went to the Prime Minister. I asked officials to prepare a report for the Prime Minister on how cohorting worked in practice, the comprehensive testing package for staff and how enforcement and monitoring was being conducted using the NHS Digital data [DR221 / INQ000088555] [DR222 / INQ000220078].

148. On 7 May 2020, I attended a meeting of Cabinet **[DR230 / INQ000182374]**. Chris Whitty and Sir Patrick Vallance gave their reports to Cabinet. The feeling was that the UK was approaching the end of the first phase of its response to the pandemic and that a plan to ease social distancing measures was required. Importantly, as we had discussed at the Cabinet meeting on 30 April 2020 **[DR231 / INQ000088955]**, R had fallen to generally below one across the UK and SAGE was focusing on how quickly the number of cases would halve, rather than double. We had discussed a variety of measures and points relevant to the easing of restrictions. On 7 May 2020, it was proposed that the social distancing measures continued for now **[DR232 / INQ000088953]** and this was agreed.
149. On 10 May 2020, I was part of a call involving Cabinet ministers **[DR233 / INQ000088983]**. The Prime Minister was presenting a road map (the “**2020 Roadmap**”) to the public later that day and outlined the plan to Cabinet. We discussed the 2020 Roadmap and it was considered sensible. The Prime Minister proceeded with the announcement to the public **[DR234 / INQ000065338]**.
150. In June 2020, the Prime Minister announced a new structure of Cabinet sub-committees **[DR235 / INQ000182377]**. The MIGs structure had been very intense, and it was not possible to operate on an emergency basis for that long. The MIGs structure was good for bringing people together and proceeding in a collaborative and consensual way but once you know where you are going, the strategy and operations structure is better. So, instead, from June 2020, we operated on the same basis as COBR, that is a strategic committee and an operations committee. This was the same structure that had been used in Brexit and it was known to work. In my view, it is basically the way decisions should be structured, although as mentioned already the key challenge is allocating the correct decisions to strategy or operations.
151. On 2 July 2020, I attended a Covid-S meeting **[DR236 / INQ000088245]**. At that meeting, the Covid-19 Taskforce presented a paper **[DR237 / INQ000088301]** in which it was highlighted that there may be a second wave of the virus worldwide and in which proposals for the UK preparing for winter, where other viruses as well as Covid would be more prevalent, were set out. We discussed action that would address local outbreaks of the virus where possible, as had already occurred by the local lockdown in Leicester at the end of June. The Prime Minister proceeded to announce the local lockdown system on 3 July 2020 **[DR238 / INQ000065412]**. The Prime Minister concluded that a new roadmap was required given the completion of the 2020 Roadmap on 4 July 2020.

152. On 17 July 2020, I attended a call involving Cabinet ministers **[DR239 / INQ000089026]**. Following the Covid-S on 2 July 2020, the Prime Minister outlined the update to the 2020 Roadmap. The new roadmap was then publicly announced by the Prime Minister later that day on 17 July 2020 **[DR240 / INQ000088032]**.
153. On 31 July 2020, I attended a call involving Cabinet ministers **[DR241 / INQ000089100]**. Further restrictions had been implemented the evening before in areas of the North West of England and West Yorkshire. The incidence rate of the virus was similar to what it had been in May 2020. The Prime Minister proposed delaying the relaxation of restrictions that had been planned for 1 August 2020 and we discussed that this was a prudent approach. The Prime Minister announced the delay to relaxations later that day **[DR242 / INQ000053655]**.
154. On 8 September 2020, I attended a Covid-S meeting **[DR243 / INQ000088263]**. On the basis of rising cases, the committee decided to implement further restrictions **[DR244 / INQ000088260; DR245 / INQ000088304]**. Another Covid-S meeting was convened on 21 September 2020 **[DR246 / INQ000088271]**. The committee was shown modelled projections from SAGE and SPI-M **[DR247 / INQ000088266]** and recommendations from the Covid Taskforce **[DR248 / INQ000088299]**. The committee agreed to implement further restrictions **[DR249 / INQ000088270]**. Then, on 22 September 2020, I attended a Cabinet meeting **[DR250 / INQ000089060]**. It was said that R was now above 1 again and action was required from the UK Government. The Prime Minister proposed new social distancing measures, including the 'rule of six' and mandatory facemasks, as had been agreed in the Covid-S meeting the day before. Chris Whitty said that, while there was a range of scientific views, the advice from the Government's advisors was consistent with the opinions of most. The Prime Minister laid out the new measures to Parliament later that day.
155. On 12 October 2020, I attended a meeting of UK COBR **[DR251 / INQ000083851]**. R was between 1.2 and 1.5 and Nottingham and Londonderry/Derry were of particular concern. The Prime Minister wished to avoid a further national lockdown but further action was also required. The Prime Minister proposed the tiering system, where restrictions would vary area by area according to the local alert level. Chris Whitty stated that in Tier Three areas, that is areas on very high alert, the measures imposed were minimum-level interventions and further measures would be required. The Prime Minister confirmed that Tier Three interventions depended upon local and national leadership. The Prime Minister announced the tiering system later that day **[DR252 / INQ000075749]**.

156. On Saturday, 31 October 2020, I attended a meeting of Cabinet [**DR253 / INQ000089102**]. R was above one and the average number of cases across the country was higher than it had been in Leicester when a local lockdown had been imposed there. It was clear that action was required at the national level. I can see why the tiering system was originally introduced because there was constant argument, led by local authorities, about restrictions being imposed in areas with lower rates and the tiering system was a way of trying to differentiate. There was not huge confidence that it would be desperately effective but we had been looking for something more nuanced than simply in or out of lockdown.
157. The Prime Minister proposed a second national lockdown. We discussed the details of the restrictions and expressed regret that there had been insufficient opportunity to verify whether the tiering system could be effective. The Prime Minister announced the second lockdown later that day [**DR254 / INQ000086830**].
158. In respect of the decision to implement the second national lockdown, the CMO's advice was not binary but reflected a full spectrum of SAGE opinion for this decision, as for other decisions throughout the pandemic. It was felt by the Cabinet that there was significant lockdown fatigue. We were also wrestling with when to put on hold an economy which was so dependent on the Christmas season, so the key question was timing. There had been positive developments in relation to the vaccine and there seemed to be grounds to hope it was coming soon. The timing at this stage was especially difficult as we had been advised by then about the risk of more infectious variants, and so knew that the pandemic was likely to be a marathon rather than a sprint. There was a strong view that we could not get into a series of rolling lockdowns but rather had to wait and impose any further lockdown, not in order to stop the virus, but to flatten the curve when that became necessary to protect the NHS again, in order for the vaccines to become available.
159. We appreciated that the suggestion of a short 'circuit-breaker' lockdown over the autumn school half-term holiday which was being made by others around this time, including the Opposition, was politically expedient and easy to communicate but we did not consider it was likely to be the best timing or most effective. We needed to decide what best to do based on the advice given by the CMO.
160. On Sunday, 22 November 2020, I attended a meeting of Cabinet [**DR255 / INQ000089062**]. Cabinet reflected on the recent positive news in respect of vaccines, being that three vaccines were then in clinical trials and Moderna, in particular, had

- announced that their vaccine may have 94.5% effectiveness against Covid. The number of cases of Covid across England was falling and the second national lockdown was due to expire on 2 December 2020. It was proposed that we return to a system of localised tiers, albeit that, due to the rate of prevalence, Chris Whitty advised that no area be allocated to Tier One for now. We discussed the routes back to normality which Chris Whitty advised would be by Spring or Summer 2021. The Covid-19 Winter Plan was published the next day [DR256 / INQ000086807].
161. In late 2020, the Alpha variant emerged, which was known as the Kent variant at the time due to where it first appeared. On 2 December 2020, the Pfizer-BioNTech vaccine had been approved for distribution across the UK [DR257 / INQ000086624] and the vaccine rollout had begun on 8 December 2020 [DR258 / INQ000086618]. However, cases were doubling in seven days in some areas and areas in the South-East had been placed in Tier Three on 14 December 2020 [DR259 / INQ000086619]. On 19 December 2020, I was part of a call involving Cabinet ministers [DR260 / INQ000089042]. We discussed the areas most affected by the Alpha variant being placed into a new Tier Four, which was effectively the same as the restrictions under the second national lockdown. Further restrictions over Christmas were also discussed for other areas. The Prime Minister announced the new measures later that day [DR261 / INQ000086623].
162. In terms of the timing of the third lockdown, we wanted to protect Christmas and New Year for both social and economic reasons (using the same four-point matrix already mentioned above), and delay the stringent measures to buy ourselves some time for when it became necessary. However, shortly after New Year there were worrying signs around hospital admissions due to the Alpha variant. On 4 January 2021, I attended a further call of Cabinet ministers [DR262 / INQ000088943]. The Alpha variant had spread to the rest of the country and the data showed a 30% increase in hospital cases in one week. Chris Whitty advised that action was required. We discussed the details of a third national lockdown and this was announced by the Prime Minister that evening [DR263 / INQ000075743]. This lockdown was imposed in light of the hospital admissions due to the Alpha variant. It was required at this point to relieve pressure on the NHS.
163. On 22 February 2021, I attended a meeting of Cabinet [DR264 / INQ000088893]. A further road map had been drafted setting out the steps under which restrictions would be eased until ultimately all restrictions would be lifted (“**the Spring 2021 Roadmap**”).

We discussed the details, and the Spring 2021 Roadmap was published later that day **[DR265 / INQ000220112]**.

164. The UK Government followed the Spring 2021 Roadmap until June 2021, with Step 1 proceeding on 8 March 2021 / 29 March 2021, Step 2 proceeding on 12 April 2021 and Step 3 proceeding on 17 May 2021 as had been envisaged. However, by June 2021, the Delta variant had spread to the UK. I attended a meeting of Cabinet on 14 June 2021 **[DR266 / INQ000089002]**. Step 4 of the Spring 2021 Roadmap had been set for no earlier than 21 June 2021. The Prime Minister proposed that Step 4 be delayed until 19 July 2021 when all of the priority cohorts that had been identified by the Joint Centre for Vaccination and Immunisation and around two-thirds of the population were expected to have been vaccinated. He also proposed that some particular restrictions could be eased on 21 June 2021, such as in relation to weddings. These measures were announced later that day **[DR267 / INQ000086733]**.
165. Step 4 of the Spring 2021 Roadmap proceeded on 19 July 2021 as had been envisaged in June 2021. However, at the beginning of Winter 2021-2022, the Omicron variant reached the UK and by 8 December 2021, cases were doubling every two to three days. I had attended a Cabinet meeting on 7 December 2021 **[DR268 / INQ000185093]** during which Patrick Vallance advised that there was evidence that the vaccines were much less effective at preventing infection from the Omicron variant but it was hoped that they would reduce the severity of infection and offer protection against hospitalisation and death. It was later proposed that the Plan B that had been identified in July 2021 be put into effect and the Prime Minister announced such measures on 8 December 2021 **[DR269 / INQ000086632]**.
166. On 21 February 2022, I attended a Cabinet meeting concerning Covid **[DR270 / INQ000088927]**. The cases of Covid and the number of people in hospitals were falling. The Prime Minister proposed the "Living with Covid-19" plan and this was published later that day **[DR271 / INQ000220115]**.

General reflections on non-pharmaceutical interventions

167. In terms of my general reflections on NPIs throughout the course of the pandemic, it seems to me with the benefit of hindsight that they were really effective at the margins and helped provide some safeguards around NHS capacity but the key was the vaccine.

168. Basic hygiene advice was helpful and sensible, even if it has since become clear that transmission was not mainly through physical contact. We all probably still wash our hands more, and that will have some ongoing public health benefit.
169. I do think on balance the lockdowns were a necessary evil because of the risk to the functioning of the NHS.
170. I was always sceptical about the efficacy of the 1-2m rule and remain of the view that it was unlikely to have had much effect.
171. Sir Patrick Vallance and Chris Witty were sceptical about the impact of masks, and I think they were right to be. It was clear they did very little to protect the wearer, although it seemed for a time that there was some evidence they may protect others from infection. They did perform a helpful function in increasing public confidence and therefore encouraged people to get out and use the Tube or other public transport once restrictions began to be eased again.

Comparisons with other countries' responses during the pandemic

172. I have been asked to explain the extent to which I relayed and evaluated other countries' responses to Covid in my capacity as Foreign Secretary during this period. As explained above, the FCO began to receive reports of the emergence and spread of Covid from its overseas network in early January 2020. From the outset, this included information about the approaches of other governments in response and the spread of the virus beyond China to other countries. By way of example, on 15 January 2020, an email sent from China Department to Minister Wheeler about the 'Wuhan, China Coronavirus Outbreak' reported that "There are reports that five people have been quarantined in Bangkok after travelling from Wuhan, but this is considered an isolated case. We have made a factual update to China Travel advice on 7 January and FCO Health and Welfare Unit have provided advice to staff in China. BE Bangkok will continue to monitor the quarantine case" [DR272 / INQ000089103]. Further examples of the FCO receiving information about other countries' responses to the virus in January to March 2020 are provided in section D above. As Foreign Secretary, alongside the medical advice received from the CMO, I invariably considered the approaches of other countries when addressing the decisions to be taken in the UK.
173. To take just one example, when I took the decision to issue the global travel advisory on 16 March 2020, I took into account information provided by FCO officials regarding the approaches different countries were then taking – although the picture was mixed:

at that point, Australia and the US were advising passengers to 'reconsider' travel abroad, whereas Canada had advised against all non-essential travel, and Norway had advised against all overseas travel [DR87 / INQ000075123]. My reasons for imposing the global travel advisory are described in section D above, and reflected in the contemporaneous documents. In summary, though, while my focus was primarily on the scientific data then available about the risks to British nationals, it was also helpful to understand the approaches taken by our various international partners when deciding whether to impose the global travel advisory.

174. In addition to information from other countries informing my decisions on travel advice, I was cognisant of the broader role the FCO played in gathering information from overseas to inform the UK Government's wider decision-making on Covid.
175. Again, just by way of example, on 25 February 2020 the daily coronavirus update provided to my office by the Coronavirus International Taskforce explained the following tasking to the FCO network, "*We are tasking the FCO network to help us get ahead of a fast developing situation, through earlier warning of emerging risks; reporting on what other countries and international organisations are doing, or not doing, that may impact on our interests and/or global health systems; and identifying what we should be doing in the next few weeks to influence them.*" [DR59 / INQ000089202]. While I have no particular recollection of this specific update, at the time I felt strongly that accurate and up to date information from other specific countries was crucial to the UK Government's own decision-making and I would have directed the clear tasking of the FCO network in this regard.
176. As a result of this tasking, the FCO's overseas network collected a significant quantity of data. To manage this, in late March 2020 an Information Unit was formed within a new FCO Covid-19 Secretariat to enable the more systemised collection of data and improve efficiency of the data analysis operation. The team adopted a new online reporting system through which data was received from across the FCO network in a consistent format. Use of technology then enabled this data provided by overseas posts to be extracted automatically to populate dashboards. I am told that further information about the Information Unit is provided in the First Module 2 FCDO Corporate Statement, §115 [DR5 / INQ000130416]. I received the Repatriation and Consular Dashboard produced by the Information Unit each day, and welcomed having this data to hand.

177. By way of further example, as I explained above, on 17 March 2020 the Prime Minister announced four new MIGs, and I chaired the IMIG which related to UK's international response. On 19 March 2020, IMIG agreed my 'four-point plan' of international priorities. As above, these were: providing support to vulnerable countries; addressing the global health challenge; protecting global production and supply chains; and supporting British people to return to the UK.
178. Another example of the FCO sharing data from overseas with the rest of the UK Government was through the Global Daily Dashboard which set out economic, health and social restrictions data from around the world. The first Global Daily Dashboard was published on 6 April 2020 and was shared widely, including with No.10 and the CO, for the purposes of informing the rest of the UK Government of material data trends from overseas [DR273 / INQ000100860]. I also received the Global Daily Dashboard in my daily box. I think this was useful to try and track what was going on around the world and it was helpful in giving a sense of lead times, that is, in seeing how Covid developed in one country and so how it might develop in the UK, although this was an imperfect science.
179. The strong demand across the UK Government for information on how other countries were responding to Covid led to the creation in April 2020 of the International Comparators Joint Unit ("ICJU"), a joint unit between the FCO and a range of other organisations. I am told that detailed information about the ICJU is provided in the First Module 2 FCDO Corporate Statement, §§116-119 [DR5 / INQ000130416]. In summary, the ICJU comprised a team of analysts, data scientists, economists, social researchers and ONS statisticians (including the FCO's Information Unit), and built on the existing efforts of the FCO and the Joint Intelligence Organisation in Cabinet Office ("JIO"). ICJU analysed countries which were ahead of the UK in the Covid pandemic timelines and produced reports on Covid related issues at the request of various Government departments to support the UK Government's decision-making.
180. I would note that, while ICJU was jointly led by the FCO and JIO, No. 10 set its initial direction and priorities as the purpose was to inform UK domestic policy making. I was not therefore involved in directing ICJU's work. However, I recognised early on the value of the data produced by the ICJU and asked to receive key products produced by them, and I very much supported the FCO's involvement in this work. In my capacity as a member of the Cabinet, I personally found the reports produced by ICJU to be a valuable resource in informing the UK Government's response although you never really knew how reliable the data from other countries was. You also become aware

of the limitations of data, for example, the inherent limitations in not knowing whether different jurisdictions are measuring the same thing in the same way.

Reflections on travel advice and border measures

181. I have been asked to explain my involvement in travel advice and border measures during Covid. Before doing so, it is worth providing some context on the important role that the FCDO plays in the provision of travel advice to British nationals.
182. Travel advice is a key FCDO communication tool and has been since it was first introduced in 1990. The FCDO issues travel advice to enable British nationals to make informed decisions about travelling abroad. The advice is determined through an objective assessment of the safety and security of British nationals in a third country, according to the risks of terrorism, civil unrest and natural disasters. When the Covid pandemic hit, travel advice also considered the risk to the safety of travelling British nationals as a result of Covid (by taking into account factors such as countries' case numbers, infection rates and hospital capacity).
183. My specific involvement in decisions regarding travel advice in January to March 2020 is set out in section D above. I explain below the different purposes of travel advice and border health measures, my specific involvement with border health measures, decision-making processes and issues regarding aligning the two systems.

Purpose of travel advice and border health measures

184. I am told that the purpose of travel advice is detailed in the First Module 2 FCDO Corporate Statement, §§25.2, 124-128 [DR5 / INQ000130416]. In summary, it aims to provide objective information to enable British nationals to make informed decisions about foreign travel. The FCO would advise against all but essential travel to a country when it assessed the risk to a traveller to be unacceptably high, but any decision to travel, to stay in, or to leave a country would be for the British national themselves to take.
185. Whereas FCO travel advice was focused on the risk to individuals overseas, border health measures were introduced as a form of NPI to prevent and/or control the transmission of Covid within the UK and, later, to slow the importation of new variants. Such measures were concerned with inbound travel rather than outbound travel and, as such, served a purpose distinct from that of travel advice.

186. I was aware of the tensions between the travel advice and border measures systems and the desire of some to align them. As I explain below, my view was that it was necessary to maintain the independence of the travel advisory system, although I appreciated that divergences between the systems could affect the coherence of the UK Government's messaging on the issue of travel to the public.

My involvement with border health measures

187. The FCO/FCDO was not the lead government department for border health measures, but I was a member of COVID-O, the Cabinet Committee which took decisions on the introduction and review of border measures.

188. As mentioned above, I was also invited to chair a Deep Dive on 29 April 2020 into possible measures to be introduced at the UK border to reduce the future risk of imported cases of Covid once the UK had got to grips with its own domestic infection rate. The recommendations that emerged from that session were: (i) step-up communications about the existing social distancing measures in force which those entering the UK must comply with; (ii) require all passengers to provide their contact details; (iii) advise all travellers at the border to download and use the NHSX contact tracing app for the duration of their UK stay once this was 'live'; and (iv) require arrivals to self-isolate for 14 days. The Prime Minister endorsed these recommendations **[DR274 / INQ000062080]**.

189. The recommendations which emerged from that session formed the basis of the first UK-wide border measures which were introduced by The Health Protection (Coronavirus, International Travel) (England) Regulations 2020 (SI 2020/568) (the "Regulations"). (The devolved administrations enacted parallel legislation to form a UK-wide regime.) The Regulations required all non-exempt arrivals from outside the 'Common Travel Area' (the UK, the Crown Dependencies, and Ireland) to complete a 'Passenger Locator Form', and to self-isolate for 14 days on arrival.

190. Later, testing and mandatory hotel quarantine requirements were also introduced. It was following the introduction of the Regulations that the tension between travel advice and border health measures became more pronounced. In determining when to introduce quarantine requirements, we acted on the basis of scientific advice available at the time.

Decision-making regarding travel advice and border health measures

191. I am told that a detailed explanation about how decisions regarding travel advice were made is contained in the First Module 2 FCDO Corporate Statement, §§124-140 **[DR5 / INQ000130416]**. In summary, in January 2020 responsibility for travel advice provided in relation to specific countries rested with the relevant geographical Directorates. From 17 March 2020, however, when the global travel advisory was brought in, the FCO's Consular Directorate assumed responsibility for changes to travel advice levels for countries and territories relating to Covid. The Consular Directorate regularly reviewed its travel advice. Decisions to advise against all but essential travel were referred to me, and later in the pandemic I requested that all major country decisions on travel advice be sent to me **[DR275 / INQ000220070]**.
192. A practical step which we undertook in March 2020 to alleviate the tension between travel advice and border health measures was to include a banner (referred to as a 'Top Box') above all travel advice webpages with information on travel restrictions for people entering the UK. In my view, this encouraged the separate bodies to consider more carefully the impact of conflicting advice.
193. The decision-making process for exempting a country from the global travel advisory drew on the evidence-based approach of PHE and the National Travel Health Network and Centre ("NaTHNaC") to determine the risk of exposure to Covid in a particular country. In mid-June 2020, PHE and NaTHNaC confirmed that the risk categories were high, moderate and low risk – allocation within these categories was based on a range of key indicators which provided a robust public health assessment of the current epidemiological situation in a given country **[DR276 / INQ000075243]**. Where a country was deemed to pose a 'very high' risk of Covid exposure, the FCO would advise against all but essential travel to that country. The risk categorisations were reviewed on a monthly (28 day) basis by a panel of representatives from PHE, NaTHNaC and the DAs. I understand that the FCO coordinated its review of travel advice with PHE and NaTHNaC's monthly review schedule, while also ensuring that advice was kept under continuous review in case of increases in risk to British nationals in exempted destinations.
194. In parallel with the travel advice changes, throughout May 2020 the Government experienced growing pressure from the UK tourism and transport sectors, as well as international partners who rely heavily on British tourism, for the UK to modify its border measures and establish international travel corridors ("ITCs"). Other sectors, including education, which relied heavily on international mobility, also had an interest in ITCs. I understood the need for border measures to be relaxed as soon as it was safe to do

- so, however I was keen to ensure that any decisions were consistent with the UK's international legal and consular responsibilities. At this time, my department was of the view that the approach to ITCs should be evidence-based and consistent with FCO travel advice **[DR277 / INQ000075220]**.
195. Following a review of border health measures, on 11 June 2020 COVID-O agreed to move from a blanket requirement for all arrivals to self-isolate to a risk-based approach **[DR278 / INQ000088844]**. The FCO worked with DfT (which took the lead) to prepare an options paper for travel corridors for consideration by COVID-O **[DR279 / INQ000049049]**. Differing proposals were discussed at ministerial level regarding a risk stratification process against which to consider relaxing the Regulations to permit entry without compliance with the self-isolation measures for passengers travelling from countries judged to be low risk in terms of Covid **[DR280 / INQ000089424]**. FCO officials and I were keen to ensure a coherent approach across government and I agreed with them that, if possible, we should synchronise easing border restrictions with changes in FCO travel advice while protecting the integrity of FCO's decision making process **[DR281 / INQ000089429; DR282 / INQ000089430]**. Whilst I recognised the importance of protecting the integrity of the FCO's decision-making process, I also recognised the practical problems arising from a lack of alignment, and that is why I agreed with FCO officials that the systems synchronise to the extent that they could but never so as to undermine the underlying integrity of the FCO's process.
196. On 6 July 2020, following agreement in COVID-O, the Transport Secretary, the Rt Hon Grant Shapps MP, announced the initiation of a travel corridors scheme. Under this scheme, passengers arriving in England from countries and territories assessed as low risk by the Joint Biosecurity Centre ("JBC") were exempt from the requirement to self-isolate. Those who visited or transited through a non-exempt country or territory within the 14 days preceding their arrival in the UK were still required to self-isolate for the remainder of the period. The first travel corridors were established on 10 July 2020.
197. I understand that the travel corridors list was regularly reviewed until the end of 2020. Countries were added and removed from the list based on JBC's risk assessments which considered epidemiological data in the country concerned.
198. The decision-making process for adding or removing countries and territories from the travel corridors list was initially undertaken by a 'write-round' by the Transport Secretary to other COVID-O members, to which I would respond indicating whether I

- agreed with the proposals **[DR283 / INQ000219998]**. From August 2020, decision making for adding and removing countries from the travel corridors list was by means of a weekly ministerial meeting, which I or another FCO Minister attended.
199. Ultimately, during the pandemic, I saw my (and the FCO/FCDO's) role as 'guardians of public health' and I directed that we should follow JBC and PHE assessments about the risks to British nationals overseas wherever appropriate **[DR284 / INQ000220071]**. This meant that there were occasions where the travel advice diverged from border measures, as further explained below.

Request to align travel advice decisions and border measures

200. On 29 April 2021, COVID-O agreed the principles for a new 'Traffic Light' system for border health measures and the system was introduced on 17 May 2021. Countries were rated using a Red, Amber, Green rating system ("RAG ratings") with various border measures applied as a result. JBC carried out a risk assessment which informed ministerial decision-making. I understand that assessments were based on open-source data, insights provided by FCDO Posts, and ICJU data. High risk ratings were usually the result of the identification of a new variant, or a spike in cases representing a risk to UK public health and/or the domestic vaccine programme.
201. When the Traffic Light system was introduced, the Health Secretary was keen that FCO travel advice should align with the RAG ratings, i.e. to advise against all but essential travel to any country or territory rated Red or Amber. Whilst my position in June 2020 had been that, for practical reasons, we should seek to synchronise travel advice and the easing of border restrictions where possible, I ultimately remained of the view that the two systems served different purposes and should not be automatically aligned. The integrity and independence of the travel advice decision-making process had to be protected given the established framework for those decisions and the implications it had for the insurance industry.
202. Following a request from No.10, on 20 May 2021 my PS wrote to PS No. 10 to confirm my recommendation that "we do not move to a position where we align the two systems given the damage to its usefulness to both British nationals and HMG, with an uncertain gain in clarity of communication or effecting behaviour change" **[DR285 / INQ000100480]**.
203. In addition to being an aide for British nationals, travel advice served as a trusted benchmark for the travel industry, and I was particularly keen to ensure that the

- industry maintained confidence in our advice. I also sought advice on the legal and other consequences of alignment, and – without waiving privilege – the position subsequently adopted was not to align travel advice with RAG ratings in the absence of clear, evidence-based justification (i.e. because of the unacceptable risk to British travellers).
204. My view was that the UK Government’s approach to the traffic light system should follow the science. I was clear that we should follow JBC and PHE assessments wherever possible. Decisions should be targeted (rather than using a blanket approach) and evidence-based **[DR284 / INQ000220071; DR286 / INQ000220073; DR287 / INQ000220074]**.
205. I recall there were specific instances where there was a tension between my decision on travel advice and COVID-O’s decision on border measures. One example relates to Hong Kong in August 2020. The Transport Secretary had proposed increasing the quarantine measures for those arriving from Hong Kong. However, I sought the Prime Minister’s agreement to diverge border measures and travel advice for Hong Kong because, based on the data, the Covid risk to British travellers was not sufficiently high to merit a change to the travel advice **[DR283 / INQ000219998]**. A further example relates to Portugal. On 3 June 2021, COVID-O agreed to move Portugal (including Madeira and the Azores) from the Green to the Amber list of countries. The following day, I agreed with the Consular Directorate’s recommendation not to change the travel advice for Portugal. This decision was based on the FCO’s methodology for determining the risk of foreign travel to British nationals, which was guided by PHE’s risk rating. In this case, PHE had increased their risk rating for Portugal from ‘moderate’ to ‘high’ but not ‘very high’ (which was described by FCO officials at the time as “*our usual threshold for advising against non-essential travel*”), and the epidemiological indicators suggested that transmission was relatively stable **[DR288 / INQ000219995]**.
206. Separately, I was keen to understand how other countries were dealing with travel advice and border measures, and whether they were aligned. To this end, I requested an update on what other countries were doing in relation to travel advice and borders and whether the systems were aligned. On 14 June 2021, I received analysis from ICJU, which found that “*most comparators either advise against all non-essential travel or align travel advice to border measures. More complex systems have alignment challenges*” **[DR289 / INQ000100493; DR290 / INQ000100494]**.

207. In July 2021, PHE and NaTHNaC announced that they were shifting their assessment cycle to every three weeks. Although formally separate and based on a different methodology, this brought the timing of their risk review for travel advice in line with the timing of the JCB's RAG ratings and COVID-O decisions on border measures. **[DR291 / INQ000220072]**. While the *timings* of the risk assessments undertaken for travel advice and border measures became aligned, the criteria used to assess risk and recommend changes for travel advice and border measures remained entirely separate. PHE and NaTHNaC focused their review on (i) countries which hit PHE's triggers for review, (ii) countries from JCB's potential RAG list, and (iii) priority countries raised by FCDO. A change in travel advice risk rating was not an indication of a change to the RAG rating and vice versa. Although, as a general rule, the FCO expected to advise against all but essential travel to 'Red' list countries, and there was a mix of travel advisories for 'Amber' list countries, this was not definitive **[DR291 / INQ000220072]**. I continued to sign off any changes to travel advice after these procedural changes came into force.
208. In October 2021, there were further amendments to the process for amending travel advice in light of the improved public health situation, the decreased risk to British nationals and the greater scientific and public understanding of the risks of Covid. Ministers continued to make decisions about a change in travel advice levels for each country, but the new process gave more control to Posts over determining Covid risks to British travellers. It was hoped this new approach would give Posts more stability and would lead to far fewer countries with advice against travel **[DR292 / INQ000220076]**.

Equality impact assessments and impact of NPIs on at risk and vulnerable groups

209. I have been asked to provide details of my involvement in any Equality Impact Assessments ("EIAs") concerning the public health and coronavirus legislation. EIAs are the responsibility of the lead Department, and were provided in the COVID-O papers, for example (although I cannot speak to these), the Impact Assessment for The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 **[DR293 / INQ000092158]**, the Equality Impact Assessment for 'Making vaccination a condition of deployment in health and wider social care settings' **[DR294 / INQ000092156]** and the 'Equality Impact Assessment form – Public Sector Equality Duty' pertaining to the proposed new regime for vaccinated 'Amber' arrivals under the Health Protection (Coronavirus, International

Travel and Operator Liability)(England) Regulations 2021 [DR295 / INQ000220079] and taken into account accordingly.

210. The Civil Service would carry out the EIAs but I thought they were a fairly blunt tool.
211. The two groups I was worried about in particular were the elderly and the young and I recall referring to this in discussion with Jonathan Black, the former Deputy Head of the Europe Unit at the Cabinet Office (2017-2019) and the Prime Minister's G7/G20 Sherpa and Deputy National Security Adviser (2019-2022). The elderly were in lockdown for long periods on their own and I worried about the effect on their mental health, and the young were affected by the impact on schooling. My biggest reticence had been to close schools and I did not think we should do it at the time. I did not think that the younger children would get back the time that they had lost, particularly for poorer children and the most deprived cohorts. If you were a child from a poorer family and you struggled with online learning, the impact would be much greater.
212. We did not have much learning at the early stage on the variable impact of Covid on ethnic minorities. In relation to those with disabilities, they were more likely to be isolated with lockdown, but there were arguments either way as to the proper response and it was a fairly finely balanced issue. What was clear was that schooling would be impacted by a lockdown, with particularly significant effects on poorer children and those from ethnic minorities.

G. ROLE IN RELATION TO MEDICAL AND SCIENTIFIC EXPERTISE AND DATA MODELLING

213. At the beginning of the pandemic, it could be said that we needed more data and better ways of understanding and analysing it, although that could be said about any government carrying out business as usual at any time.
214. However, simply having more advice and more data is not the solution, as if it were a machine giving a single answer. You always have to test the data and advice in a kind of Hegelian thesis-antithesis-synthesis approach, trying to build a rounded view of the problem. At the end of the day, you can have as much science as you like but ultimately the politicians still have to make a judgement call. That is the art of decision-making and that is what is required in a democracy where political leaders are accountable to the public.

215. Chris Whitty and Sir Patrick Vallance were always good at giving a rounded view of the opinion of SAGE with all its variations. I recall that Ben Warner and his data analytics team as part of SAGE were helpful, but only as one element of the overall advice. Chris Whitty, in particular, was good at being honest about whether his own view was the majority, consensus or minority view, and neither Chris Whitty nor Sir Patrick Vallance was ever sensitive about challenge. I never felt that anything was missing and I am confident that we received a range of perspectives throughout. I suspect both of them would have naturally felt defensive at times, but all of us in the Cabinet and other committees appreciated them hugely and thought they got far too much grief in the media. They were very humble and remained steadfastly professional when we tested their advice. As scientists, they understood the need to test things.
216. The ICJU's role in providing international comparator data is set out in detail in section F above and I am told that further information is also provided in the First Module 2 FCDO Corporate Statement, §§116-119 [DR5 / INQ000130416]. As noted above, the ICJU analysed countries which were ahead of the UK in the Covid pandemic timelines, and produced reports on Covid related issues at the request of UK Government departments to support the Government's decision-making.

H. ROLE IN COVID PUBLIC HEALTH COMMUNICATIONS

217. I think Stay Home, Protect the NHS, Save Lives was one of the most effective pieces of government messaging in a generation. If anything, the public were more concerned and pro-lockdown than the media coverage would suggest. However, people did get fatigued by the restrictions and it is undoubtedly the case that anything which suggested the Government was not following its own rules significantly undermined our messaging. We all recognised that any breaches, whether minor or serious, would create the charge of double standards and impede the ability to get our messages across, including the clarity of the message on Stay Home, Protect the NHS, Save Lives. We would want media coverage to be focused on the message and so, of course, allegations give rise to a problem with messaging. I am unable to quantify the impact this had.

I. ROLE IN PUBLIC HEALTH AND CORONAVIRUS LEGISLATION AND REGULATIONS

218. In this section, I address my role in the introduction of coronavirus legislation and regulations. As a member of COVID-O, I, or another FCDO Minister on my behalf, attended meetings primarily to represent the UK Government's international interests. My main priorities in this context were to ensure that the legislation contained exemptions which supported UK Government staff overseas, underpinned the continued operation of the UK Government's overseas network, and respected the UK's obligations under international law. Information provided by the FCO also informed COVID-O decisions, for example in respect of the risks of reciprocal action by other States in response to UK border measures.
219. I do not recall any specific role for the FCO in the Coronavirus Act 2020. I was, however, involved in the design of the first use of the powers provided by that Act in respect of UK borders. As set out in section F, on 29 April 2020, I chaired a Deep Dive into possible measures to be introduced at the UK border to reduce the future risk of imported cases of Covid **[DR220 / INQ000088623]**. The recommendations which emerged from that session formed the basis of the first UK border measures under the Regulations. (As above, the DAs enacted parallel legislation to form a UK-wide regime.)
220. I took a keen interest in the development of exemptions relevant to FCO business, and FCO officials were heavily involved in the development of the Regulations on those aspects.
221. For example, on 6 May 2020 Minister Adams attended a Small Ministerial Group ("SMG") meeting to consider the detail of implementation. My steer would have been given to Minister Adams in advance of the SMG. The following day, my Deputy Principal PS wrote to the PS to the CDL setting out my position on the emerging legislation **[DR296 / INQ000089365]**. In that letter, I set out, first, the FCO's assessment of the prospects of reciprocal action by other States, and second, the need for exemptions to meet the UK Government's key objectives of:
- (a) Repatriating British nationals;
 - (b) Ensuring the continued free flow of goods, in particular across the short straits;
 - (c) Commitment to the Common Travel Area;
 - (d) Fulfilling our international legal obligations; and

- (e) Allowing civil servants to carry out essential UK Government business, including in relation to the Covid Response.
222. In the context of repatriations, I argued for exemptions for transit passengers, airline and Eurostar staff, and an exemption on compassionate or medical grounds (with a view, in particular, to returning British nationals for which this could be relevant in difficult personal circumstances). I also supported a narrowly-drawn exemption in respect of road and freight haulage in order to ensure the continued free flow of goods **[DR137 / INQ000089322]**.
223. I also argued for exemptions to ensure the UK respected its international obligations pursuant to the Vienna Convention on Diplomatic Relations and the Vienna Convention on Consular Relations, and other international agreements under which afford individuals immunities in the UK. While these individuals could not as a matter of law be subject to restrictive public health measures, many did in fact voluntarily take measures to mitigate against the spread of Covid. I was also alive to the fact that the treatment of diplomats in the UK would have a direct reciprocal effect for our accredited staff overseas in respect of whom we were urging States to comply with their own international law obligations.
224. Finally, I also underlined the need for an exemption from the then-proposed 14 day quarantine period for UK Government staff serving overseas. This was not only to allow essential operational travel back to the UK but also to fulfil our duty of care to those staff in the event, for example, of drawdown (evacuation of an overseas post).
225. Each of these exemptions was reflected in the Regulations when they came into force on 8 June 2020. My approach to exemptions was to test them against the primary objective of the legislation, namely to protect public health, and to go no further than was necessary in that context.
226. I, and other FCO Ministers on my behalf, continued to attend COVID-O meetings as the Regulations were amended through the rest of 2020 and 2021. Most of the COVID-O meetings were attended by Minister Adams or other members of the ministerial team, and I provided steers in advance of the meetings. As the FCO (and then the FCDO) was not the lead department on these measures, I do not rehearse here all of the subsequent variations to testing, self-isolation, and quarantine requirements. My overall approach to revising the requirements was to be pragmatic, whilst wanting to ensure the proportionate use of necessary powers. During this process, the

FCO/FCDO-owned exemptions remained broadly similar and focused on enabling UK Government operations overseas and supporting UK Government staff and their families overseas, many of whom were serving in acutely difficult circumstances.

227. The contemporaneous documents demonstrate that I was involved in the development of further exemptions, the necessity for which emerged as we operated the Regulations in practice and the pandemic continued. For example, the initial drafting of the Regulations gave rise to a lacuna in the legislation whereby opposition leaders, who would not be officially recognised by their own State, would be unable to visit the UK for face-to-face talks with UK ministers. I therefore proposed, and on 24 June 2021 COVID-O agreed, an exemption for foreign policy interlocutors which became law on 8 July 2021. I also supported exemptions to enable delegates to attend specific international events in the UK, such as the G7 [DR297 / INQ000100456, DR298 / INQ000100457, DR299 / INQ000100458]. I did not, however, accept every proposed expansion of exemptions without question. In respect of the G7, I directed that the proposed exemptions apply only to those individuals who were *necessary* to facilitate attendance at the event (rather than all delegates) and disagreed with the proposal to exempt attendees from the Passenger Locator Form, outward declaration and testing requirements [DR297 / INQ000100456, DR298 / INQ000100457, DR299 / INQ000100458]. I also wrote to the CDL expressing my concern about an exemption proposed by the Secretary of State for Culture, Media and Sport for elite sports people [DR300 / INQ000220075]. This exemption was later removed.

J. DEVOLUTION

228. In my experience, the arrangements for interaction and joint decision-making between the UK Government and the DAs worked reasonably well. I did find that it became irritating as the pandemic went on that Scotland and Wales wanted to do things slightly differently or with different timings for what appeared to be political reasons, but we had regular meetings for the DAs and they were included in the COBR process. Generally speaking, we did take the DAs with us on all key decisions. In any event, the differences were fairly minor in the end - staying in lockdown slightly longer, for instance.
229. I recognise the argument that in an emergency like the Covid pandemic decision-making should be centralised and reserved to Westminster. The fact the vaccine rollout was UK-wide was a real benefit to the United Kingdom as a whole. However, any taking back of powers would be politically controversial, so there should be a very

high threshold for doing so and I would need to be persuaded that there was a demonstrably significant gain in efficacy. As a result of my experience during Covid, I was not so persuaded.

230. Indeed, there were benefits to the devolved approach. It meant Scotland and Wales were required to face up to the same difficult decisions those of us in Westminster had to, and work with us on them.

K. ADDITIONAL MATTERS

231. I did not witness the Cabinet Secretary advising the Prime Minister that the public should be told to hold “chickenpox parties”, the Prime Minister stating that he wanted to be injected with Covid on television, or the Prime Minister saying that he would rather “let the bodies pile high” than impose another lockdown, or indeed anything to that effect. The first I heard of these allegations was when I saw them in the media.

232. In respect of the alleged injection comment, I can only say that, when I returned from Estonia in March 2021, I told the Prime Minister that the Estonian President had been vaccinated live on television and then had done a cross-country ski marathon, in order to refute the anti-AstraZeneca misinformation being spread by the Russian Government. I may have suggested that the Prime Minister consider doing the same.

L. OTHER KEY CHALLENGES AND LESSONS LEARNED

233. In this section, I address the key challenges and lessons learned during the Specified Period insofar as they have not been addressed above. There were five further key issues arising from the Covid pandemic, as follows.

Limitations of NPIs

234. First is the inherent limitations of NPIs. NPIs can only take things so far and it is important to introduce them wisely and for a limited period of time.

Public Stamina for Lockdown

235. Second is the need to recognise the public stamina for lockdown. This is required if the UK Government is going to carry people with it.

Supply Chain Vulnerability

236. Third is supply chain vulnerability. 'Project Defend' was launched by the Prime Minister in April 2020 in response to the pandemic which had exposed concerns that the UK had insufficient supply chain resilience in the context of medical and other critical supplies. The purpose of Project Defend was therefore to identify vulnerabilities in UK global supply chains for all critical goods (excluding food) and to develop strategies to strengthen our supply chain resilience in the event of shortages or disruption. Project Defend was coordinated by the Department for International Trade who reported into me as First Secretary of State on the Prime Minister's behalf, although the project was cross-cutting in nature so required close collaboration with all Government departments. I chaired the Ministerial Small Group which was set up in July 2020 to oversee the implementation of the project.
237. Project Defend identified 31 priority global supply chains across multiple sectors spanning water and wastewater, energy production and distribution, telecoms and technology, and human and veterinary health. Throughout the project, we sought to balance the need for sovereign capability and domestic resilience in critical goods, with our vision for the UK as a champion of free trade. Our overall strategy was to diversify supply chains, then build resilience through collaboration with international partners, before looking at areas where we should build our own capacity.
238. In non-medical supply chains, Project Defend identified a number of vulnerabilities, namely overseas manufacture, difficulties stock-piling essential chemicals and parts, a high dependency on ports and a vulnerability to blockages. For medical goods, the vulnerabilities included complex supply chains, insufficient stockpiles and a high percentage of imports. We were particularly concerned to address supply chain risk mitigation for medical supplies although, as above, the project was not limited to this as we were tasked with looking at a wide range of sectors across the piece. The Vaccine Taskforce, led by Minister Zahawi, was responsible for developing the supply chain mitigation plan for vaccines in accordance with the framework developed under Project Defend.
239. The Prime Minister took an active interest in the progress of the project and he encouraged consistent and high engagement from all relevant Government departments to ensure they fully understood the risks to supply chains in their respective areas and were applying the framework developed by Project Defend to identify the most effective mitigations. I provided regular updates to the Prime Minister who was keen to ensure that the project proceeded with ambition and pace.

240. My involvement in Project Defend ceased when responsibility for chairing the process passed to the National Security Adviser. I cannot recall the exact date when this occurred.
241. Overall, there were important lessons learned through Project Defend. The wide remit of the project meant that we got a holistic picture of where the UK's vulnerabilities lay and where extra work was needed to strengthen our supply chain resilience in the event of another crisis. There were inevitable challenges involved - for example, international engagement was difficult at times and some industries said they could not provide the data we needed due to commercial sensitivities - but, in the circumstances, I was satisfied that we identified reasonably effective ways to begin the process of increasing the UK's supply chain resilience across the board. It was, however, only a start of delivering on a broader strategic vision of reinforced UK resilience.

Call Centres

242. Fourth, the pandemic created an unprecedented demand for contact with the FCO/FCDO regarding changes to travel advice. This was exacerbated following the imposition of the global travel advisory on 17 March 2020. In March 2020, call volumes increased from an average weekly volume of approximately 7,000 calls to a peak of over 47,500, with a single day peak of 14,852 calls on 16 March 2020 **[DR301 / INQ000075353]**. Consular call data showed that on 18 March 2020 just over 39% of calls made to the FCO were answered. Demand far outstripped capacity and the team was overwhelmed. However, the FCO swiftly and successfully scaled up its telephone operation. In just six days, the FCO went from answering 39% of calls (on 18 March 2020) to 85% of calls (on 26 March 2020). By the end of March 2020, the FCO was able to answer 98% of calls **[DR301 / INQ000075353]**. As I explained to colleagues at the time, the FCO had more than tripled its call handling capacity and waiting times were reduced to less than a couple of minutes **[DR302 / INQ000220038]**.
243. As well as increasing its call handling capacity, the FCO introduced a call handling script and templates for responding to online enquiries. This enhanced the speed, quality and consistency of the FCO's communications. We also had a dedicated 'hotline' for MPs to contact the FCO with queries raised by their constituents.
244. At the time, I was very concerned to ensure that we took decisive action to dramatically increase the FCO's call handling capacity and kept a close eye on ensuring that

improvements were made as soon as possible. I was provided with call handling data on a daily basis and was briefed on new processes, such as the call handling script and templates for online responses, before they came into effect.

245. The changes we made meant that between 16 March 2020 and 17 June 2020 the FCO was able to handle over 172,000 telephone enquiries (compared with 104,000 in the same period in 2019) [DR301 / INQ000075353]. While it is disappointing that we were not more prepared for the increased demand in the first few days, I am ultimately proud of the speed at which we turned it around.

Young people

246. Finally, returning to a matter which I have touched on above, I would like to see if more could have been done to mitigate the impact of Covid on young people, from primary school through to university, including whether the exam system could have been handled better. The younger generation felt that they could brush off Covid more easily and that they were paying a disproportionate price for the extra caution required for the rest of the population. I feel empathy for the university students who were paying for an education they were not receiving, and felt we could have done better for those who were not able to sit exams.

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: Dominic Raab

Dated: Friday 8 September 2023

Annex A: Oral and written evidence provided to UK Parliament Select Committees*

Reports and appearances only

| Date | Select Committee | Name | Response |
|------------------|------------------|--|----------|
| 17 March 2020 | FAC | Coronavirus FCO Response, HC 239 | Oral |
| 19 March 2020 | FAC | The work of the Foreign and Commonwealth Office, HC 253 | Oral |
| 2 April 2020 | FAC | First Report, Viral Immunity—The FCO's role in building a coalition against COVID-19, HC 239; Third Report | Written |
| 16 June 2020 | FAC | Viral Immunity—The FCO's role in building a coalition against COVID-19: Government Response to the Committee's First Report | Written |
| 1 July 2020 | FAC | Letter from the Foreign Secretary to the Chair, Foreign Affairs Committee | Written |
| 21 July 2020 | FAC | Flying Home: The FCO's consular response to the COVID-19 pandemic Third Report of Session 2019–21 | Written |
| 22 July 2020 | IDC | Letter from the First Secretary of State to Sarah Champion MP Chair of the IDC | Written |
| 23 July 2020 | FAC | Merging success: Bringing together the FCO and DFID Second Report of Session 2019–21 | Written |
| 6 October 2020 | FAC | Work of the Foreign, Commonwealth and Development Office, HC 253 | Oral |
| 22 October 2020 | FAC | Flying Home: The FCO's consular response to the COVID-19 pandemic: Government Response to the Committee's Third Report; Seventh Special Report | Written |
| 26 January 2021 | IDC | Future of UK aid, HC 1141 | Oral |
| 22 April 2021 | IDC | Future of UK aid, HC 1141 | Oral |
| 27 April 2021 | House of Lords | International Relations and Defence | Oral |
| 6 July 2021 | FAC | Work of the Foreign, Commonwealth and Development Office, HC 518 | Oral |
| 1 September 2021 | FAC | Government Policy on Afghanistan, HC 685 | Oral |

* *Parliamentary Privilege*

The Inquiry will note that these documents are provided to assist but are subject to Parliamentary privilege and should be treated accordingly under Art. IX of the Bill of Rights.