

WRITTEN STATEMENT OF BORIS JOHNSON

Introduction

Witness Name: Boris Johnson

Statement No. BJ001

Dated: 31 August 2023

COVID INQUIRY

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I, Boris Johnson, former Member of Parliament for Uxbridge and South Ruislip and former Prime Minister, will say as follows: -

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Introduction

1. I provide this statement to the Covid Inquiry in response to a 'Rule 9' Request (issued pursuant to the Inquiry Rules 2006) dated 3 February 2023 and updated on 1 March 2023. At the end are Annexes which include descriptions of the various terms, organisations and types of meeting mentioned throughout the statement.

Opening Comments

2. In the evening of Monday 23 March 2020, I gave a televised address to the people of this country of a kind I never dreamed I would make. I was asking the British people to stay at home. Unless they were exercising (once a day), or shopping, or unless they were going to work, they were obliged to remain indoors.
3. In imposing that lockdown, I went against all my own personal and political instincts. I believe that a society will be happiest and strongest if people are free; free to make their own choices: free to live their lives as they please, provided – in the great caveat of JS Mill, father of libertarianism – they do no harm to others. And that was the problem.
4. By that Sunday evening (22 March 2020), I could see that ancient and hallowed individual freedoms were in conflict with the health of the community. In the face of a lethal disease, it was clear that it was not enough for the Government to rely on each person to take personal responsibility.
5. By that weekend millions of people were already following government advice and avoiding contact with others. But too many were not. We could not be sure that the existing package of restrictions – steadily introduced over the preceding days – would be enough to stop what was looking like the exponential spread of the new virus. All the projections suggested that the NHS

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could be overwhelmed – like the scenes we had already seen in the healthcare systems of other countries – and that tens if not hundreds of thousands of British people could die miserable and unnecessary deaths, some of them in hospital car parks and corridors.

6. As the pandemic recedes in public memory, I have noticed an increasing tendency to criticise that lockdown, and the two that followed, and the whole package of non-pharmaceutical interventions ('NPIs'). People point, quite rightly, to the loss of education, the economic damage, the missed cancer and cardiac appointments and all the other costs entailed.
7. There is no denying the damage that was done. That is why that decision was so painful and so difficult.
8. Since the very earliest civilisations, humanity has tried to control the spread of infectious disease with rules. Society has depended upon authority – government – to enforce those rules. At the beginning of 2020 we faced a new disease, for which we had no treatment, and no cure, and which we did not fully understand, and which had the potential to kill very large numbers. We had to act.
9. I believed strongly at the time, and continue to believe, that the lockdowns and other NPIs were very important. My view is that the first lockdown in March 2020 was absolutely essential in restraining the R – the rate of reproduction of the disease. But one of the most important questions before us in this Inquiry concerns the advice we would give to future governments and future UK populations. Would we do lockdown in the same way again? Did it really work? Did the benefits in slowing the disease really outweigh the colossal social harms? What about the so-called Swedish model? I have found the recent academic literature oddly vague and contradictory.
10. In what follows I try to give an account of my thinking behind at least some of the innumerable decisions that I took to fight that disease. We – I – unquestionably made mistakes, and for those I unreservedly apologise. There was terrible suffering, which we did our best to alleviate, and, where we failed, I apologise again.
11. There were also a great many successes, as you might expect in a concerted national effort, some of which have by now been almost forgotten. We built new hospital capacity and procured new ventilators with astonishing speed. This

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was the first country in the world to recognise that dexamethasone could be a useful treatment of Covid.

12. We succeeded in the central aim of government policy, which was to prevent the overwhelming of the NHS and to make sure that every patient was treated; and I believe – though the Inquiry will of course draw its own conclusions – that tens if not hundreds of thousands of lives were saved.
13. Above all, this was the first country in the world to put a licensed and effective Covid vaccine into the arm of a human being. This was the breakthrough that signalled the beginning of the end of the pandemic, not just in the UK, but everywhere.
14. We were able to roll out that vaccine faster than any comparable country, and to come out of lockdown faster than any comparable country. We should also be proud of what we did to send at least 1.5 billion cost-price doses of UK-formulated vaccine to countries that could not easily afford it.
15. The death toll has been shocking, but I understand that the UK has defied most of the gloomier predictions and has ended the pandemic (or the most serious phases of it) well down the global league tables for excess mortality.
16. For that we must thank a vast constellation of people: doctors and nurses and everyone working in the NHS; our armed forces and emergency services; our local authorities and the legions of volunteers. The achievement really belongs to the entire population – together, by following the rules, by getting vaccinated, this country has overcome the biggest challenges we faced in peacetime.
17. We saved lives, but we also lost so many, each one a tragedy, and each loss the cause of aching grief. It is quite right that this Inquiry has put the victims and their families at the heart of proceedings.
18. They have been in my thoughts throughout, and it is to them above all that I owe this account.

Initial Understanding and Responses to Covid-19 January to March 2020

January 2020

19. On 7 January 2020, the Chinese authorities confirmed the existence of a novel coronavirus that was causing a kind of viral pneumonia. I had seen it in the news at around this time.
20. Very shortly after, Matt Hancock mentioned it to me as we were walking through the lobby of the House of Commons. '*I am a bit worried about this Chinese virus,*' he said, and I could tell he was serious. I said that I understood his concern but could see no reason to panic. I felt that I was familiar with zoonotic diseases and the public health scares they can cause. I had written extensively in the late 1990s about Bovine Spongiform Encephalopathy, and the associated risk of new variant Creutzfeldt Jakob Disease ('CJD') in human beings.
21. I remembered a government medical officer of the day warning that there would be so many victims that it would be necessary to build hospices on every corner. Colossal damage was done to the UK livestock industry, though the number of CJD cases in human beings remained very small.
22. As Mayor of London, I had faced a bird flu scare which also turned out to be exaggerated. I did not minimise the possibility that this virus could be dangerous. It appeared to be another bat-related virus, like Mers or Sars. They had both caused a great deal of misery, if not in the UK. I asked Matt to keep me updated.
23. I note that Matt says he rang me on 22 January 2020 at 7 am to say that there was a 50-50 chance of the virus escaping China; that is possible, because we certainly talked regularly and often very early in the morning, but I can't now remember that specific conversation.
24. On 22 January 2020, SAGE held its first meeting to discuss the virus.
25. On 24 January 2020, Matt Hancock chaired the first Ministerial COBR meeting covering Coronavirus. He was the right chair for the job. In line with the National Security Secretariat ('NSS') Crisis Management Doctrine, No.10 coordinates with Cabinet Office officials to nominate a chair for each COBR meeting and

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Initial Understanding and Responses to Covid-19 January to March 2020

the chair is generally the Minister from the government department that leads on the subject to be discussed.

26. The committee discussed contact tracing of those returning from Wuhan, and how to improve it, but the idea of screening arrivals from China was deemed impractical **BJ/001 - [INQ00056214]**.
27. By this stage the Department of Health and Social Care ('DHSC') had already sent a great deal of information to primary care and social care providers about how to cope with a new virus – based more on general principles than detailed knowledge of the virus in question.
28. In preparing for this Inquiry, I have been shown some examples of the government guidance¹ that was published and given to health and social care providers in January and February 2020. I do not recall seeing this at the time it was published and nor would I expect to be consulted on guidance such as this.

The Virus Arrives in the United Kingdom

29. On 27 January 2020, Matt made a statement in the Commons about what was then termed the Wuhan Coronavirus. He said that the Chief Medical Officer ('CMO') continued to advise that the risk to the UK population was low and '*we are well prepared and well equipped to deal with [cases]*'. He said he had directed Public Health England ('PHE') to take a 'belt and braces approach' and to trace people who had returned from Wuhan in the past 14 days. He went on to say: '*Coronaviruses do not usually spread if people don't have symptoms – however we cannot be 100 per cent certain.*'
30. This uncertainty bedevilled our handling of the virus, certainly in the early weeks, and probably caused us to underestimate the speed with which it was seeding in the UK. The same misunderstanding unquestionably contributed later to the problem of nosocomial infection in care homes.

¹ (i) Guidance: Wuhan novel coronavirus (WN-CoV) infection prevention and control guidance published on 10 January 2020, updated 15 January 2020 **BJ/002 - [INQ000184034]** (ii) Guidance: 2019-nCoV: interim guidance for primary care, published 31 January 2020 **BJ/003 - [INQ000184035]** (iii) Guidance for healthcare providers: healthcare workers with relevant travel, healthcare or household contact history published by Public Health England on 25 February 2020 **BJ/004 - [INQ000184036]** and (iv) Guidance for social or community care and residential settings on COVID-19 published 25 February 2020 **BJ/005 - [INQ000223341]**. I note that the last of these documents, which was published by PHE and withdrawn on 13 March 2020, stated '*There is currently little evidence that people without symptoms are infectious to others.*'

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31. Matt went on to say:

From today, we are therefore asking anyone in the UK who has returned from Wuhan in the last 14 days to self-isolate. Stay indoors and avoid contact with other people – and to contact NHS 111.

[...]

The UK is one of the first countries in the world to have developed an accurate test for this coronavirus and PHE is undertaking continuous refinement of this test. PHE has this morning confirmed to me that it can scale up this test so we are in a position to deal with cases in this country if necessary.

32. I remember thinking that the general message was reassuring, and that we seemed to be well-prepared.
33. On 30 January 2020, the World Health Organisation ('WHO') declared a Public Health Emergency of International Concern ('PHEIC').
34. Since 2009, there had been several such declarations: swine flu in 2009; polio in 2014; Ebola in 2014 and 2019; Zika in 2016; and since none of those PHEICs had involved a major impact on the UK, I was not unduly alarmed.
35. By 31 January 2020, my anxiety levels were rising. We held a Cabinet meeting in Sunderland, and my brief for the meeting gives a flavour of the mood:

Background

On 31 December 2019, Chinese authorities notified the World Health Organisation of an outbreak of viral pneumonia in Wuhan City. The cause was identified as a previously unknown coronavirus. Coronaviruses are common throughout the world and can infect people and animals. Illnesses caused by coronaviruses range from the common cold to more serious diseases such as SARS. Case numbers continue to increase and are currently more than 2000, with cases continuing to be confirmed outside of China. The WHO Emergency Committee has not yet declared the outbreak to be a Public Health Emergency of International Concern.

The UK has increased its preparedness, including implementing a range of port health measures for flights returning from China based on the best medical view of what will be effective. Precautionary SAGE (Scientific Advisory Group for Emergencies) have been held to discuss a range of scientific questions and ensure common understanding of the science advice. Our understanding is improving continually, but questions remain, for example, at what stage transmission of the virus is possible.

As of 29 January, 131 people have already been tested and concluded as negative for coronavirus in the UK. BJJ006 - [INQ000183869]

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Initial Understanding and Responses to Covid-19 January to March 2020

36. The briefing also highlighted it was 'important we are ready at home and can ensure the safety of UK Nationals abroad, and continue to monitor the outbreak closely...we should begin to prepare for the reasonable worst case, which the Chief Medical Officer advises the likelihood is c.10%' (page 9, **BJ/006 - [INQ000183869]**).
37. I also relayed that the CMO had agreed that the risk assessment level for the UK population should be changed from low to moderate and I mentioned the WHO's declaration of a PHEIC. I then invited Matt to provide an update.
38. Matt informed Cabinet that there were two confirmed cases in the UK but 9,700 cases reported in China where there had been 213 fatalities **BJ/007 - [INQ000056125]**. Although he said that the rate of infection was similar to SARS disease with typically two and a half to three people, the mortality rate was much lower at 2%.
39. This sounded in one sense reassuring, since SARS had very little impact in the UK. In another sense we should have realised that it was not reassuring – 2 per cent of a potentially very large number is, potentially, a very large number.
40. The plane of British citizens being evacuated from Wuhan was due to arrive that afternoon and they would be taken to a hospital for monitoring (although none showed symptoms). Matt warned that if China did not grip the situation, it could become global but if they contained the virus, there would not be a problem.
41. When I summed up, I said that the Government's tone should be reassuring. The minutes record that I said '*People should not panic*' which was very much my feeling.
42. As my briefing notes show, I concluded the topic saying it was critical that we keep the risk under review and adapt our response should the risk to the population increase and of course noting that it was prudent to prepare for a reasonable worst-case scenario.
43. I knew that SAGE meetings had started and that Ministerial COBR meetings had been chaired on 24 and 29 January 2020, the latter of which expressly covered UK preparedness and Reasonable Worst-Case Scenario ('RWCS') Planning, and I was confident that steps were being taken across government to ensure the UK's emergency preparedness to deal with a pandemic. I

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understood from January that the UK Government was preparing for a RWCS but at that stage I do not believe I was taken through the steps that might be necessary for the response.

Scientific Articles and Reports

44. I don't think I was directed to read or shown any particular scientific literature at this stage, which is not surprising. If there had been something that my team wanted me to see, they would simply have digested the paper for me. I was, of course, reading widely on the internet throughout the pandemic. As time went on, I read more and more, and I do remember occasionally looking at articles from the Lancet.

WHO Advice

45. I have been asked whether I considered that WHO advice, such as that published on 9 January ('WHO Statement regarding cluster of pneumonia cases in Wuhan, China' **BJ/008 - [INQ000106040]**), 4 February ('Strategic Preparedness and Response Plan' **BJ/009 - [INQ000087457]**) and 29 February 2020 (WHO Director-General's opening remarks at the media briefing on COVID-19) applied to the UK. I have been shown these documents, but I do not recall seeing them at the time. From looking at them now, they clearly state that they:

- a. 'WHO does not recommend any specific measures for travellers. WHO advises against the application of any travel or trade restrictions on China based on the information currently available.' (9 January: WHO Statement regarding cluster of pneumonia cases in Wuhan, China);
- b. Set out public health measures that 'the international community stands ready to provide to support all countries to prepare for and respond to [Covid-19]' and offers 'strategic action that can guide the efforts of all national and international partners' (4 February 2020: Strategic Preparedness and Response Plan); and
- c. '*[O]ffer guidance to Member States on quarantine measures for individuals in the context of COVID-19*' (29 February 2020: Considerations for quarantine of individuals in the context of containment for coronavirus disease).

They therefore appear to apply to all countries, including the UK.

Reflections on January 2020

46. Looking back, it is clear that we vastly underestimated the risks in those early weeks. If we had properly understood how fast Covid was spreading, and the fact that it was spreading asymptotically, there are many things we would have done differently.
47. If we realised what this virus could do, then we would have immediately laid down stocks of personal protective equipment ('PPE'), checked PHE had diagnostic abilities, started the race for a vaccine, and started to socialise the public with the idea that they were going to have to do non-pharmaceutical interventions.
48. On the other hand, we had seen nothing like it in our lifetime. At this stage there was no loud klaxon of scientific alarm, certainly not in the heart of government. On the evidence that we had at the time I feel that we were treating the virus as something serious that we needed to prepare for and keep under close review. For many of the viral threats we had faced in the last decades, that approach might have been enough. For Covid, sadly, it was not.
49. I note that on a 'Commonly Recognised Information Picture' ('CRIP') dated 5 February 2020, the SAGE key conclusions were recorded as including '*...there are many uncertainties (such as ... whether there is asymptomatic transmission)*' **BJ/010 - [INQ000056148 page 12, internal page 11]**). On 18 February 2020, a later CRIP recorded '*Asymptomatic transmission cannot be ruled out*' **BJ/011 - [INQ000056150 page 6]**.
50. I don't think that any of us, at that stage, had any clear understanding of how the virus was transmitted, and that controversy was to persist for a long time. Nor did we realise how much it was spreading through the UK.
51. At this stage Covid was by no means dominating the news or politics. It must be remembered that this was the time when the UK officially withdrew from the EU, on January 31.
52. Neither on 29 January 2020 nor on 5 February 2020 was I asked a single question about Covid during Prime Minister's Questions ('PMQs').
53. I am asked whether at this stage I compared the disease to swine flu or said it was just a scare story. I certainly may have drawn parallels with previous public health threats, as I have described above. But I could see enough – just from

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the reporting from China, let alone Italy – that this could be a very serious threat. Equally, the later suggestion that, in around March 2020, I volunteered to be injected with the virus on live TV. I reject and attach little credence to the source of that account.

February 2020

54. On 4 February 2020, I received an update on the evacuations of British nationals and dependants from Hubei **BJ/012 - [INQ000136737]**. I was informed that all passengers would be quarantined in an NHS facility. There were also others flying back via New Zealand, who would be quarantined there before making their way back to British soil.
55. There were two COBR meetings in February 2020, one on 5 February and a second on 18 February 2020, both chaired by Matt (see the minutes at **BJ/013 - [INQ000056215]** and **BJ/014 - [INQ000056227]** respectively). There is no particular surprise that there were only a couple of meetings designated as COBRs, or that Matt should chair them rather than me, since there were plenty of other high-level governmental meetings on Covid, and I was being kept informed at all stages by my team, notably my private secretaries Stuart Glassborow and Imran Shafi.
56. By the 5 February 2020, the Government had begun preparing both for a RWCS and a draft Covid Bill.
57. By the next Cabinet – 6 February 2020 – there were still only two UK cases, and Matt said that the central point to make was that the country had a plan to deal with Covid and this was guided by science (see the minutes at **BJ/015 - [INQ000056137, page 3]**).
58. On 10 February 2020, I nonetheless had a further meeting, in my office, with Sir Mark Sedwill, Cabinet Secretary, and others (Martin Reynolds, Imran Shafi, **NR** and Dominic Cummings), because it was clear that the Chinese curve was very steep, and the TV pictures were alarming. This was described in my official diary² as a 'Coronavirus update' meeting and was a briefing meeting (see for example the email from Imran Shafi and Tara Soomro dated

² Where I have referred to 'my diary' in this statement, I am talking about the 'PM Diary' which was kept by officials to record the timings of my meetings and movements **BJ/016 - [INQ000226185]**. I have been asked whether I kept a personal diary in the early stages of the pandemic: I did not. Alongside the PM Diary, I kept notes of meetings in my notebooks which have been disclosed to the Inquiry.

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8 February 2020 which had been placed in my weekend box which said 'You will have a briefing on Monday morning on the latest situation' **BJ/017 - [INQ000146559]**). By this stage a great deal of planning was already underway, for the need to take extra powers, for the possibility of school closures, economic support for business and a host of other issues.

59. On 14 February 2020, I warned the Cabinet that the Government and the country had to be prepared for Covid to get worse (see the minutes at **BJ/018 - [INQ000056138]**).

60. My briefing note covered, by way of an introductory point that '*We are actively preparing for a reasonable worst case scenario although it remains only a possibility*' **BJ/019 - [INQ000056129, page 5]**. The briefing contained a draft note to thank the CMO for '*ensuring that our actions are evidence based and proportionate*'.

61. In the meeting, I introduced the topic warning that 'the Government and the country needed to be ready for the coronavirus situation to get worse. The public messaging so far had struck the right balance between preparing the public for what might happen and not causing unnecessary alarm.' **BJ/018 - [INQ000056138]**

62. During his briefing, Professor Chris Whitty, the CMO, said:

if the virus became widespread in the UK, there were plans in place that could slow down its spread. The virus might take between six weeks and two and a half months to reach its peak, then run at that peak for a few weeks. There was a chance there could be two peaks. It was difficult to predict the scale of an epidemic in the UK; but no one would be immune and there was no vaccine. It was possible that the virus would die out naturally as the seasons changed. If it did not, he expected that up to 50 per cent of the population would be affected with symptoms. The plans that were already in place to tackle an influenza epidemic would be needed.

63. Matt responded:

The balance struck in public communications was right and public confidence in the handling of the situation had gone up over the previous three weeks. The message was clear: the Government had a plan, informed by science. People could do something to help, namely wash

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their hands, catch their sneezes and self-isolate if they thought they may have the virus. Colleagues should be cautious with their communications regarding the virus; much of the information communicated by the Chief Medical Officer was not in the public domain.

64. During the discussion that followed, we gave thought to suspending all flights from China to the UK but Chris did not support that action. He said:

the spread of the virus would not be stopped by the suspension of flights from China. If the UK suspended flights the modelling showed that it would only slow the spread of the virus by a maximum of five days. If the whole of the EU suspended flights from China then the virus may be slowed by two to four weeks. Of the cases in the UK, only three had come from China, the rest were from Singapore or France.

65. These were points that were to be made several times by scientists in the coming months. Whatever its intuitive and political attractions, shutting borders was no panacea. Britain is an open and free-trading economy. You might delay a virus for a few days by stopping travel. But to keep the virus out completely you would need draconian measures that would be hard to sustain.

66. The CMO then went on to say:

There was no specific treatment for the virus. However, all those in the UK with the virus had moderate or mild symptoms. There was no guarantee, but people should make a full recovery.

67. I don't think CMO intended any of us to be particularly reassured; but at that stage it sounded, at least to me, like a crumb of comfort.

68. I summed up saying that 'There was potential for the virus to have a large impact on the UK's economy and it was important to be ready for that.'

Daily Update: 24 February 2020

69. On 24 February 2020, I received an update in my Daily Update. It said:

Coronavirus: On the back of developments over the weekend with the spread of the virus to Italy, South Korea, Iran etc, we have re-tested with the Chief Medical Officer whether we should consider any additional measures on UK borders to prevent the further spread of the virus. The scientific advice from the Chief Medical Officer and Chief Scientific

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Adviser does not currently consider port of entry screening to be effective – not everyone with Coronavirus will have a temperature, and not everyone with a temperature will have Coronavirus. This will be kept under review, as will the question of what measures should be taken to contain a localised outbreak, were one to occur in the UK. [The underlining was added by me when I read the update.] **BJ/020 - [INQ000146564]**

Cabinet Meeting: 25 February 2020

70. It is a measure of the focus we then had on other things that Covid was not officially on the agenda for this meeting **BJ/021 - [INQ000089936]; BJ/022 - [INQ000089935].**
71. In the meeting itself, Matt reported that there had been an increase in Covid cases in northern Italy and that the Government's Chief Medical Adviser had changed his advice, *'those with symptoms returning from the region North of Pisa should self-isolate for 14 days. Those returning from areas now quarantined should self-isolate regardless of symptoms.'* **BJ/023 - [INQ000056140]**
72. It should perhaps have been clear from this that there was now increasing anxiety that asymptomatic transmission was taking place, but I am not sure that the point was made explicitly.
73. Matt observed, 'If the number of global cases continued to rise, it would not be possible to keep the number of cases in the UK to a handful.' He said that public messaging would 'focus on the importance of handwashing, which was critical to preventing the spread of the virus'.
74. When I summed up the topic, I ended by saying, *'It was encouraging that the rate of new cases in China was decreasing.'* It certainly sounds as if I was trying to strike a relatively positive note.
75. Others were also willing to sound relatively cheerful. On 26 February 2020, PHE announced that it was pursuing a new surveillance strategy. I was aware of this strategy, but the details were not clear to me at the time.
76. In announcing the new system on the gov.uk website, PHE said **BJ/024 - [INQ000237580]:**

There is no current evidence to show that the virus is circulating in the community in England, but internationally there is evidence of wider

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transmission of the virus in areas outside of China, most recently Italy and South Korea.

This new surveillance strategy will enable PHE to identify early evidence of spread within England, if this occurs.

...

Professor Yvonne Doyle, Medical Director, Public Health England, said:

“We have taken a belt and braces approach throughout this outbreak. This new system is another important way we can help limit the impact of COVID-19 in the UK, as we continue to ensure we have the best possible intelligence to protect the public’s health.”

“There is no change in risk for the public but taking this preparatory step now will enable us to better detect and contain the spread of the virus. The UK’s infection control procedures are world-leading, and the system we are announcing today further strengthens our response.”

77. It also referred to the ‘tried and tested surveillance systems in place to monitor and manage the spread of community transmission of seasonal influenza each year’.
78. Looking back at January and February 2020, it is clear that we were far too complacent about what might happen, and about the state of our national preparedness. It was not the case that I was somehow distracted by other things.
79. I am afraid at that stage there were just too many things we did not understand or underestimated.
80. I had a basic confidence that things would turn out all right, on the fallacious inductive logic that we’d had Asian zoonotic scares before, and they had turned out all right.
81. Of course, it was not long before that optimism was confounded.

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82. On Saturday 28 February 2020 the first British national lost his life to Covid - he was a passenger aboard a cruise liner in Yokohama.

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83. The first case of Covid-19 was confirmed in Wales and three more cases were confirmed in England.
84. For several days now my gut instinct was telling me that we faced a really alarming problem, and the previous day I requested that I should become more involved and should chair a full COBR meeting in person.

85. My private secretary Stuart Glassborow responded:

You've asked for an update on Coronavirus and your engagement. On the virus itself the latest statistics are as follows: 81,000 confirmed cases globally (of which 78,000 are in mainland China), 2,761 deaths (of which 46 have occurred outside China), and 15 cases in the UK (a further two cases were confirmed today of individuals who had been in Italy and Tenerife). Outside China, the largest number of confirmed cases are in South Korea (1146), Japan (691), Italy (322) and Iran (139). There also 16 British tourists in quarantine in a hotel in Tenerife.

From the UK angle, DHSC is planning to publish the Government's preparedness plan next week, alongside plans for emergency legislation and a new handwashing campaign. You will receive an update on the plan and the legislation for your weekend box. Matt Hancock continues to chair the weekly COBRs (the last one was yesterday). You could consider chairing next week's COBR, to signal your active involvement on this issue - though we would propose that Hancock should then resume chairing.

[...] We can also make sure we get into the rhythm of twice-weekly updates for you from the Chief Medical Officer.... BJJ025 - [INQ000136747]

86. That Saturday 28 February 2020 – with the news of the first British death - Chris Whitty sat me down in the Cabinet Room and gave a brilliant exposition of the likely trade-offs ahead. I understand that no notes from this discussion have been located but it is a conversation I remember vividly.
87. There were things you could do to stop the spread of a highly contagious disease – and he described lockdowns and the cost of lockdowns. He cited the damage to education, to the economy, to mental health, to life chances, to equalities.

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88. The scientists – epidemiologists such as himself – could explain the likely path of the disease and how to control it. But there were limits to human patience, to the willingness of the population to do as they were told.
89. That was why it was so essential to get the timing right. If you went too early, for instance, you might have to sustain restrictions for longer than people could endure.
90. At every stage there would be enormously difficult trade-offs, between people's economic security and their physical health. These decisions could not be taken by scientists. They were inherently political.
91. From that moment on I could see that there were limits to the mantra that we were 'following the science'. Science could guide us and help us but many of the decisions would involve such complex moral and political dilemmas that only elected politicians could take them.
92. I made sure to ram this point home to my colleagues. For instance, at the Covid-S meeting on 4 June 2020 where I said that it 'was important to remember that the Chief Medical Officer and the Government Chief Scientific Adviser were here to support and advise the Government, but there were some decisions that only Ministers could take.' **BJ/026 - [INQ000088234]**
93. I am asked about my impressions of SAGE, and the running of SAGE during this period. All I can say is that I found that Patrick Vallance and Chris Whitty (Co-chairs of SAGE) did an outstanding job both of managing SAGE and harvesting the opinions of the scientists.
94. It is true that SAGE's views on some issues changed throughout the pandemic, and it is also true that the committee was not always unanimous. That was inevitable, given that we were facing a new virus.
95. I think Chris and Patrick did an excellent job of presenting the science in a way that was most useful to political decision-makers.
96. After that meeting, also on 28 February 2020, I recorded a short piece to camera (known as a 'clip'), in which I stressed that Covid-19 was now the Government's top priority and repeated advice that had already been given by the CMO, saying: "*[t]he most valuable thing we can all do to prevent the spread of the coronavirus is to wash our hands for 20 seconds or more with hot water and soap*" **BJ/027 - [INQ000248812]**.

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97. That night Imran sent me a briefing from Katharine Hammond of the Civil Contingencies Secretariat ('CCS'), called 'Covid-19: the UK's preparedness'. It was written in consultation with the CMO and Government Chief Scientific Adviser ('GCSA'), along with an action plan that Matt Hancock wanted to publish on Tuesday 2 March 2020 **BJ/028 - [INQ000146569]**. In this briefing I was told that Covid-19 '*could become a once-in-a-generation event*'.

98. The briefing note set out a clear summary of much of the relevant detail then available:

2. Based on existing assumptions for a severe pandemic flu outbreak, in a reasonable worst case scenario about half of the UK's population would become ill (many with mild symptoms), and up to 520,000 people could die as a direct result of Covid-19. The scientific advice is to use these numbers for planning – they are not a prediction and will be refined as more data becomes available...

3. Preparations are well underway, COBR is meeting regularly and our best scientists are advising on when this step up will be needed.

99. It gave the following information about transmission:

4. ...Transmission can occur by touching an infected person or object and sprays of droplets and aerosols such as those caused by normal breathing, coughing and sneezing.

5. We are still learning about the effect of the virus on humans. About two to six days after infection people experience symptoms such as a cough, temperature and shortness of breath. Most experience mild symptoms. People who experience severe symptoms may be ill for two to three weeks. The risk of severe disease and death is substantially increased in the elderly (60 years and above) and adults with pre-existing health conditions. Information on children is sparse, but the number of children reported with symptoms appears to be relatively low.

100. It continued:

6. Our best scientific advice has concluded that, in the reasonable worst case scenario, the risk of Covid-19 to the UK is similar to that of a severe pandemic flu outbreak, although it may well be less severe than this and we will adjust the numbers as new data emerges. In this reasonable worst case scenario, one of several waves of Covid-19 will infect about

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80% of the UK population, and up to 1% of this group will die as a direct result of the infection (other NHS patients may also die because of NHS overload but this has not yet been modelled). Some may not experience symptoms and many will experience mild symptoms...

101. I remember thinking that the RWCS was not quite clear. On the one hand, the paper said that there could be 520,000 deaths. On the other, I saw that she also said that this was *'equivalent to a severe pandemic flu outbreak, though it may well be less severe than this.'*
102. I was puzzled. Which was it? Half a million deaths or a bad flu epidemic? I remember asking my team – and no one seemed to be sure.
103. The paper repeated the points made earlier by our scientific advisers about closing borders.

Alongside the proactive decisions above, some choices for Ministers will be on whether not to take certain measures. We have seen some other countries close their border and quarantine entire towns to try and contain the outbreak. However, the UK relies on the flow of goods and services with other countries and policing by consent. Decisions will need to be taken based on the best science and policy advice, which may differ from other countries.

104. The note also set out the UK Strategy and domestic response, including containment, delay, mitigation – the first time I had seen the sequence, I believe – and highlighted some of the decisions that might lie ahead. The Action Plan was later considered in detail at the COBR meeting on 2 March 2020 (discussed from paragraph 111 below).
105. On 29 February 2020, I had a 'sit-rep call' with Matt Hancock, Chris Whitty and Chris Wormald (with several officials listening in). This was to give me a short factual update on the developments since the following day and a summary of the call was circulated by Imran Shafi in an email following the call **BJ/029 - [INQ000146567]**. The summary recorded that I had *'flagged the importance of knowing what we're doing in social care settings'*.

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106. The following day, Sunday 1 March 2020, I visited the PHE labs at Colindale, to see the new surveillance operation. The staff there were clearly doing their best – and I did my best to sound reassuring in my clip for the news – but I had

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the impression of considerable uncertainty about the disease and how to track it.

107. By now there were 35 confirmed cases in the UK and over 7,000 people had been tested across the country.
108. As for combating the disease, we were still saying not much more than wash your hands. It was not clear, for instance, whether the public should shun any physical contact.
109. I then went on to the Royal Free Hospital and shook hands with staff and some patients – for which I was later criticised. With hindsight, I would have been more cautious. But that is true of much (if by no means all) of this account.
110. Whatever the rights and wrongs of handshaking in the first days of March, tackling coronavirus was now the Government's top priority.

COBR and the Coronavirus Action Plan: 2 March 2020

111. On 2 March 2020, I chaired a Covid-19 COBR meeting for the first time. As was usual, I had been briefed in advance by way of a briefing note in my box on the evening of 1 March 2020 (BJ/030 - [INQ000183876] and BJ/031 - [INQ000056176]) and on 2 March, a pre-brief from Matt, Chris Wormald (Permanent Secretary at the Department of Health and Social Care ('DHSC')) and Katharine Hammond from CCS.
112. The key objectives of the COBR meeting were to ensure a common understanding of Covid and specifically to agree the Covid-19 Action Plan for publication on 3 March 2020 and to ensure development of a Bill to provide the powers needed in a RWCS. The meeting was attended by the Scottish and Welsh First Ministers and Health Ministers, and the Northern Irish Health Minister, as well as members of the Cabinet and others.
113. In my introduction to this meeting, I said that the Government's approach would be '*guided by science and would focus on helping the most vulnerable and the elderly*' and I stressed the importance of good hygiene to prevent Covid's spread BJ/032 - [INQ000056217].
114. The CMO said:

that contact tracing for the source of infection for the last two cases in the UK had not been successful and that in both France and Germany

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there was now sustained community transmission. That the aim for the DELAY phase, if CONTAIN failed, was to delay the peak of infections, to reduce the peak, and to minimise loss of life.

... interventions to delay the spread of the virus must not be implemented too early in order to ensure maximum effectiveness. The Scientific Advisory Group for Emergencies (SAGE) was looking at measures for social distancing and exploring measures that both Hong Kong and Singapore had utilised.

115. The Covid-19 Action Plan had been prepared by DHSC with input from the Government's scientific community. The plan outlined our planning principles and our phased response to the virus. It laid out four strands: containing the virus; delaying its spread; researching its origins and cure; and mitigating the impact should the virus become more widespread. It also outlined what the public could do to support the response. The Committee – including the Devolved Administrations ('DAs') – agreed that the Action Plan should be published – it was published the following day with the title 'Coronavirus: action plan' **BJ/033 - [INQ000056154]**. During the meeting, there was also agreement to proceed with the 'Covid-19 Bill' to give the Government emergency powers to respond to the RWCS. My impression was that this was a successful collaborative effort working alongside the DAs.

116. The note on the proposed emergency legislation from DHSC stated:

*As emergency legislation, the powers in the Bill would be time limited. Our current expectation, which we are working through with lawyers, is that the overall 'emergency period' would begin on Royal Assent, but individual powers within the Bill would only be commenced by Ministers as needed, with the ability for them to suspend again if no longer required. We are suggesting Ministers report monthly to Parliament on how those powers are being used. The emergency period would be time limited and could be reduced if the crisis ends sooner. Our aim is to balance the need for speed with safeguards to ensure proper oversight and accountability. **BJ/034 - [INQ000052269]***

Press Conference: 3 March 2020

117. On the morning of Tuesday 3 March 2020, I held a press conference at No.10 with Chris Whitty and Patrick Vallance **BJ/035 - [INQ000086761]** in which I

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announced the publication of the Coronavirus Action Plan **BJ/033 - [INQ000056154]**. I introduced the 'contain, delay, research and mitigate' strands and sought to reassure the public that *'for the overwhelming majority of people who contract the virus, this will be a mild disease from which they will speedily and fully recover'*. I explained that our plan was *'to doing everything possible based on the advice of our world leading scientific experts to prepare for all eventualities'*. I said, *'we already have a fantastic NHS, fantastic testing systems and fantastic surveillance of the spread of disease'* and that we were *'extremely well prepared'* which reflected my understanding at that time. I said that the Action Plan explained steps that we could take *'at the right time along the basis of the scientific advice'*. I said that the single most important thing that people could do was to wash their hands with soap and water *'as I think our experts would attest'*. As the narrative below shows, I then repeated this advice at almost all available opportunities, including at Press Conferences on 9 March 2020 and 12 March 2020, and on an ongoing basis.

Cabinet Meeting: 3 March 2020

118. Later that day, I chaired a Cabinet Meeting. It included an update on Covid-19 and I was provided a brief in advance but it did not cover anything about Covid-19 **BJ/036 - [INQ000056141]**. The minutes show Matt updated us that cases in Italy, Germany and France were increasing rapidly and he introduced the Action Plan but concluded *'Other than that, it was business as usual'* **BJ/037 - [INQ000056139]**.

Covid-19 (O): 5 March 2020

119. On 5 March 2020, I attended a Covid-19 meeting for Officials **BJ/038 - [INQ000183959]**. I chaired the meeting for item 1 – the outcome of SAGE – and Mark Sedwill chaired the remainder of the meeting. The meeting was attended by Chris, Patrick and officials from various departments. At the meeting, I stressed the importance of establishing clarity over the differences between the phases of HMG's response to the Covid outbreak and asked the Government Office for Science (GO Science) to provide an update on the latest meeting of SAGE. Chris reported that the response was currently in the 'contain' phase and outlined measures for the 'delay' phase, which included self-isolation, home/household quarantine and cocooning of vulnerable groups. The timeline was two weeks for self-isolation and home/household quarantine, and two weeks after that for cocooning. Chris said the prohibition on mass

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gatherings was not considered necessary at this point, nor widespread school closures. I emphasised the importance of clear and transparent messaging to the public. I asked about communications of the announcement of the first death from Covid and messaging in the run-up to the announcement of new measures.

COBR: 9 March 2020

120. On 9 March 2020, I chaired another COBR meeting (Matt had chaired another on 4 March 2020 which the DAs attended but I did not attend). As usual, I received an advance brief **BJ/039 - [INQ000056190]**.

121. At the meeting (again attended by the Scottish and Welsh First Ministers and the Northern Irish Health Secretary), Matt said that although UK numbers were increasing, they were not as high as those seen in France and Germany; he noted sharp spikes of cases in Italy and Iran **BJ/040 - [INQ000056219]**. The CMO warned that there was an increased use of intensive care units for Covid patients and there were now three confirmed Covid deaths and one unannounced death with 270 known cases in the UK. The meeting discussed the planned interventions to delay the virus's peak and to reduce mortality which included self-isolation of symptomatic individuals and household isolation where one individual was symptomatic alongside measures to protect the elderly and vulnerable.

122. Critically, the minutes record:

6. The CMO said the timing of implementation of measures was crucial. These measures would possibly be in place for months and public compliance or despondence was heavily dependent on timing. Self-isolation and safeguarding of the elderly/vulnerable were likely to be more effective than full household isolation. That the scientific advice supported early implementation of individual self-isolation. As per usual medical advice, those with heavy respiratory tract infections were to remain at home. The next stage would be for those who are mildly symptomatic to self-isolate.

123. Following discussion, the CMO explained that 'The measures outlined were about changing the shape of the virus curve, as opposed to suppressing it'. He advised that 'Full household isolations and safeguarding for the elderly were not required immediately and could be triggered later' and 'Self-isolation of mild

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cases should be communicated within the next 10 days.' I said that the next COBR meeting would discuss this.

124. In advance of the meeting, I was also provided with a note on the proposed emergency coronavirus legislation **BJ/041 - [INQ000146575]**. It said that my legislation team and the Whips' offices were worried about how the Bill would be received in Parliament. Included in these papers was a note from Katherine Hammond (under cover of a billet doux ('BD') from Imran **BJ/041 - [INQ000146575]**) which said **BJ/042 - [INQ000146574]**:

12. We are clear that the purpose of the Bill is to provide powers for use only if needed, judged on the basis of the clinical and scientific advice. However Depending on Usual Channel discussions, we may need to build in safeguards to ensure that powers are only used as necessary, for example during the peak of a pandemic. Our aim is to balance the need for speed, as appropriate to the risk posed by the virus, with safeguards to ensure proper Parliamentary oversight and accountability. For example, provisions in relation to the Care Act will not be commenced until the peak of the outbreak and are expected to be used only for a small number of weeks.

[...]

20. Emergency powers in the legislation are designed to be switched on/off – in order to ensure they are in force only for the minimal period necessary over the two year lifetime of the Act, to deal with the outbreak effectively but also proportionately. For those areas that are England-only or reserved, these powers will be switched on/off by UKG Ministers. For those areas that are within the DAs' competence, these powers will be switched on/off by the DAs, or by UKG Ministers with the DAs' consent (which, in the interests of speed, they are happy to do via a minuted decision at COBR(M)). This approach has been agreed with the DAs at official level, and also now by their Ministers. We are confident that once COBR(M), acting on the advice of the four CMOs and of SAGE, make a policy decision that requires one or more of these powers to be switched on/off, then that can be readily and speedily achieved in a manner consistent with the devolution settlement. [I added the underlining by hand when reading the note.]

125. I annotated this note saying:

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(1) Make sure STURGEON and DAs stay locked in.

(2) Some of these measures may be useful in the future – but we should make the sunset point loud and clear.

126. Looking back, we should have thought much harder about the legal basis for the measures proposed. There is a respectable argument that we should have used civil contingencies legislation rather than public health legislation. By allowing for at least the appearance of a divergence in approach between the various parts of the UK, we were risking considerable public confusion and frustration – when clarity of message was crucial.

Press Conference: 9 March 2020

127. Later that day, we held a further press conference in which I explained that we remained in the 'contain' phase of the outbreak but were '*making extensive preparations for a move to the delay phase*'. I again recommended hand washing.

128. During the Q&A that followed, Chris gave a public explanation of the point he had made to me – that if and when you restrict people's liberty, in order to stop the spread of a disease, you have to get the timing right. You can't go too late, but there are also risks with going too early:

What we are moving now to is a phase where we will be having to ask members of the general public to do different things than they would normally do....it is not just a matter of what you do, it's a matter of when you do it because anything we do, we have got to be able to sustain. Once we have started these things, we will have to continue them through the peak and that is for a period of time and there is a risk that if we go too early, people will understandably get fatigued and it will be difficult to sustain this over time so getting the timing right is absolutely critical to making this work.

129. On 10 March 2020, I read a Daily Update in my box which said:

Coronavirus/international: *To be aware, the number of cases in Italy has jumped dramatically today (10 March) – they now have 10,000 confirmed cases, and 631 deaths. In Lombardy, the epicentre of the epidemic, 8% of those diagnosed with the virus have died. The view is that this higher fatality rate is down to the fact that the population is on*

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the whole older. **BJ/043 - [INQ000183880]** [Again, I added the underlining by hand when reading the note.]

130. I was very disturbed by the 8 per cent figure for fatalities among an elderly population. Britain also has an elderly population. The potential consequences were becoming ever clearer.

Cabinet Meeting: 11 March 2020

131. On Wednesday 11 March 2020, I chaired a Cabinet Meeting at which Covid was discussed. My briefing note was provided in advance as usual **BJ/044 - [INQ000056143]** and the minutes showed that I wished Nadine Dorries a speedy recovery from Covid **BJ/045 - [INQ000056132]**. Nadine was then the Junior Minister for Health and it had been announced that day that she had gone down with Covid, and I believe that she was the first person I knew of to succumb with whom I had been in any kind of recent personal contact.

132. The minutes record Matt updating the meeting, including saying:

in the UK, 373 people had been diagnosed with coronavirus and eight people had died. In the case of the Parliamentary Under Secretary of State for Health and Social Care, Public Health England were in the process of contacting people who had come into contact with her. He had spoken to the Speaker of the House of Commons and to the Shadow Secretary of State for Health, and both had accepted the need for a calm and proportionate response; this message of calm should be communicated by colleagues to others in Parliament. The evidence indicated that the infection was passed on through contact of at least 15 minutes at a distance of two metres or less. Unless individuals were symptomatic there was no point in being tested: the test would not work. The key symptoms were a dry cough and a temperature. Without these symptoms, it was highly unlikely that someone was suffering from coronavirus.

[...] The first decision, likely to be taken later that week, was to tell people to self-isolate even if they only showed mild symptoms. There would be ongoing pressure to bring forward measures that were not scientifically grounded, and the Government should hold firm in proposing only those with a proper scientific basis. It had rightly won plaudits for its approach so far. [Emphasis added]

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133. I address our lack of understanding about asymptomatic transmission at paragraph 320 below but I have emphasised here an example of the picture as we mistakenly understood it at that time. This cropped up again in the discussion that followed, in which the following was discussed as the minutes recorded:

a) given the global death rate and the number of those who had died in the UK, it was likely that far more people were infected than had currently tested positive;

b) scientific evidence was not fully conclusive about the point at which individuals could transmit the virus, although consensus was that transmissibility was low before individuals became symptomatic;

[...]

c) there was no single scientific view on how to deal with the outbreak; evidence from other countries should also be considered. Experts should set out why they had reached their conclusions. There was a danger of confirmation bias;

[...]

f) the policy to keep schools open was right, but the Easter holidays were not far away and if many teachers became ill it may be difficult for all schools to reopen. [Emphasis added]

134. I summed up saying:

... the Government would be led by the scientific evidence. Scientists did not have a monopoly on wisdom but neither did politicians. The Government would come under pressure to take further significant action, for example closing schools or banning public events. These interventions remained on the table, but epidemiologists were clear that the timing of their introduction was key to their effectiveness. Measures would be deployed only when the time was right.

135. It is clear from these Cabinet minutes – when the virus was already circulating at a rate we did not understand – that the misunderstanding about asymptomatic transmission was proving very durable.

136. On the same day, 11 March 2020, the WHO declared the novel coronavirus (i.e., Covid-19) outbreak a global pandemic. The Daily Update note in my box

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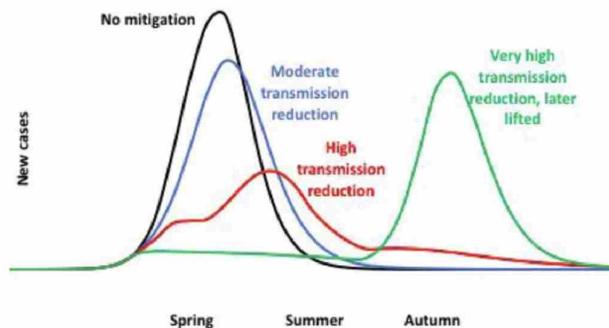
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that night informed me about this and observed that it was 'aimed at increasing pressure on governments to act and move from containment to delay...' **BJ/046 - [INQ000183886]**. The handwritten tick shows that I read and acknowledged this.

COBR: 12 March 2020

137. Before the COBR meeting on 12 March 2020, a paper on the Covid-19 intervention measures prepared by the Cabinet Secretariat was circulated **BJ/047 - [INQ000052484]** along with CRIP (25) **BJ/048 - [INQ000056223]** and as usual, I was given a written briefing **BJ/049 - [INQ000056194]**. My briefing described 'delay interventions' – meaning interventions to delay the spread rather than delaying the interventions – although in the agenda itself the topic is just described as 'Package of Interventions'.
138. In the paper on intervention measures, on page 8 headed 'Profile of the epidemic under different approaches', was the following graph:

Illustrative impact of social and behavioural interventions lasting several months on a Reasonable Worst Case epidemic



139. The text alongside this image said:

Under the RWCS, cases are expected to peak during April-May, with a very high peak incidence (black line in graph).

Social and behavioural interventions may flatten the peak of the epidemic and increase its duration with the aims of relieving pressure on the NHS, reducing deaths and ensuring they are managed with dignity (red line).

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Very stringent social and behavioural interventions (such as those in China) have the potential to prevent a major epidemic establishing, but risks a large epidemic re-establishing when lifted (green line). The advised approach seeks to avoid this possibility.

Vaccines are unlikely to be available until early 2021.

140. This slide (or versions of it) appeared in the advice that we were receiving during the days that followed and set out the advice that we were receiving from SAGE and the DHSC.

141. At the COBR meeting, decisions were needed on which interventions to implement and which to trail for future implementation. The paper described four social and behavioural interventions that SAGE advised implementing to delay the outbreak based on the clinical evidence:

- (i) individuals stay at home for 7 days from the point of displaying mild symptoms - to delay the peak;*
- (ii) household stay at home for 14 days from the point that any member of the household displays symptoms - to delay the peak;*
- (iii) most vulnerable individuals stay at home for a period of 13-16 weeks - to reduce deaths and delay the peak;*
- (iv) significant reduction of social contact by the over 70s and at risk groups - to reduce deaths and delay the peak.*

142. The period of seven days for the first measure was explained in the paper on the intervention measures which said:

The guidance is that this is 7 days per individual. That is based on advice that the risk of infecting others has fallen by the time 7 days have elapsed from symptom onset. Modelling the difference between 7 and 14 days shows negligible difference in cases and deaths.

(In the press conference later that day, Chris also explained to the public that they had chosen seven days because the illness was most infectious at the beginning.) I accepted that seven days was not arbitrary but an appropriate period, which had been given careful consideration.

143. I chaired the COBR meeting on 12 March 2020. The key objectives for the meeting set out in my briefing were to:

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- a. agree when interventions 1 and 2 should be implemented and how that would be communicated later that day;
 - b. confirm that implementation of interventions 3 and 4 should be developed at pace; and
 - c. to maintain a Four Nations position on mass gatherings.
144. We understood in advance that Scotland were likely to press for the cancellation of mass gatherings to relieve pressure on emergency responders. Nicola Sturgeon had said at First Minister's Questions that it was not appropriate to continue as normal and she would recommend cancelling gatherings of more than 500 people. I was keen to try to encourage everyone to follow SAGE's advice insofar as possible and for the Four Nations to stick together as one United Kingdom.
145. At the meeting (attended by all the First Ministers of the DAs), Patrick estimated that there were 5,000-10,000 cases within the UK and advised that SAGE believed we were four weeks behind Italy and on a similar trajectory. Again, Patrick reiterated that the interventions aimed not to suppress completely the spread of the disease (which was not possible and would likely lead to a second peak later in the year when the NHS would already be under increased pressure) but to *'seek to change the shape of the epicurve, ideally delaying the peak until summer when transmission may be lower (although they noted the scientific basis for this is uncertain) and flattening the peak so as not to completely swamp NHS resources'* and to protect the most vulnerable *'with a good outcome being that by September 2020 herd immunity would be established'* **BJ/050 - [INQ00056221]**. (I discuss herd immunity in more detail from paragraph 169 below.) Matt Hancock noted in the same the COBR meeting that, *'the Government had to act to protect the most vulnerable and so it was really important, albeit challenging, to find a way to explain herd immunity in an accessible way.'*
146. The discussion was detailed and can be seen recorded in the minutes but in particular:
- a. the advice from SAGE was that there was low confidence in the effectiveness of cancelling mass gatherings on limiting the spread of the virus;
 - b. there were downsides to implementing the interventions too early, but if applied too late the most vulnerable may be exposed to the virus

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during the peak; the timing of the interventions was therefore key to minimising the number of deaths;

- c. another objective of the interventions was to minimise the gap in NHS capacity to respond to the outbreak during the peak weeks.

147. The minutes recorded:

The SECRETARY OF STATE FOR THE DEPARTMENT OF HEALTH AND SOCIAL CARE said that whilst option one could be announced as early as the following day (13 March), there was currently a challenge around ensuring the appropriate systems to cascade information on symptoms were up and running for NHS 111. This issue would be resolved by Monday and the effect on the virus' epidemiology would be immaterial.

148. We discussed this and considered that the public line would reflect that it was no longer necessary to call 111 – if someone was ill, they should stay at home. I did not want to wait for the NHS 111 system to increase capacity before we implemented the first two measures. Although Matt had said that the epidemiology would be immaterial, it seemed to me that if these measures were required to delay the spread of the virus, it would be wiser to act immediately.

149. We decided that advice would be issued that afternoon that all those with mild symptoms (new continuous cough and/or fever) of Covid-19 should stay at home for seven days and that next week COBR would revisit the question of whether and when to implement household isolation. At this stage, this was advice rather than a legal requirement. This was because we believed at this stage that advice alone would be enough, and also, I think, because it would have taken longer to enact the legislation.

150. It is clear from looking at the graphs in this paper that we were at risk of some incoherence. The measures envisaged did not seem to lower the epicurve enough to stop the NHS from being overwhelmed. A lot of us were starting to think at the back of our minds that tougher measures might be needed. On the other hand, the paper also warned against draconian measures that might simply squash the virus, only for it to stage a dramatic second spike. It seemed from the paper that we had a delicate balance to strike, both as regards the timing and the intensity of the measures we enacted.

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151. At the close of the meeting, I said '*as far as possible, the Four Nations should try to stick together as one United Kingdom*'. One of the agreed actions was for the CMOs of all Four Nations, the DHSC and the Department for Digital, Culture, Media and Sport to prepare advice for consideration by COBR on the approach to mass gatherings.
152. After the meeting, Nicola Sturgeon was the first to brief the press and announced that mass gatherings of over 500 people should be cancelled from Monday. This naturally attracted widespread attention, and seemed to show the first split in the national (i.e., UK-wide) approach.
153. I in no way wish to criticise the First Minister of Scotland for doing this. It was her prerogative. She had to do what she thought best for the health of her electorate. But as I say, I believe that this occasionally divergent Four Nation approach became a growing presentational problem. It would perhaps have been better, in retrospect, if we had formed policy under the Civil Contingencies Act 2004 so as to bind the United Kingdom together. We should then have met regularly, UK Government and DAs, to decide the policy together and to stick to it. There were of course a large number of regular meetings – either COBRs or other meetings – in which we all discussed and agreed a way forward. We were, in reality, much more united than divided. But when public sentiment was at variance with what the scientists at the time were saying (as in the case of these mass gatherings), there was always a risk that the DAs would diverge and choose a more restrictive measure, or one that was perhaps different for the sake of being different.
154. On 12 March 2020, (after the COBR meeting I describe below) we announced that the UK was moving from the 'contain' to the 'delay' phase of our Covid-19 response. This was agreed by all the Four Nations.
155. Looking back, I think the arguments deployed against a pan-UK Civil Contingencies Act based approach are weak. For sheer scale, horror and urgency Covid-19 easily met the tests of the Act. I believe that it would have been useful, in retrospect, to have regular parliamentary review, as prescribed, and it would have saved a lot of argument later with MPs who wanted more scrutiny.
156. The fundamental point is that we had no other tool to fight Covid-19, for many, many months, except public messaging. It was vital to keep that messaging as simple and as united as possible. Many people were confused and frustrated

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that there were different rules in force in different parts of the country, and I suspect that confusion undermined overall confidence in the logic and efficacy of the measures everywhere. That was clearly not beneficial to the overall fight against the disease.

157. I accept that some will say I should have simply made more of an effort, using all my powers of persuasion, to get the DAs to stick to the UK line. I disagree. Given that they had the power to diverge, the pressure to diverge was always going to be very strong.

Press Conference: 12 March 2020

158. It was now clear that the UK was going to be badly hit by coronavirus, and I felt I had to level with the public. I needed to tell them, in so many words, that large numbers of people were going to die. So later that afternoon I gave a further televised press conference in which I recognised that we were now in a global pandemic and *'the numbers of cases will rise sharply and indeed the true number of cases is higher – perhaps much higher – than the numbers of cases we have so far confirmed with tests.'* **BJ/051 - [INQ000086751]**. While I agreed that comparisons had previously been drawn to seasonal flu, I now warned, *'Some people compare it to seasonal flu. Alas, that is not right. Owing to the lack of immunity, this disease is more dangerous and it is going to spread further and I must level with you – more families are going to lose loved ones before their time.'*
159. I announced the move from the 'contain' to 'delay' phase. I stressed the need to protect the elderly and the vulnerable and announced the next phase of the plan: *'From tomorrow, if you have coronavirus symptoms, however mild – either a new continuous cough or a high temperature – then you should stay at home for at least 7 days to protect others and help slow the spread of the disease.'*
160. I also looked ahead and said:
- At some point in the next few weeks, we are likely to go further and if someone in a household has those symptoms, we will be asking everyone in the household to stay at home. We are not introducing this yet for reasons Sir Patrick will explain, but I want to signal now that this is coming down the track.*
161. I reiterated that we had currently discounted banning major public events such as sporting fixtures because the 'scientific advice as we've said over the last

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couple of weeks is that banning such events will have little effect on the spread' but that we were considering further action.

162. I emphasised that at all stages, 'we have been guided by the science, and we will do the right thing at the right time'. I also confirmed that we were not closing schools because the 'scientific advice is that this could do more harm than good at this time. But we are of course keeping this under review...'. I asked people with potential symptoms to stay home and not call 111 but turn to the internet for information and reiterated it was vital to wash hands.
163. During the Q&A session, Chris Whitty recognised that we did not know how many people got the infection without symptoms and did not yet have a test that could tell us that **BJ/052 - [INQ000064707]**.
164. I summed up the conference saying that we were trying to delay and flatten the peaks.

Flattening the Curve

165. Chris Whitty's argument was that, at a certain number of cases, the NHS becomes overwhelmed and collapses. The consequences would be catastrophic and therefore, as the curve increases, we have to flatten it. That was the basic concept.
166. At paragraph 145 above, I described Patrick talking about changing the shape of the epicurve and delaying the peak until the summer. In the press conference on 12 March 2020, Patrick explained this to the nation. He used a slide which we projected to show the shape of an epidemic. He explained that we had 590 cases in the UK with more than 20 people in ICU beds but that this meant that the real number was likely to be five to ten thousand infected people in the UK. He then explained that the curves '*start to take off*' and it was before that time that we needed to take action '*to delay the peak and push it down*'. He explained we were trying to reduce the number of cases at any one time, but that it was not to stop everybody getting it: '*it's not possible to stop everybody getting it and it's also actually not desirable because you want some immunity in the population. We need to have immunity to protect ourselves in the future*'. This was a description of something that would go on to be called 'herd immunity' which I discuss further from paragraph 169 below.
167. He went on to explain that timings were critical. He said that if we asked households to isolate now, most people would not be infected and would need

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to do the whole thing all over again. *'What happens then,'* he explained, *'is that the effect wanes because people get fed up with doing this and you end up with not being able to do it time and time again. So the timing is critical and that's true across all of the interventions we have looked at and that is why this is a package of things we need to look at, at the right time and in the right phasing.'* This is a description of 'behavioural fatigue' which I describe in more detail from paragraph 321 below.

168. The graph of the 'Illustrative impact of social and behavioural interventions lasting several months on a Reasonable Worst Case epidemic' that I have included at paragraph 138 above is a further example of this (and similar graphs appeared elsewhere, for example the projections on Slide 4 of the 17 March 2020 Covid-19 Dashboard **BJ/053 - [INQ000056049]** (I talk about the Covid-19 Dashboards at paragraph 222 below) which showed the modelling data provided by the Scientific Pandemic Influenza Group on Modelling ('SPI-M')). As you can see, all these graphs showed the current wave if we were to 'do nothing' or there was 'no mitigation'. There are then different coloured lines marking out the projections if we took certain measures to reduce transmission. The effect of such measures would be to lower the peak of the curve or 'flattening the curve' and/or to delay it. In the press conference, I termed it *'squashing the sombrero'* to try and help the public have a clear image in their mind what we were trying to do. As you can see from this our attempts to flatten the curve were based on the advice we were receiving, particularly from SAGE at this time. At the end of the conference, Chris warned that we did not know how many people got the infection without symptoms.

Herd Immunity

169. Herd immunity is a scientific concept which means that enough people in a population are unable to transmit the virus (whether because they have already contracted it and built up the antibodies or because they have been vaccinated) so that the R number falls below 1 without any other restrictions on the population's behaviour.
170. It was never the idea that we would let the virus rip through the population and naturally breed immunity by that open approach. There was a lot of media focus on the concept and to the extent that herd immunity was reported as a goal or strategy, that was a major misunderstanding.

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171. It is crucial to understand the distinction between *seeking* herd immunity and ending up in a position where there was herd immunity: SAGE did not recommend any strategy of actively seeking herd immunity by some version of epidemiological laissez-faire. Herd immunity was seen as an eventual by-product of sensible management of the disease: it would develop gradually as people acquired resistance to a virus to which the population was continually exposed.
172. Jumping ahead a little, by 16 March 2020, any idea that we were pursuing herd immunity as a strategy was put to bed. In the House of Commons in response to a question from Sam Tarry, the Member of Parliament for Ilford South, Matt Hancock clarified the position accurately, saying, '*We are very clear that herd immunity is not part of our plan. It is a scientific concept; it is not a goal or a strategy.*' (Hansard HC Deb. vol 673 col 729, 16 March 2020 **BJ/054** - **INQ000252588**). Because there was never any strategy of seeking herd immunity, neither the availability (or lack) of testing, nor any belief in the UK population's tolerance for strict non-pharmaceutical interventions, had any bearing.

Daily Update: 12 March 2020

173. On 12 March 2020, the Daily Update in my box gave an update on the coronavirus position in Italy, Saudi Arabia, Denmark, Hungary and Slovakia **BJ/055** - **INQ000183887**. In particular it said:

You asked about Taiwan – which only has 49 confirmed cases and one death. The Taiwanese government brought travel restrictions in early, with Chinese visitors banned from entering at the start of February, followed by a number of other travel restrictions. They have taken robustly tackled disinformation [sic] and fined those who break quarantine measures. They have also used technology to good effect – including creating a real-time map of local face mask supplies. [My contemporaneous underlining.]

174. I was acutely aware that, at this time, there seemed to be two main approaches: the China/Taiwan/Singapore plan where authoritarian action could stifle the virus early and then a science-led incrementalist approach like we were taking. There was no guarantee that the virus would not return with the authoritarian approach but I was keen to understand what was happening elsewhere and

with what outcomes; this would be why I had enquired about Taiwan at this point.

Calls with International Leaders: 12-15 March 2020

175. The UK Government paid close attention to the response of other countries throughout the Covid response. As I describe further from paragraph 340 below, we would watch additional measures that they were taking (or not taking) and assess their effects in order to consider if we should follow their approach. We watched what measures they were taking and how badly they had been hit by Covid. While much of this work was being done by staff in No.10, the DHSC, SAGE and elsewhere, as Prime Minister, I had calls with global leaders in which we would discuss what our countries were doing. In particular, I had a series of calls between 12 and 15 March 2020.
176. On 13 March 2020, I had one such call when I spoke to Giuseppe Conte, the Italian Prime Minister. For calls such as these, I would generally be given a briefing note in advance – see for example the note for my call with Giuseppe **BJ/056 - [INQ000221904]**. The calls would also be minuted – see for example **BJ/057 - [INQ000221903]**. On the call with Giuseppe, we discussed the difficult measures that he had imposed on his people which, he told me, would take two weeks to assess. I expressed my sympathy and he told me that Italy was not yet at the peak of the outbreak, which he thought would take months rather than weeks to pass. I estimated that we were three or four weeks behind Italy. I understand that the Italian Health Minister Pierpaolo Sileri, who was not on the call, has said that Giuseppe told him I had said I ‘*wanted*’ herd immunity. I do not think that this is correct. I note that in the minute of the call there is no reference to herd immunity at all.
177. As I have already explained, I believe there is some confusion about herd immunity, and what at this stage the Government was trying to achieve. Thanks to a combination of our massive vaccination programme and the huge number of cases, there is now in the UK a substantial measure of herd immunity – or at least, much greater immunity in the population than there was. That is a good thing and a desirable outcome. But it was at no stage a strategy of the Government to let the disease take its course, so as to achieve some sort of natural herd immunity.

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178. At around this time, I do remember Mark Sedwill making a passing reference to 'chicken-pox parties', in a small group in my office. It was a free-flowing discussion in which we were trying to assess whether it might be sensible to allow the vast majority of younger people to get the disease (and therefore become immune) while protecting the elderly. We immediately dispensed with this idea.
179. Too many younger people would still succumb to what was clearly a nasty disease and there was just no way of insulating the elderly population from the pandemic during that period. Without suppression, the disease would bubble up and spread irresistibly into the older and vulnerable groups.
180. To summarise: at this stage I saw herd immunity as a sensible and desirable end state. But we were a million miles away, and it was hard to see how we could get there without very significant loss of life.

Advice on Structural Reorganisation and Background to Establishing the Ministerial Implementations Groups ('MIGs'): 13 March 2020

181. In my box on the evening of 13 March 2020, I was given a note entitled 'Covid-19: Next Phase' BJ/058 - [INQ000087166]. The note emphasised that as 'we shift from a health response to a whole Government effort', other government departments needed to 'lean in' and '[w]e need a new rhythm of meetings to support you'. It set out the following plan:

a) move to a daily, smaller meeting chaired by you. This would be your 9:15 meeting with a small group of Ministers and key advisers. A similar set up to how we ran XS [EU Exit Strategy Cabinet Committee] last autumn. We will hold a pre-meet for this meeting at 8:15 every day of the supporting cast so that at 9:15 you and your core team of Ministers are able to take decisions on the basis of advice. We will also use part of this meeting to discuss how we communicate your decisions.

b) to prepare for that, the Cabinet Secretary will chair a meeting at 15:30 the day before to go through what decisions we need to make the following day and prepare papers and commission any further work.

c) the scientific advisers will continue to provide their advice into all of these meetings.

182. It went on to suggest 'a series of subgroups so you can task your Ministers to solve specific problems' and recommended the following three subgroups to:

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- *coordinate our international effort (Foreign Sec).*
- *focus on the business response (Chancellor/SoS BEIS). This would cover engagement with business, gather business intelligence and implementation of the announcements this week. This group would not touch on macroeconomic issues – these would be dealt with between you and the Chancellor and Governor as necessary.*
- *ensure that public services are ready to deal with the pandemic (CDL³). It would make sense for this to be run from COBR, and for it to also pick up immediate tactical issues (such as repatriation) and coordination of planning to manage deaths.*

183. In terms of the DAs, the advice suggested:

7. You will also need to decide how you want to involve the Devolved Administrations. Instead of inviting them to your daily 9:15 meetings, we propose continuing to include them in COBR as public service delivery is where their main challenges will be. We would also recommend a regular meeting with First Ministers, either chaired by you or CDL, to update them on the response.

184. The advice said that the Cabinet Secretary would ensure the coordination of these subgroups and that they would feed into the 9.15 meetings. It concluded:

If you agree to this new structure we will spend the weekend preparing it and discuss on Monday, before operationalising it to start with a Cabinet Secretary meeting on Monday afternoon.

185. The essence of this plan was to replicate the 'XS' committee we had used to drive the EU exit. It was clear that I had to take control of all of the daily decisions, and the best forum was the 9.15 am meeting. The Ministerial Implementations Groups ('MIGs') as these groups were to be called, were an attempt to delegate some decision-making to ministers, but so many decisions were proving so difficult and so sensitive that in the end they had to come to me. The MIGs were to prove relatively short-lived.

186. It was clear from my earlier experience that the DAs needed to be handled with care, given the powers they had to diverge. I wanted to reduce the risk of

³ Chancellor of the Duchy of Lancaster.

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political point-scoring, and to maximise UK cohesion. I thought regular meetings chaired by Michael Gove would be a good solution.

187. I did chair some of the Four Nation COBRs, but I was content to let Michael lead. There are two good reasons for this (apart from the workload), one of principle and one practical.
188. It is optically wrong, in the first place, for the UK Prime Minister to hold regular meetings with other DA First Ministers, as though the UK were a kind of mini EU of four nations and we were meeting as a 'council' in a federal structure. That is not, in my view, how devolution is meant to work.
189. More importantly I am afraid I was conscious that I tended to be a particular target of nationalist ire. Rather than provoking the SNP I wanted to mollify and gain consent. I believed Michael would do a good job.
190. In his role as the Chancellor of the Duchy of Lancaster ('CDL'), Michael Gove had been working closely with the DAs in the run up to Brexit. He had – I felt – developed a strong and effective working relationship with the DAs and I felt that he was very good at getting things done. Recognising the shared challenge presented by the pandemic, in order to support coordination between the DAs and the UK Government, Michael continued this liaison role and held regular meetings and calls with the First Ministers. I believe that these calls took place roughly weekly and included reviewing the data supported by the Dashboard and to considering the UK-wide response. Meetings such as these also took place in advance of significant announcements. These regular calls with the DAs were in addition to the regular calls between the four UK CMOs.
191. It is fair to say that it was not always easy – and I reflect on this more above – because, of course, the interests of the DAs did not always align with England's or the UK's interests. That is an inevitable part of a devolved system. Furthermore, sometimes decisions were urgent and needed to be made extremely quickly which could present a challenge: either we would need to convene COBR, invite the DAs to a Cabinet meeting or a UK Government Subcommittee meeting (at which their role was not always completely clear) or we would need to take a decision ourselves and then bring the DAs onboard. None of this was ideal.

Daily Update and the Withdrawal of Guidance: 13 March 2020

192. Also in my box that evening, my Daily Update informed me of the various travel restrictions imposed by the UK and other countries **BJ/059 - [INQ000183898]**. It said '*the FCO has so far made over 100 changes to travel advice related to Coronavirus*'. They were now advising against all but essential travel to the Czech Republic, Slovakia, Mongolia, and five locations in Spain. In addition, Vietnam, Malaysia, Singapore, Myanmar, Jamaica and the Philippines were introducing or considering the introduction of wider restrictions affecting the UK. On 13 March, the Czech Republic would refuse entry to our Citizens.
193. I have been asked about the withdrawal on 13 March 2020 of guidance titled 'Guidance: COVID 19: specified countries and areas with implications for returning travellers or visitors arriving in the UK in the last 14 days' (first published on 25 February 2020). This required people to stay at home if they had symptoms of Covid, regardless of whether they were already in the UK or just arriving. The travel guidance was therefore superseded by the 'stay at home' guidance that I announced in a press conference on 12 March 2020. That is the explanation that I believe Patrick Vallance has already given, and it seems reasonable. His idea – which I shared – was that we were taking measures to reduce the budget of risk and the budget of human contact, and the stay at home guidance therefore superseded the travel guidance. I do not think (as with the guidance that I have mentioned at paragraph 28 above), that I would have been aware of this guidance, advised or consulted on its withdrawal at the time.

Friday 13 March – SAGE Meeting

194. This was a crucial meeting, and a turning point. The committee met and noted that owing to a five to seven-day lag in data provision for modelling, SAGE now believed there were more cases in the UK than SAGE previously expected. SAGE therefore thought that there was now scientific evidence to support household isolation being implemented as soon as practically possible (see the minutes at **BJ/060 - [INQ000052515]**).
195. In other words, the scientists for the first time were calling for large numbers of people to stay at home. I was briefed in general terms that night and drove back to London first thing on the Saturday.
196. I understand that on the same evening of 13 March 2020, Helen MacNamara, the Deputy Cabinet Secretary at the time, expressed very serious concerns to

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the effect that the country was heading for a 'disaster' for which we had failed to prepare. I was not present when she said this and I have no recollection of it. Clearly, it was over these next few days that we all collectively realised the grim mathematical reality of what, without intervention, was likely to happen.

197. On the morning of Saturday 14 March 2020, I had a series of meetings, first a pre-brief with Dominic Cummings and Ed Lister, then with Mark Sedwill, Patrick and Chris and Natasha Price and Jack Doyle and later with members of the No.10 staff including Helen MacNamara and Ben Warner. I have been shown a document titled 'Briefing on COVID-19 Response' **BJ/061 - [INQ000183889]** but I cannot recall now whether I would have been shown this at the time or if it was put together for those briefing me that day (and I do not know who drafted it). I do recall that during the morning I was shown a graph like the one contained in this document which showed the modelling for the NHS capacity setting out the anticipated impacts of various interventions we needed to consider.

198. Until this point, neither SAGE, nor our scientific advisers had said that we were on the brink of a total lockdown. They may have begun to think it was possible, given the data we could all see. But they did not spell it out, or certainly not explicitly, as far as I can remember.

199. On the Saturday morning, the picture changed, or certainly my assumptions changed.

200. The minutes of the SAGE meeting the day before also recorded the limitations of our testing operation, in the face of the speed with which the virus was now spreading:

33. Community testing is ending today – which will increase the pace of testing (and delivery of results) for intensive care units, hospital admissions, targeted contact tracing for suspected clusters of cases and healthcare workers. This includes faster confirmation of negative results.

[...]

ACTION: PHE to urgently determine how it will ramp up to take 1,000 blood samples a week, taking advice from SAGE participants.

201. In the next meeting that day, I remember that Ben Warner, a data scientist who often attended SAGE meetings as an observer (and had attended the meeting the day before), and some of the others on the modelling team gave me a

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presentation. Ben and his team presented a simple graph, which I believe they had produced themselves.

202. This simply reinforced the point that Chris Whitty and Patrick Vallance had already made. We knew that lockdowns had to be timely, and we knew that it was important not to go too soon. But it was clear that on current trends we might very soon be obliged to lock down the whole country. This would be an immense undertaking and could not be done overnight.

203. After the meetings, Imran Shafi circulated a readout which is worth setting out in full as it explains the matters discussed and the outcomes and actions

BJ/062 - [INQ000136751]:

CMO/CSA provided an update on SAGE's work and the medical situation, and the implication that the right time to implement measures in our plan might be sooner than previously envisaged given the latest analysis. The plan allowed for this possibility, and the PM was clear that any measures adopted in the coming days was fully in line with our message that we would take the right measures at the right time, and that we must nest our response within the framework of last Thursday. The objective remained protecting the most vulnerable and protecting the NHS in supporting the public.

The meeting concluded as follows:

1. We require a cross-Government signed-off package on shielding the vulnerable and elderly by Wednesday lunchtime, for review by the PM the following morning. This needed to be of sufficient depth (with a clear explanation of what different responses are required for different vulnerable groups) to be ready for implementation; decisions as to when to implement will be based on advice from the CMO/CSA. The advice should include how to handle the DAs. (Cab Office to lead)

2. By close today, we need a list of who the vulnerable groups consist of, and how many people sit within each group (DHSC to provide, via Cab Office)

3. For discussion at a PM meeting tomorrow, we need advice that covers the following package of measures, for introduction when judged appropriate with all key terms fully defined (Cab Office to coordinate):

a. What we do on mass gatherings to support public resilience

b. How we could implement further social distancing based on the epidemiology, with options ranging up to full lockdown. This will require clear detail on what social distancing means in practice

c. A proposed approach and options on schools (and school meals)

d. The near-finalised approach on household isolation ready for announcement by Monday (though again, with a decision on when to implement based on further advice from CMO/CSA)

e. A regional overlay to all of the above, specifically a plan for taking strong early action in London

f. Policy options on flights

4. The CSA would provide formal advice today on the latest SAGE analysis; and share a proposed script for agreement with the PM on the public communication around this and making SAGE's work available more publicly (CSA to provide)

5. The PM would host a teleconference of leading manufacturers on Monday to focus effort on ventilators. CDL will help drive this work. (Stuart will liaise with Steve Oldfield; Eddie will liaise with key manufacturers)

6. The PM would communicate to Cabinet that coronavirus was the most pressing priority for the country, and that they must ensure they and their officials are dedicating sufficient resource and time to this effort (Cabinet Office to provide a draft letter by this evening). Note – the PM is also keen to press Cabinet Ministers on this at Cabinet on Tuesday, so can Cab Office please work out a plan for how he can press this message to individual Departments then as appropriate.

7. The UK must take a leading role in the international response; the PM would speak to Trump, Abe and MBS ahead of further discussions next week. We will work up a plan to demonstrate UK leadership of the agenda, through leader, finance minister and health minister tracks (Tara)

The PM is also keen to have a daily (or more regular) sit-rep that includes the latest data on the virus, data that tracks where we are on the key measures to improve NHS capacity (freeing up beds, purchasing ventilators etc), and other key facts (e.g. on economic data) to inform

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decision making. Can we have the first version of this for tomorrow's PM meeting.

*Please can we have all final products for tomorrow **submitted to PM POST by 3.30pm** as the PM has requested that he has time to read the materials ahead of the planned 5pm meeting. Can the Cabinet Office also provide an agenda for this meeting as part of this.*

204. This meeting led to the commissioning of new data for the Daily Dashboard (which by 26 March 2020 would become the Digital Dashboard) **BJ/063 - [INQ000183888]**.

Call with G7 Leaders: 16 March 2020

Dashboard Data	
Estimated population infected:	5,000-10,000
Total confirmed cases UK:	1,372
Deaths:	37
No of tests carried out:	No data
Dashboard 01: Monday 16 March 2020: BJ/064 - INQ000183890	

205. As at 9am on 16 March 2020, there had been 35 UK Covid-related deaths and there were 1,543 cases across the UK; these figures were included in the Situation Update in CRIP (27), circulated in advance of the COBR meeting **BJ/065 - [INQ000056184]**.
206. On the afternoon of 16 March 2020, at around 14.00, I had a telephone call with other G7 leaders in which Ursula von der Leyen said that the European Commission intended to recommend that the Commission prohibit all non-essential travel between the EU and the rest of the world. The prohibition was announced later that day and it did not include the UK. Following the EU's decision, officials scheduled a meeting for the next day between me, Matt Hancock, Dominic Raab, Chris Whitty, and others. Ministers agreed at the meeting that Dominic Raab should proceed with his plan to advise against all but essential travel and that this was in line with the Government's broader medical advice on social distancing. As for the measures which were announced by the EU on the previous day, Ministers agreed that the response should be that the medical advice, as presented by Chris at the meeting, was

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that there was no scientific basis for travel bans **BJ/066 - [INQ000183901]**. As Dominic Raab made clear at the time, the change to the Foreign and Commonwealth Office's ('FCO') travel advice reflected the pace at which other countries were closing their borders or implementing restrictive measures, often with little or no notice.

COBR: 16 March 2020

207. At 15.15 on 16 March 2020, I chaired the next COBR meeting, which had the key objective of agreeing the announcement of further measures to delay the outbreak of Covid-19 **BJ/067 - [INQ000056183]**. The First Ministers of the DAs all attended. Patrick and Chris said there had been an increase in confirmed cases and '*the UK was now at the cusp of a fast upward swing of the infection curve*' and – based on the NHS capacity model – '*further action should be taken*'.

208. The minutes show that we discussed four more proposed intervention measures in the CRIP's 'summary and recommendation' slide:

- a. *Full Household stay at home: where any member of a household was symptomatic, the whole household should fully isolate.*
- b. *Social distancing: to reduce social contact where they can through 'soft' social distancing – for example. encouraging home working, advising against social mixing, not going into crowded areas when unnecessary.*
- c. *Advice to specific groups: for those groups in a more vulnerable category the advice is to follow this social distancing guidance more rigorously: (i) 70+ (regardless of medical conditions); (ii) under 70 with defined long-term medical conditions; (iii) pregnant women.*
- d. *Shielding the most vulnerable: This involves shielding the most vulnerable, approximately 1.4 million individuals. **BJ/068 - [INQ000056210]***

209. Mark Sweeney, the Director General at the Cabinet Secretariat, also said that large gatherings were advised not to go ahead but this was to be advisory rather than a ban.

210. In the course of the discussion, we observed that there was to be some divergence in measures between England and the DAs: '*[m]easures would form part of an England only package*'; Scotland would have a unique package

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of measures for the Scottish NHS; the Republic of Ireland and Scotland had set the numbers on large gatherings at 500. We also observed that it was important that the DAs have sight of the English advertising campaign prior to release. We agreed the package of measures set out.

211. Two things highlighted in the discussion were: 'The communications strategy would be vital in presenting this to the public as maintaining compliance might be difficult as the measures should be expected to go on for a substantial amount of time' and 'Social distancing measures may suggest that schools should be closed, although not immediately.' One of our concerns about school closures (among others) was that it would compromise the resilience of the frontline workforce, including the NHS and public sector, many of whom would have school-aged children.
212. While there were concerns about the economic impact of the measures, I said that *'the current priority was saving lives by flattening the curve but work would take place to consider economic impacts'*. We decided to agree that the package of measures should be implemented and announced alongside messaging that the measures may need to be sustained.

Press Conference: 16 March 2020

213. After COBR, I held a further televised address with Chris and Patrick. I confirmed that our objective was to 'delay and flatten the peak of the epidemic by bringing forward the right measures at the right time...everything we do is based scrupulously on the best scientific advice.' **BJ/069 - [INQ000086753]**. I said that SAGE had warned we were approaching the fast growth part of the upward curve and 'without drastic action, cases could double every 5 or 6 days'. I announced the two new measures: first, that if anyone in a household had a high temperature or a cough, the whole household should stay at home for fourteen days and second, to stop non-essential contact with others and unnecessary travel.
214. I addressed the timing of these measures specifically:
- And if you ask, why are we doing this now, why now, why not earlier, or later? Why bring in this very draconian measure?*
- The answer is that we are asking people to do something that is difficult and disruptive of their lives.*

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And the right moment, as we've always said, is to do it when it is most effective, when we think it can make the biggest difference to slowing the spread of the disease, reducing the number of victims, reducing the number of fatalities.

And as we take these steps we should be focusing on the most vulnerable.

215. I warned that in a few days' time, 'it will be necessary to go further and to ensure that those with the most serious health conditions are largely shielded from social contact for around 12 weeks'. I explained that the reason for the timing of this was that it would be very disruptive for those with such conditions. I flagged that London was 'a few weeks ahead' and Londoners needed to 'pay special attention to what we are saying about avoiding non-essential contact, and to take particularly seriously the advice about working from home, and avoiding confined spaces such as pubs and restaurants'. I reiterated that while 'it remains true as we have said in the last few weeks that risks of transmission of the disease at mass gatherings such as sporting events are relatively low...logically we advise against unnecessary social contact of all kinds, it is right that we should extend this advice to mass gatherings'.

216. During the Q&A that followed, Chris addressed a question about testing saying:

we completely agree with the Secretary General that testing is absolutely critical and within the UK, we have three levels of testing at the moment. We have testing in intensive care systems, which is across the whole system, is a complete surveillance system. We have testing in hospitals for people who have got pneumonia and for people who have got milder diseases. And we have the GP network which is testing in the community. The one thing which we did stop doing which was testing based on geography, which was early on, because at this stage geography is much less important in the disease. Now, we do intend to continue to scale up testing but I think it is important to realise the scale of UK testing, which has been substantial and just to give some numbers on that, over 44,000 tests conducted of which over 42,000 were negative. And we will continue to scale up the testing every single week from here on in, moving out into the wider community. The test we have at the moment only tests for people who have currently got the disease.

BJ/070 - [INQ000183894]

217. Patrick emphasised this and also went on to touch on people who were asymptomatic:

The absolutely key thing, to reiterate what Chris Whitty has said, is testing, and ramping up our ability to test. And in that, this ability to test who has had the disease, rather than who has just got it now. Both of those things are really important to get a proper handle on this, especially this question of how many people have had it and been asymptomatic. That is the biggest unknown worldwide that would completely change all sorts of things if we can get a handle on that number. BJ/070 - [INQ000183894]

Establishment of the MIGs

218. It was also on 16 March 2020 that we established the MIGs, the new structural scheme that I explained from paragraph 181 above. The Cabinet Secretary, Mark Sedwill, wrote to all Heads of Department introducing the changes **BJ/071 - [INQ000087163]**. The final format was slightly different from how it was originally envisaged and I explain more in Annex A below where I offer some overview of the different decision-making structures that were in place during the pandemic response.

Covid-19 Strategy Ministerial Group Meeting – the first 9.15am meeting: 17 March 2020

Dashboard Data

Estimated population infected: 30,000-40,000 (awaiting SAGE confirmation)

Total confirmed cases UK: 1,543

Deaths: 55

(This early version of the Dashboard did not record the numbers of tests carried out.)

Dashboard 03: Monday 16 March 2020: BJ/072 - INQ000183892

219. From 17 March 2020, we started having the 9.15 meetings. I have not set out comprehensively in this statement the contents of all those meetings (more detail of which can be seen in the 09.15s Priority Period Narrative) but have

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just given some examples where they shed light on what I understand to be critical matters for the Inquiry.

220. At this first meeting, there were five items on the agenda: the Covid-19 Dashboard (see paragraph 222 below), comms and reaction to the announcements on Monday 16 March 2020; 'forward look decisions'; an update from the first Economic and Business Response Committee; and the daily communications narrative and press conference. The forward look document was a central planning document that exhibited the agenda items for each of the MIGs, COBR and Covid-19 Strategy meetings for the week commencing 16 March 2020 **BJ/073 - [INQ000056047]**.
221. Although I am told that minutes from this meeting have not been located, the actions were circulated after the meeting **BJ/074 - [INQ000056048]** and they included that Matt was to provide an update the following day on NHS capacity and resilience and for SAGE and DHSC to provide data daily on projected numbers of hospitalisations, ICU cases and deaths and how that interacted with NHS resilience.

Covid-19 Dashboard

222. The Covid-19 Dashboard was a document produced daily by the Cabinet Office's CCS which would compile information from SAGE and its sub-committees and other sources to give us a full picture of the latest course of the disease. This was absolutely essential to ensure that our decision-making was supported by the latest data, expertise, and analysis. I understood information must have been coming in from the NHS, DHSC, the Office of National Statistics ('ONS') as well as other government departments (and, from its inception in the summer of 2020, from the No.10 data science and analytics team). The data was often subject to revision, and got more reliable over time.
223. By 24 March 2020, the CCS launched an interactive version of the Dashboard on a cross-governmental website – known as the 'Digital Dashboard' – and by 26 March 2020, it was this which was used to brief me. The Dashboard was so crucial that the 9.15 meetings were later called the Dashboard meetings.
224. I have included some Dashboard figures in boxes throughout the statement to give an idea of the data that were presented to me but these may not be the exact dashboards (or data) that were used on each day or in a particular meeting. This is because, in part, I understand that the Dashboard would be

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updated throughout the day and at close of play so, for example, the Dashboard that we would use in each 9.15 meeting would often have been dated the day before. Because the Dashboards were digital, I am also reliant on their having been saved at the time and, as a result, there does not appear to be a comprehensive record of all dashboards for each day in the relevant period. Finally, sometimes dashboard briefings or 'Prime Minister's Briefings' were compiled for particular meetings and I have sometimes used these figures. I have included these data nonetheless to offer a snapshot of the sort of figures I would have seen throughout the pandemic response.

225. The Dashboard would set out a range of data which changed and expanded over time. It would generally show confidence levels so we could broadly see how reliable the data were believed to be. The Dashboards later encompassed testing and vaccination data, deaths by NHS Region and results from the Covid-19 Infection Survey undertaken by the Office for National Statistics (I think from about May 2020), among other things. On 17 March 2020, by way of example, the Dashboard (Dashboard 03 dated 16 March 2020) covered the following – more limited – topics:

- a. International distribution of cases;
- b. UK progress of the disease;
- c. Projections;
- d. Health & Social Case – situation and outlook;
- e. Social distancing and public protection measures;
- f. Critical National Infrastructure ('CNI') & supply chains: situation outlook;
- g. Other public services: situation outlook;
- h. Economy;
- i. Economy and Social Impact;
- j. International situation;
- k. FCO Travel Advice;
- l. Media and Comms;
- m. Local Resilience Forum ('LRF') Preparedness in England **BJ/072 - [INQ000183892]**.

226. Something which will not be lost on the Inquiry is that the data provided a broad picture of the situation at any time but were not definitively accurate. For a start, over the course of the pandemic, methods of collecting and recording data changed and, of course, testing increased dramatically. Furthermore, the way we recorded Covid deaths and excess deaths in the UK – as has been widely

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publicised – meant that there was probably significant over-recording. Anyone who died *with* Covid-19 was included, as well as those who died *from* Covid-19. Equally, some deaths, particularly early in the pandemic where GPs might not have been able to visit care homes and certify deaths, were certified by care home managers without checks by doctors or pathologists.

Travel Advice Meeting: 17 March 2020

227. On 17 March 2020, between the 9.15 meeting and Cabinet, I had a meeting to discuss travel advice with Dominic Raab, Matt Hancock, Chris Whitty and others. In advance, I was provided with a paper drafted by the Department for Transport ('DfT') which summarised the current international approach to closing borders as well as the implications for the UK of adopting travel/border restrictions **BJ/075 - [INQ000183899]**. At that meeting, it was agreed that Dominic Raab should proceed with his plan to advise against all but essential travel to other countries. It was also agreed that the response to the new measures being announced by the European Commission should be that the medical advice (as presented by Chris Whitty in the meeting) made clear that there was no scientific basis for travel bans **BJ/076 - [INQ000183897]**.

Cabinet Meeting: 17 March 2020

228. At 10.30 on 17 March 2020, I chaired a Cabinet meeting. The agenda was entirely focused on Covid updates from the four MIGs' chairs and a Parliamentary Business Update. My written brief said that the aim of the meeting was to update Cabinet on the Government's latest plans for tackling the Covid-19 outbreak **BJ/077 - [INQ000056144]**.

229. I introduced the meeting saying that it was likely it would be the last time that Cabinet met in person for some time as we must follow the guidance given to the public which meant not to be in close proximity **BJ/078 - [INQ000056135]**. Matt told the meeting that '*The number of people being tested was also increasing, and was expected to reach 10,000 per day by the end of the week*'. Michael Gove said that later that day he would chair the first Covid-19 General Public Sector Committee which would be attended by key public services departments which would consider school closures among other resilience issues. There was much discussion about supporting the economy. Also recorded as part of the discussion was:

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k) to free up hospital beds, over 30,000 patients were expected to leave hospital into social care, imminently. This required authorities to work closely together: Chief Executives and Directors of Social Care in Local Authorities were being partnered with their opposite numbers in the NHS to ensure that services were jointly commissioned. They would work with the [Local Resilience Forums] and military planners to ensure social care provision was available. It was likely that particular care homes may end up needing support.

230. In that meeting, Dominic Raab informed us of the likely increased demand for repatriation as travel restrictions were imposed, which would be more challenging when countries closed their borders. He told Cabinet that later that day he would announce that the UK's travel advice was against all but essential global travel, and that this was consistent with what had been announced on social distancing. If UK nationals chose to travel, then they should know how to get back or take the risk of being stranded overseas. There would be enough flexibility to ensure that UK nationals could return to the UK on commercial flights. The EU would announce travel restrictions, but not apply them to UK nationals. Ireland's travel restrictions would not apply to Northern Ireland.
231. We also discussed school closures. The Department for Education ('DfE') was working with the sector and Unions to try to achieve consensus. We recognised the '*enormous problem*' presented if Scotland closed its schools before the rest of the Union. Nicola Sturgeon had asked for the justification of keeping schools open. (I was conscious of the divergent views across the DAs in relation to school closures and had been briefed the night before on differences in opinion in Northern Ireland: **BJ/079 - [INQ000221905]**).
232. I summed up saying 'The Government had made very tough decisions in recent days but they were the right ones.'
233. Later that day, following the meetings I refer to above, the FCO changed its travel advice so as to advise against all but essential travel outside of the UK. This additional travel advice was based upon the disruption that travellers would face as a result of other countries imposing restrictions and closures. The advice was not given because of a change in risk to health. It was appropriate to provide this advice so that Britons would not be stranded in

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countries that might introduce border closers or lockdown measures at short notice.

9.15 meeting: 18 March 2020

Dashboard Data

Estimated population infected:	30,000-40,000 (awaiting SAGE confirmation)
Total confirmed cases UK:	1,950
Deaths:	74
No of tests carried out:	41,953

Dashboard 04: Tuesday 17 March 2020: BJ/053 - INQ000056049

234. At the 9.15 meeting on 18 March 2020, Robert Jenrick, the Secretary of State for Housing, Communities and Local Government, Gavin Williamson, the Secretary of State for Education and Sir Simon Stevens, the NHS England CEO, all attended, as well as Chris Whitty (among others). We discussed schools, NHS and the London forward plan, as well as the standing agenda items of the Covid-19 Dashboard **BJ/053 - [INQ000056049]** and the daily communications narrative and press conference **BJ/080 - [INQ000107255]**. Chris Whitty told us that the latest data showed a 30% increase in overnight Covid-19 cases and deaths **BJ/081 - [INQ000056261]**.
235. Gavin said that the Government should close schools this Friday. SAGE was going to advise later that day, but the draft minutes showed the *'preliminary view was that the science showed that closing schools would reduce the epidemic curve'*. We decided to organise a COBR meeting that afternoon to take a decision on schools. I could see that this was now inevitable.
236. Simon told us that 'NHS resilience work had begun, including on assertive discharge from hospitals into the community, with an estimated 16,000 people to be released in 21 days' and during the discussion, we were told that we were 'ramping up testing numbers'. I do not remember any specific consideration being given to the question of testing hospital patients before discharging them to care homes. I do not think the concept of iatrogenic⁴ or nosocomial⁵ infection

⁴ Illness caused by medical examination or treatment.

⁵ An infection originating in hospital.

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had been raised with me at all at this stage, and we were all still labouring under a general misapprehension about asymptomatic transmission.

237. Robert told us that the outbreak in London was more advanced than the rest of the country and there was concern the LRFs would not cope. Later that day a London Exercise was taking place on the practicalities of the options for bespoke London-only measures to be rolled out. The Cabinet Secretariat had scoped the possibility of imposing more restrictive measures on London at an earlier stage, such as asking the public to avoid travel and work altogether, reducing public transport and closing all retail outlets (among others) **BJ/082 - [INQ000056052]**. The Cabinet Secretariat had prepared a paper to consider urgently *'whether further steps can be taken if scientific and medical advice is that these are necessary to slow the spread of the virus in order to protect the NHS in London'*. The paper flagged that there were *'major questions that need working through if this set of measures, or a version of them, were adopted'* including how key workers could move around, what skeleton transport would be needed and whether compliance should be advised or compelled.
238. We asked lots of Departments to undertake action in advance of COBR and to progress the London Forward Plan. One of the action points was also for Tom Shinner (a Special Adviser ('SpAd')) to work with CCS, DHSC and NHS England to ensure that the most up-to-date and accurate data on key statistics – particularly deaths – in an improved format provided to me by tomorrow morning in the dashboard.
239. I became obsessed with the need for accurate data. I could not believe that in the first few weeks the NHS did not even know how many beds there were in the whole organisation – and yet we were about to lock down society in order to prevent the NHS from being overwhelmed. As the pandemic went on we generally got better and better at knowing what was happening in each hospital. Fighting the next pandemic will depend on better data – not just about what is happening in the NHS – but about the vulnerabilities and susceptibilities of the entire population.
240. PMQs on the 18 March was notable for the dog that did not bark – no one asked me why we were not taking more stringent measures or why we were not locking down. The Opposition were focused on detailed questions, such as statutory sick pay. There was no real alternative strategy.

Roundtable with Local Authority Chief Executives and Directors of Public Health: 18 March 2020

241. At around 1.30pm on 18 March 2020, I chaired a Covid-19 roundtable with local authority chief executives and directors of public health. The purpose of the meeting was to provide an update on the latest situation and government advice, to set out what we were doing to support local authorities, to listen to concerns, and to reassure local authorities that they would be given the funding they needed to deliver services to protect vulnerable people and local businesses. My brief for the meeting noted various financial measures that we had put in place to support Councils and that we had set up a new taskforce to strengthen local resilience plans, as well as teleconferences for local leaders to update on the latest guidance and best practice **BJ/083 - [INQ000183903]**. At this stage, it was clear from the data that the restrictions would have to be introduced nationally (subject to the position with the DAs). We paid close attention to the situation in London, which at this point was the centre of the outbreak, and worked with Sadiq Khan (who I spoke to on the telephone the next day about measures in London **BJ/084 - [INQ000118936]**). Otherwise, I was not involved in the day-to-day management of the local government work and taskforces referred to at the roundtable. Work in this area was led by Local Government Secretary, Robert Jenrick, and Minister for Regional Growth and Local Government, Simon Clarke. I was more involved with local government later in the year, when we adopted a more regional approach.

School Closures: COBR: 18 March 2020

242. At 4pm on 18 March 2020, I chaired the short-notice COBR meeting for which the key objective was to understand the latest scientific advice on school closures and to agree an announcement on the potential closures of schools **BJ/085 - [INQ000056186]**. It was clear from the background briefing that the DAs were proceeding.

The Welsh Education Minister has publicly stated that schools in Wales will close on Friday and Scotland have suggested that schools in Scotland will follow suit. Scotland and Wales have also announced that they will set out details for the arrangements for key workers' children tomorrow.

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The latest modelling suggests that school closures will play an important role in reducing the transmission of the virus, but keeping schools at least partially open is vital so that key workers can contribute to the national effort.

243. The DfE circulated slides before the meeting giving an Education update **BJ/086 - [INQ000056188]**, which asked COBR to agree an announcement to close schools from Monday 23 March to all pupils except for the children of 'key workers' and those who are vulnerable, among other recommendations (a further paper defined key workers).

244. At the outset of the meeting, I '*reiterated the importance of working together, across the Four Nations, to agree an approach to potential school closures*'; I was very keen that we all act together as much as possible. Patrick set out the background:

The GCSA said that even if social distancing measures were increased London remained at risk of exceeding its ICU capacity. Modelling suggested that school closures would play an important role in helping to ensure that ICU demand was not exceeded. The Scientific Group for Emergencies (SAGE) estimated that school closures could potentially reduce COVID-19 cases by 10-15 per cent - and below the threshold for breaching ICU capacity. SAGE modelling had been offset by an expected increase in use of grandparents for childcare - more likely to be used by single parent families. Modelling assumed that schools should be kept partially open to ensure that key workers could continue to contribute to the national effort. For example an estimated 15 per cent of the NHS's workforce would be impacted by school closures. SAGE modelling suggested that if school attendance was limited to 10-20 per cent the social distancing effect would be equivalent to 60-70 per cent of a total shut down.

245. We decided to bring forward the Easter Holidays for all schools in England, simultaneously with Northern Ireland and in line with Scotland and Wales, with the effect of closing all schools from the evening of Friday 20 March 2020. We also cancelled May and June exams **BJ/087 - [INQ000056211]**. Gavin made the announcement in the Commons shortly after.

Press Conference: 18 March 2020

246. At around 5.20pm that afternoon, I chaired another daily televised update alongside Jenny Harries, the Deputy CMO, and Patrick. I announced that the time had come to close the schools from Friday afternoon (20 March).
247. During my introduction, I said 'we have already announced in the last few days we will massively scale up our testing capacity in the weeks ahead so we hit 25,000 tests a day'. In the Q&A, we were asked 'If you ramp up testing, where do those take place?' Patrick said he did not want people coming to hospitals for tests and Jenny said that we would have some form of home-based testing.

9.15 Meeting: 19 March 2020

Dashboard Data

Estimated population infected:	65,000-75,000 (awaiting SAGE confirmation)
Total confirmed cases UK:	2,626
Deaths:	103
No of tests carried out:	46,842

Dashboard 05: Wednesday 18 March 2020: BJ/088 - INQ000056058

248. On 19 March 2020, I was given an annotated agenda before the 9.15 meeting **BJ/089 - [INQ000056257]**, along with the Dashboard **BJ/090 - [INQ000056058]** and three papers: one on shielding from the Ministry of Housing, Communities and Local Government ('MHCLG') which covered a package of support for vulnerable people **BJ/091 - [INQ000056059]**; another on London Forward **BJ/092 - [INQ000056062]** and a key workers update which looked at how many children would remain in school if the children of the critical workforces were to remain in school **BJ/093 - [INQ000056060]**. My annotated agenda set out some key questions to ask of some of the attendees.
249. The minutes of the meeting **BJ/094 - [INQ000056262]** show that we discussed the markets and the economy, the shielding programme (a decision on which we postponed to the following day) and getting medicines to those most vulnerable. We discussed the London Forward Plan and we discussed closing non-essential retail, either across London or the whole of the UK. We considered EU border measures (President Macron was insisting that the UK take the same social measures as France or they would shut their borders) and

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I said I would speak to President Macron but we would not change our borders policy at that stage. I am recorded as having said that we needed more hope in messaging and '*Testing was the most hopeful area...The story needed to be about testing*'. No one is recorded as disagreeing with this. I continued to focus on testing for many months to come. It was the only way I could see – in the absence of a vaccine – to allow people to live as normal.

Press Conference: 19 March 2020

250. In my address on 19 March 2020, I said again that 'we are massively increasing the testing to see whether you have it now. And ramping up daily testing from 5000 a day to 10,000 to 25,000 and then up to 250,000'.

Meeting with Evgeny Lebedev: 19 March 2020

251. After the press conference, I had a meeting in 10 Downing Street with Evgeny Lebedev, the proprietor of the Evening Standard and the Independent. I am aware that my PM diary says that Ben Gascoigne and Lee Cain were present but I do not remember this. I have no idea what the meeting with Evgeny was about and now cannot recall what we discussed. I understand that my office said in response to a Freedom of Information Act request made by openDemocracy that it was a 'personal/social matter'. I suspect that this came about because my official diary from that day had described it as a 'Private' meeting. Despite this, I think it is quite likely that it would have related to the coverage of the government's Covid-19 response in the Evening Standard or one of his other newspapers. There is an excel spreadsheet **BJ/095 - [INQ000183955]** appended to a note which was put in my box on around 24 July 2020 **BJ/096 - [INQ000183956]**. The spreadsheet lists this meeting with 'General Discussion' given as the meeting's purpose. It does not describe it – in the way that some other meetings were described – as a 'Social Meeting'. The fact that it was not recorded on the spreadsheet as being private or social, supports the hypothesis that the meeting was mistakenly recorded in the diary as being a private matter. As I explain at paragraph 482 below, it was perfectly normal for me to meet newspaper proprietors, such as Evgeny, and I spent much time during the pandemic talking to editors and proprietors about the challenges we faced.

9.15 Meeting: 20 March 2020**Dashboard Data**

Estimated population infected:	13,500
Total confirmed cases UK:	3,269
Deaths:	144
No of tests carried out:	46,842

Dashboard 06: Thursday 19 March 2020: BJ/097 - INQ000056071

252. At the outset of the 9.15 meeting on 20 March 2020, I said that we were going to announce a package of measures to support business and workers and that we needed to decide that day on further restrictions on social gatherings **BJ/098 - [INQ000056265]**. We looked specifically at whether measures to close pubs, bars and restaurants needed to be applied to London only or across the UK. My instinct throughout the conversation was that it made no sense to impose measures on London alone. The capital is integrally connected with the rest of the South East, and for epidemiological purposes it seemed highly unlikely, to me, that it could be insulated from the rest of the Home Counties. I sought advice from the Cabinet Secretariat and asked them to prepare to convene COBR to take this decision and consider whether the DAs and the Mayor of London ought to be invited.
253. On testing, I asked Matt, working with Michael, Patrick and Chris and all departments to articulate a three month '*battle plan to tackle the virus*' to be scrutinised by the Healthcare Ministerial Implementation Group ('HMIG') and then to be considered at the 9.15 meeting on Sunday 22 March 2020. I asked for the plan to include '*testing and new technology; data gathering; and social interventions*' as '*current plans across the board were not moving quickly enough*'. The minutes record Matt saying:

...on testing they had a number of workstrands – a surveillance project of sample testing; negotiations to buy antibody tests in bulk; expanding testing to 25,000; and working on a private sector solution to develop 100,000 thermo-fisher tests for key workers. He said that work to ensure enough reagents for the testing kits was also taking place. He said technology based solutions to identify those who have had contact with an infectious person were also being developed.

COBR: 20 March 2020

254. At 4pm on 20 March 2020, there was a COBR meeting, chaired by Michael Gove (since I was about to do the press conference). The meeting decided that measures would come into effect that night to close hospitality premises. In England and Wales this was to be enforced by powers taken by the Health Secretary under the Public Health Act 1984 while in Northern Ireland and Scotland (to which the Public Health Act 1984 did not apply) powers included in the Covid-19 Bill should be applied retroactively. During the meeting, Michael again pressed the need for a Four Nations approach, in particular seeking agreement on the recommended enhanced social distancing measures across the UK. During discussion, the DAs recognised that this was a strengthening of existing policy to ensure social distancing and was in line with scientific evidence **BJ/099 - [INQ000056212]**. It was agreed that an announcement would be made that evening at the daily Prime Minister's briefing and the measures would be effective immediately. It was also agreed that the measures would be reviewed every three weeks. The wider economic package would be announced alongside those measures.

Press Conference: 20 March 2020

255. On 20 March, in my televised address I shared the podium with Jenny Harries again and also with Rishi Sunak who spoke about how we were helping workers to get through the crisis. I announced that following agreement with the DAs, *'[w]e are collectively telling cafes, pubs, bars, restaurants to close tonight as soon as they reasonably can, and not to open tomorrow.'* I described how *'it seems to go against the freedom-loving instincts of the British people'*. I recognised in the Q&A that followed that *'we are taking away the ancient inalienable right of people to go to the pub.'* **BJ/100 - [INQ000183905]**.

256. I was full of astonishment and regret at what we were doing, but I saw no alternative.

9.15 Meeting: 21 March 2020

Dashboard Data

Estimated population infected: 177,000

(Note; this is a reflection of the change of estimation method to No. of deaths x 1000)

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Total confirmed cases UK:	3,983
Deaths:	177
No of tests carried out:	55,092
Dashboard 07: Friday 20 March 2020: BJ/101 - INQ000056076	

257. The climbing numbers of fatalities made it obvious to me that we needed to do more. I started the meeting on the morning of 21 March 2020 saying that I felt the public did not yet grasp that *'unless the country could turn around the current situation it was heading for an Italy-style situation'* **BJ/102 - [INQ000056263]**. I wanted to take views on whether the tough measures announced the day before were sufficient in light of the data or whether we had to put further prohibitions in place that day. Patrick said that the modelling group's view was that the infection rate was doubling every five days. Simon Stevens said that to increase NHS capacity, the first thing to do was to empty critical care beds. Matt said that data on Intensive Treatment Unit ('ITU') capacity would form part of the battle plan – as would testing and the launch of an app – and a plan on bed capacity would also be presented the next day. He said there was a long-term plan to distribute PPE, he anticipated antibody tests would be available in a couple of weeks (these would tell if someone had had the virus) and the *'testing run rate for the active virus was 6-7,000. This was getting up to 8,000 but the Government ran out of tests'*. I was by now becoming very anxious about supplies of critical equipment. The minutes show that I said *'there needed to be a massive national effort on testing, PPE and ventilators,'* and asked that I be given daily figures on these and ITU capacity in the Dashboard.
258. It was during this period that I launched the ventilator challenge. It seemed to me that we might have a disastrous shortage of ventilating machines, and I was appalled at the prospect of patients literally gasping for breath because of lack of NHS capacity. It must be said that British industry and manufacturers rose heroically to the challenge, and a large number of new ventilators were produced – sometimes from scratch. I do not think any of them turned out to be necessary. The NHS was never overwhelmed.
259. I spoke that evening to Sadiq Khan, the Mayor of London, to reassure him (as far as I can remember) that there was no plan for a London-only lockdown, and that we would keep him abreast of developments. (I am aware that Sadiq sent

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me a letter expressing his concerns about the Covid-19 emergency on 22 March 2020 **BJ/103 - [INQ000251909]** and that efforts were made to arrange a further call between us on the evening of 22 March 2020 (see for example **BJ/104 - [INQ000251908]**) but I can see from my diary that no call is recorded as having taken place. Given the time that has elapsed, I cannot recall whether any call took place and, if not, why not.)

Afternoon Meeting: 3pm 22 March 2020

Dashboard Data

Estimated population infected:	230,000
Total confirmed cases UK:	5,108
Deaths:	230
No of tests carried out:	72,818

Dashboard 09: Sunday 22 March 2020 at 1400: BJ/105 - INQ000056078

260. On 22 March 2020, a Sunday, the Covid-19 Strategy Ministerial meeting was held at 3pm (as opposed to the usual time of 9.15am) and we convened further meetings later that evening following the press conference. I was given a short annotated agenda in advance **BJ/106 - [INQ000056083]** and a Dashboard was circulated **BJ/105 - [INQ000056078]**.

261. For the 3pm meeting, minutes were taken but I am not sure whether they were ever finalised **BJ/107 - [INQ000056266]**. The focus of the meeting was shielding. They show that I asked for details of the UK's state of preparedness relative to the trajectory that we were on, and I sought input on whether stricter messaging was required to ensure compliance with social distancing. Notes of the discussion show:

At the press conference today, the message should emphasize the need for the public to take social distancing measures more seriously and what was needed was further work on what might be required on more punitive social distancing measures to help flatten the curve.

262. The DAs were also replicating the English approach on shielding. I summed up the meeting saying:

... it was clear that we needed to take dramatic action to flatten the infection curve and that the key argument was around the timeliness for

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interventions and associated messaging. It was important both were made in a timely and proportionate way that balanced the economic impacts with protecting the NHS.

263. A list of actions was circulated after the meeting **BJ/108 - [INQ000056084]**.

Press Conference: 22 March 2020

264. At 4.30pm, I chaired a press conference with Robert Jenrick and Jenny Harries to announce that we had reached the stage of the plan needed to protect the particularly vulnerable, namely shielding (i.e. the 1.5 million people in England identified by the NHS as being at higher risk of severe illness if they contracted Covid were urged to stay at home and support was provided to assist them).

265. I remember our sense that this was inevitable – but also our anxiety about the loneliness and isolation that these people would experience.

Evening Meetings: 22 March 2020

266. At around 6.15pm, we held a Covid-19 Strategy Meeting to discuss the Healthcare Strategy for the next three months (the '3-month battleplan to tackle the virus and protect life'), an update on schools and the Coronavirus Bill. Again, I was given an annotated agenda **BJ/109 - [INQ000056090]**. The papers circulated in advance comprised an updated Dashboard, the updated 3-month battleplan draft **BJ/110 - [INQ000056088]**, an Imperial/SAGE model about potential impacts on NHS hospitals **BJ/111 - [INQ000056087]**, a list of proposed government amendments to the Coronavirus Bill **BJ/112 - [INQ000056089]** and a paper in response to my request by Chris titled 'Coronavirus: summary of strategic and tactical approach to the epidemic' **BJ/113 - [INQ000056086]** which I mention further at paragraph 268 below.

267. At 7.40pm, we had a further Covid-19 Strategy Meeting and actions were circulated after the meeting **BJ/114 - [INQ000056093]**.

PM Post: 22 March 2020

268. In my box on the evening of Sunday 22 March 2020, I received a covering BD from Imran Shafi appended to the paper by Chris Whitty described at paragraph 266 above called 'Coronavirus: summary of strategic and tactical approach to the epidemic': **BJ/115 - [INQ000146598]**.

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269. The paper set out tactical approaches to address the different types of mortality from the virus and gave three 'ends' to the epidemic (a fourth was unrealistic for Covid-19, namely eradication):

- a. A natural end: this was where the epidemic '*infects a sufficiently large proportion of the population that the epidemic wave burns out (sometimes called herd immunity)*'. Chris noted, '*If there is a very large proportion of the population infected asymptotically this might be occurring relatively quickly and with small numbers of deaths, but this cannot be assumed. Proportion infected asymptotically is a key unknown.*'
- b. Effective treatments: Chris wrote that we were likely to get '*slightly or moderately effective treatment soon by repurposing older drugs (weeks to months), and may get highly effective newer treatment in the medium term*'. I wrote on the paper: '*CHRIS I take from this that the only way to avoid large casualties in the medium term is to deliver drugs.*'
- c. A vaccine.

270. I wrote on the BD '*I would NOT distribute this paper but get Chris to brief Cabinet*'. My feeling was that this was basically a very gloomy prognosis from the nation's CMO, and, though I fully accepted what he said, I was worried about how we would present it. It seemed to me that the first scenario – that the disease would '*burn out*' – could well involve a huge number of deaths. I was sceptical at this stage both about drugs and vaccination. Both Chris and Patrick were firm believers in both.

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Dashboard Data

Estimated population infected:	281,000
Total confirmed cases UK:	5,683
Deaths:	281
No of tests carried out:	78,340

Dashboard 10: Sunday 22 March 2020 at 2100: BJ/116 - INQ000056103

Morning Meetings: 23 March 2020

271. On the morning of 23 March 2020, the 9.15 meeting was split into two sessions. The first focused on the Dashboard and the London Surge plan (see minutes

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BJ/117 - [INQ000056264]) while the second looked at social distancing measures. We decided that NHS England would consider how the measures being put in place to deal with the immediate crisis could be adapted and embedded to make sure there was longer term resilience. DHSC and NHS England were tasked with advising on radical options for staff roles that require lower levels of expertise. They were instructed to provide an update at the strategy meeting the following day.

272. At the second meeting at 9.45, we considered a note identifying various further measures that the Government could take to increase compliance with social distancing to drive down the reproduction number **BJ/118 - [INQ000056098]**. We decided that my office would speak to Sadiq Khan about increasing services on Transport for London ('TfL'). The CCS were tasked with convening a COBR meeting that afternoon ahead of my announcement. The Cabinet Office Strategy Team would finalise the plans for the announcement, work with the Home Office on proposals for enforcing social distancing, and work with the Treasury to provide a list of core work that must continue. The General Public Sector Ministerial Implementation Group ('GPSMIG') were instructed to review the pupil population following the implementation of the schools policy that week.
273. After the two meetings, the actions were circulated by email **BJ/119 - [INQ000056096]**.
274. Just after 3.20pm, I had an update from Chris and Patrick following their SAGE meeting in advance of COBR. At the meeting that day – as the minutes show – '*SAGE, on the advice of SPI-M, reconfirmed its previous advice that the effect of closing borders would have a negligible effect on spread*'. Again, I remember noting this, and thinking that we were now in the business of signalling to the population that they had to reduce contact – even if some measures were deemed to be less efficacious than others.

COBR: 23 March 2020

275. At 5pm on 23 March 2020, I chaired a COBR meeting with the key objective to agree how to improve compliance with social distancing measures and how to enforce that compliance **BJ/120 - [INQ000007807]**. Again, the DAs were all present. We agreed to the measures set out in a paper circulated by the Cabinet Office titled 'Social Distancing: Temporary Additional Measures' which

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the DAs and I were to announce at in a filmed address that evening **BJ/121 - [INQ000120847]**. The paper proposed imposing a number of temporary additional measures to increase social distancing across the UK, with the aim of pushing the reproduction number below one.

276. The minutes show that I introduced the meeting by saying that the level of social distancing needed to increase and further action was needed as it did not seem as though we were getting enough compliance. **BJ/122 - [INQ000056213]**.

277. Patrick provided an update from that day's SAGE meeting advising '...the current rate of infection by a single person was 2.6-2.8 and this doubled in intensive care units' and that 'the rate was doubling every three to five days which was similar to Italy, Germany and Spain'. He indicated that whilst the figures were positive and showed a drop in footfall, there were some areas where figures were not yet at an acceptable level. He specifically noted an increase in park attendance of 200% and increased queues in shops as well as lower compliance rates in some places outside London.

278. Mark Sedwill outlined the measures proposed in 'Social Distancing: Temporary Additional Measures':

The first measure was to tell all citizens to 'stay at home' except for the following four reasons: Shopping for basic necessities – no more than once a day, one form of exercise per day (run, walk or cycle – alone or with your household), medical needs, or to provide care or to help a vulnerable person, and travelling to and from work, where this cannot be done at home.

The second measure proposed was for the government to request the closure of all non-essential retail, including clothing and electronics stores. Also other premises including libraries, communal places within parks (playgrounds) and places of worship.

Furthermore, the ban of all gatherings of more than two people in public.

Lastly, the ban of all social events, including weddings, baptisms and other ceremonies but excluding funerals.

That these measures should be communicated to the public that evening, followed by updated communications online.

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279. We said that the measures would help reduce transmission between households and were needed to stop the spread by making it less attractive for the public to leave their homes. We considered that there would be an economic impact which in itself would be detrimental to people's health and that options to extend business support should be contemplated. We also discussed that communication of the measures and the detail concerning police enforcement needed to be clear. The Government wanted to avoid a position where the police were stopping everyone on the street and asking why they were out.
280. Sadiq Khan was also present at the meeting and said that construction workers should be advised that they must stay home unless working on safety critical construction projects and that messaging needed to be given to supermarkets regarding stronger implementation of safe distancing.
281. Scotland was aligned with the measures to be implemented, but the Scottish Government considered that enforcement of the measures rather than guidelines required further consideration. The Welsh Government planned to implement more stringent enforcement options around the guidelines later that week.
282. I emphasised that the measures were not to stop all work and that *'there was a balance that must be struck. There would be a huge economic impact if all work was halted'*. I said there must be clear guidelines for construction workers and supermarkets from PHE.
283. In summing up, I concluded that *'the measures needed to be taken, as social distancing was not being adhered to at present'*. We agreed to take the measures as set out in paragraphs 5 and 6 of the paper 'Social Distancing: Temporary Additional Measures' and that the DAs and I would announce them later that evening.
284. Immediately after the meeting, I began to prepare for addressing the nation. These were never steps that I imagined I would have to take, as I say. But we had to do everything within our power to protect the public and the country. Having weighed up all the scientific advice, the data and the likely risks, I felt there was no other safe or sensible choice. I felt a crushing sense of obligation towards the British public, and a deep anxiety about how much I was asking them to sacrifice.

Press Conference: 23 March 2020

285. That evening, I recorded an address to the nation which was played at around 8pm that evening announcing the lockdown. I assured the public that the restrictions would be kept 'under constant review' and that they would be looked at again in three weeks and relaxed 'if the evidence shows we are able to' []. BJJ/123 - [INQ000088033]. In the address I said:

From this evening I must give the British people a very simple instruction – you must stay at home.

Because the critical thing we must do is stop the disease spreading between households.

That is why people will only be allowed to leave their home for the following very limited purposes:

shopping for basic necessities, as infrequently as possible;

one form of exercise a day – for example a run, walk, or cycle – alone or with members of your household;

any medical need, to provide care or to help a vulnerable person; and travelling to and from work, but only where this is absolutely necessary and cannot be done from home.

That's all – these are the only reasons you should leave your home.

...

If you don't follow the rules the police will have the powers to enforce them, including through fines and dispersing gatherings.

To ensure compliance with the Government's instruction to stay at home, we will immediately:

close all shops selling non-essential goods, including clothing and electronic stores and other premises including libraries, playgrounds and outdoor gyms, and places of worship;

we will stop all gatherings of more than two people in public – excluding people you live with;

and we'll stop all social events, including weddings, baptisms and other ceremonies, but excluding funerals.

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Parks will remain open for exercise but gatherings will be dispersed.

No Prime Minister wants to enact measures like this.

I know the damage that this disruption is doing and will do to people's lives, to their businesses and to their jobs.

And that's why we have produced a huge and unprecedented programme of support both for workers and for business.

286. In my box that evening was a note about Domestic Priorities and Covid-19 **BJ/124 - [INQ000320680]**. I wrote on it that we must 'HARVEST ideas for how this experience of Corona is going to change govt and society. Somebody should be trying to capture this NOW – and begin to tabulate a list.' I expressed unhappiness about signalling any deprioritising electoral priorities in light of Covid; I wanted to be able to 'DEFEAT CORONA and to deliver on our priorities' and I felt that we 'should be thinking full time about recovery and what it means, and in what timescale we are going to deliver'.

9.15 Meeting: 24 March 2020

Dashboard Data

Estimated population infected:	281,000
Total confirmed cases UK:	6,650
Deaths:	335
No of tests carried out:	83,945

Dashboard 11: Monday 23 March 2020 at 2100: BJ/125 - INQ000120846

287. At the 9.15 meeting on 24 March 2020, we discussed the Covid-19 Dashboard, the NHS workforce planning (including when testing would be available for NHS staff with symptoms and other key workers, available beds and necessary staffing and the NHS 3-month battleplan), an update on vaccines and medical counter-measures, school closures and the daily communications narrative. Although I understand that no minutes have been located from this meeting, the actions were circulated afterward by email **BJ/126 - [INQ000056105]**. These show that among other things, we were conscious that some ambiguities remained which needed resolving such as the definition of key workers, while work was underway with the DHSC, the Ministry of Defence ('MOD') and FCO to expedite export of ventilators and PPE from China and to get the new

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hospitals operational as soon as possible and we were trying to accelerate provision of tests and trials of treatment and prophylactic drugs. In another email following the meetings on 24 March 2020, Stuart Glassborow recorded some of my requests in relation to improving the available data and how it should be presented (I had asked for a daily 'update on how the NHS is tracking, numerically, against the plan' and was keen to get the data presented on a screen to facilitate discussion at the morning meetings) **BJ/127 - [INQ000320681]**.

Cabinet Meeting: 24 March 2020

288. At 10.30am on 24 March 2020, I chaired a Cabinet Meeting to discuss Covid-19 following the announcement I made the previous evening **BJ/128 - [INQ000056134]**. The agenda was entirely focused on Covid-19 and a Parliamentary Business Update **BJ/128 - [INQ000056134]**. My written brief said that the aim of the meeting was to provide an update to Cabinet on the current status, latest progress and proposed next steps for the Covid-19 campaign **BJ/129 - [INQ000056145]**.

289. I introduced the meeting by saying that the steps I had outlined in my address to the country the previous evening were part of the Government's strategy: to delay the spread of the virus and provide sufficient time for the NHS to get ready to cope with its peak. **BJ/130 - [INQ000056136]**. I said that the steps I had outlined were guided by the science but it was impossible to be sure whether the steps taken were enough to slow down the spread. I was optimistic that there were signs that the virus may not be spreading exponentially in the UK, but not complacent.

290. Patrick told the meeting that the death toll was now 425 with just under 7,000 cases showing a significant upward trend and 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 explained the four ways that coronavirus could result in increased deaths which had to be kept in balance:

- a. direct deaths from the virus;
- b. indirect deaths from those with otherwise treatable conditions as a result of the pressure on the NHS;
- c. deaths from conditions for which a procedure had been delayed as a result of the NHS needing to reprioritise; and

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- d. deaths as a result of an increase in poverty.
291. He also described the three ways the virus could be defeated:
- a. a natural ending if so many people had been affected that the virus could no longer spread (this was another way of describing 'herd immunity');
 - b. a treatment could be found for the virus; and/or
 - c. a vaccine may be developed.
292. Matt told the meeting that 'there was a clear battle plan to defeat the coronavirus through the lens of the NHS and social care system...', involving six parts:
- a. ensure the resilience of the NHS and social care system: upgrading those parts of the system which were tackling coronavirus whilst deprioritising non-life-threatening operations;
 - b. increase supply to the NHS including vital equipment such as ventilators, PPE and bed availability;
 - c. testing (he said '3.5 million testing kits had been bought that week and were about to be deployed. There was a great amount of pressure to go faster as the way out of the epidemic was through more testing. Progress was being made and the Government could not go any faster');
 - d. use technology to develop a treatment or vaccine;
 - e. social distancing; and
 - f. to shield the most vulnerable people in the UK.
293. Rishi told the meeting that the challenge would be delivering the interventions announced over the previous fortnight to support the economy, business and jobs but that *'it would not be possible to protect every job or save each business, but the measures would provide most with a bridge to the other side of the crisis'*.
294. Michael said that 'on education, a decision had been made to close schools apart from for the most vulnerable or the children of key workers'.
295. Jacob Rees-Mogg (the Leader of the House of Commons) and Baroness Evans (the Leader of the House of Lords) respectively confirmed that the Covid-19 Bill had passed all its stages in the Commons the previous day, and

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that the Bill would clear all stages of the Lords that day, with Royal Assent to be achieved by 26 March 2020 at the latest.

296. Among other things, we discussed the unprecedented economic measures, the demand for PPE which needed to be provided to front-line groups, that *'there remained some confusion in the general public about whether or not they should go to work'* and that shielding support had started, with 50,000 food parcels expected to be delivered at the end of that week with more to follow.
297. Following discussion, I summed up by saying that steps taken were absolutely necessary and backed by the public. The exemptions to the stay at home policy meant that key workers should continue to go to work and so the UK economy was not closing down – which was necessary to fund the extraordinary and costly measures to support the NHS and jobs. I said that we must think about recovery once we are at the other side of the pandemic, and not lose sight of our long-term goals. I concluded by saying that the next week would be crucial. Deaths had risen dramatically, and the public depended on us and our clear messaging. I gave ministers full authority to do what was needed.

9.15 Meeting: 25 March 2020

Dashboard Data

Estimated population infected:	No Data
(henceforth, this information was not or was rarely provided on dashboards)	
Total confirmed cases UK:	8,077
Deaths:	422
No of tests carried out:	90,436

Dashboard 12: Tuesday 24 March 2020 at 2100: BJ/131 - INQ000183913

298. The 9.15 meeting on 25 March 2020 was cancelled and replaced with a smaller meeting including Matt Hancock and Simon Stevens among others to discuss health data, ventilators and additional hospitals (the original intention was to split the 9.15 meeting into two (**BJ/132 - [INQ00056115]** and **BJ/133 - [INQ000183910]**) but in the end the 9.15 meeting was cancelled: **BJ/134 - [INQ000183909]**). Although I understand that no minutes for this meeting have been located, the action points included for the NHS and DHSC to continue to urgently ensure the supply of PPE for frontline staff in health and social care; the NHS publishing a list of components needed for ventilators to allow manufacturers to supply them and efforts to liaise with China to secure

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ventilators with me calling President Xi if required and for the NHS and DHSC to provide figures on the projected quantities of PPE, ventilators and testing kits **BJ/135 - [INQ000183911]**.

PMQs: 25 March 2020

299. On the afternoon of 25 March 2020, Jeremy Corbyn attended his last PMQs. In response to questions about testing, I said:

On testing, the right hon. Gentleman is quite right that testing is vital to our success in beating the coronavirus. As the Secretary of State for Health and Social Care has explained many times, we are massively increasing our testing campaign, going up from 5,000 to 10,000 to 25,000 a day. In answer directly to the right hon. Gentleman's question, testing has been a priority of this Government ever since the crisis was obviously upon us—for weeks and weeks.

[...]

... social care staff, in common with NHS staff and, indeed, other public sector workers, need to be tested as fast as possible.

[...]

I can tell the House that both on antibody testing and antigen testing, we are making huge progress. We are buying millions of antibody tests, which show whether or not someone has had the disease. On my right hon. Friend's point, which has been raised several times, about how soon we can get NHS staff and other public sector workers tested in advance to see whether they currently have the disease, the answer is: as soon as we possibly can.

300. On PPE I said:

The right hon. Gentleman is absolutely right to raise this issue, which I know has been a concern. We had a long meeting on it this morning. I am assured that not only are the stocks now there but the Army is now distributing the supplies to all the NHS staff and all the hospitals that need it, and in the past 24 hours has distributed 7.5 million pieces of equipment.

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301. At the press conference that evening, I reiterated the advice to stay at home, protect the NHS and save lives.

9.15 Meeting: 26 March 2020

302. At the 9.15 meeting, we requested for the CCS, DHSC and NHS to include more granular health data on the dashboard including details of headline data on supply and demand in the NHS, PPE supply and the roll out of testing **BJ/136 - [INQ000056118]**. We also asked for the dashboard to contain comparative data from other countries and significant cities **BJ/137 - [INQ000183914]**. From this point onwards, the CCS dashboard became digital and was to act as *'the single source of truth on data for PM meetings'*.

Virtual G20 Leaders Summit: 26 March 2020

303. At midday, I attended the Virtual G20 Leaders Summit. My aim for this call was to get every G20 country to step up and help us defeat the virus. We also discussed international efforts to protect the global economy from the long-term effects of the virus. After the meeting, we immediately announced new UK funding for the development of the vaccine and a joint statement from the G20 leaders about combating the virus **BJ/138 - [INQ000183915]**.

Positive Test: 27 March 2020

Digital Dashboard Data

R number	2.6-2.8
Total confirmed cases UK:	11,658
New daily cases UK:	1,452
Deaths:	578
Daily deaths:	113

Digital Dashboard: 26 March 2020 at 2200: BJ/139 - INQ000183917

304. On 27 March 2020, I tested positive for Covid-19. Initially, my symptoms were mild. I began self-isolating, working in the Chancellor's study in Number 11 Downing Street. I spoke about my diagnosis at the press conference that day. For the next few days, I continued to attend meetings and discussions on Zoom or by telephone. From Sunday 29 March 2020, I stayed in the flat in No.10.

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305. I have been shown a note that seems likely to have been included in my box on the evening of 27 March 2020 **BJ/140 - [INQ000183916]**. The note gave an update including the following:

The death figures announced today were higher than previous days – with 182 deaths confirmed in the 24 hours to 5pm yesterday. That makes a UK total of 766. As Chris Whitty always says, however, we should not read too much into a single day’s data.

*The main area of concern remains **NHS supply**. In particular:*

- a. *Testing: your team is working very closely with PHE and DHSC to develop a comprehensive plan on testing. We should be ready to present this to you on Sunday. We are announcing today the start of the antibody testing in consortium with Amazon/Boots etc for which we will prioritise NHS workers – we will have the numbers for you on Sunday on how we ramp this up to the level of ambition we need.*

[...]

- d. *PPE: this remains an issue of concern. We will ask Matt to take you through the overall plan on Monday. Chris Whitty is currently leading a process to quickly review whether we have the right ‘requirements’ in place for staff, given (as he explained to you) that in places the WHO has more stringent guidance. This work will obviously need to be done sensitively to i) follow the best clinical advice at all times; ii) maintain credibility with the workforce and iii) also ensure we have a clear supply route for any new requirements we put in place. We will need to manage the comms around this very carefully (we are not yet convinced the NHS is gripping the comms on this).*

So on Sunday we will do a testing deep dive and look at bed capacity, and on Monday we will do ventilators and PPE.

End of March 2020

306. Between 28 and 30 March 2020, I self-isolated in Downing Street and held meetings on Zoom. The morning meeting on 30 March 2020 considered the ventilators programme in particular.

Digital Dashboard Data

Daily cases: 2,619

Total confirmed cases UK: 22,141

Deaths: 1,789

No of tests carried out: 7209 (Daily figure)

Digital Dashboard: 30 March 2020: BJ/141 - INQ000146698
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9.15 Meeting: 31 March 2020**Digital Dashboard Data**

R number	2.8
Total confirmed cases UK:	25,150
New daily cases UK:	3,009
Deaths:	2,352
Daily deaths:	563
No of tests carried out daily:	8,240

Digital Dashboard: Tuesday 31 March 2020: BJ/142 - INQ000088326
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Cabinet Meeting: 31 March 2020

307. On the morning of 31 March 2020, I chaired a Cabinet meeting. The agenda was solely focused on Covid-19 **BJ/143 - [INQ000088875]**. My written brief said that the aim of the meeting was to provide an update to Cabinet on the current status, latest progress and proposed next steps for the Covid-19 campaign **BJ/144 - [INQ000088876]**. Patrick told the meeting that the plan was to reduce the number of people who needed an intensive care bed to below the capacity of the beds (which was on track) and Matt explained that we were working to increase the NHS's capacity. He also said that *'the UK had the capacity for 10,900 tests each day'* and work was going on to provide international-standard PPE to NHS staff, but also others such social care workers **BJ/145 - [INQ000088891]**. Michael covered food supply, including for the 1.5 million most vulnerable people who were being shielded, and said that *'the closure of schools had been a success...'* and work was being undertaken to ensure the resilience of the UK's border. Dominic Raab talked about efforts to increase the supply of key equipment for the NHS from overseas.
308. Rishi warned that *'...the message that was being heard from business was that there was a lack of clarity around what work should stop or carry on. There was more significant impact on economic activity than had been anticipated when the measures were announced'*, and *'clarity on an exit strategy would help business confidence'*.

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309. The discussion that followed included recognition that it was difficult to overemphasise the difficulties created by the shortage of PPE outside the NHS, for groups such as social care providers. We recognised that inconsistent policing of social distancing was a concern at a time when the public's willingness to comply was crucial.
310. In summing up, I reassured Cabinet that the supply of PPE in the NHS and beyond would be addressed in the coming days. I also emphasised that consideration should be given to how to support people dealing with isolation and grief, to ensure the UK could continue to cope with the pandemic and its devastating effects.
311. I summed up saying that 'the UK's coronavirus response had been exemplary. It was guided exclusively by science. The Government should continue on this course... The situation was likely to get worse before it got better but the UK would come through it in good shape'.
312. I was of course acutely sensitive to the economic price the country was paying. But I believed it was necessary to get the trajectory of the epidemic down to below the point at which the NHS would be overwhelmed. I had a sense from what Patrick was saying that we might yet be successful in this.

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313. March 2020 was the period where the real horror of the impending Covid-19 pandemic hit home. Although before then we had been watching the virus with care, laying groundwork and getting ready to respond, it was only during March that we all started to realise the seriousness of the threat of Covid-19 and how imminent and fast-moving it was. The realisation was gradual.
314. Several major themes emerge from the chronology up to the end of March 2020: borders; precautionary measures; surveillance, asymptomatic transmission, herd immunity and behavioural fatigue. I have already considered herd immunity but consider the rest in turn below. I return to the issue of face masks later in the chronology from paragraph 348 below.

Borders

315. The public believed that we had to close the borders and, politically, closing borders was seen as a panacea but the advice we were getting consistently from Chris, Patrick and SAGE was that it would not work (see for example

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paragraph 274 above). On quarantine and closing borders, between January and the end of March, the advice we received was that completely closing borders would achieve very little in the way of epidemiological protection; it would only delay and there were other reasons why it did not seem advisable at the time, for example, making sure we had access to supplies from overseas and the need to repatriate UK nationals. We are massively dependent on imports of goods – and medicines – and while we did look at what New Zealand were doing, at no stage was I advised to go down a New Zealand or Australian route. On the contrary I was told it would not work. The decisions relating to the borders were made in good faith on the best possible scientific advice. It would have been popular to close the borders, but it would have had no public health benefit and it would have damaged the economy and our supply chains at the very moment when we needed to start protecting them. Clearly border policy was one of those issues which was not devolved and was to become later a source of some friction with the DAs.

Face masks

316. I have described above the precautionary measures – in particular our stressing of hand washing and social distancing – that were taken in relation to Covid-19 in February and March 2020. The Government was stressing the need to wash hands from mid-February and, as I have explained, I repeated this advice myself on numerous occasions. During March 2020, as we had a better understanding of the seriousness of the virus, we clearly implemented much more stringent precautionary measures – but SAGE retained for a long time a scepticism about the use of face masks, which Patrick relayed to me on at least one and probably more occasions.
317. While I did not see SAGE minutes during this period, I was getting very regular updates from Matt, Patrick and Chris throughout. In February 2020, SAGE had been advised by the New and Emerging Respiratory Virus Threats Advisory Group ('NERVTAG') that *'there is limited to no evidence of the benefits of the general public wearing facemasks as a preventative measure'* (Fourth SAGE meeting on Wuhan Coronavirus (WN-CoV), 4 February 2020) and this accords with my recollections of what I was being told at around this time.

Surveillance

318. It is clear that our surveillance efforts were not adequate at the time the pandemic broke over us, and that we did not have the diagnostic capacity we

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needed. That was ramped up over time, until we had truly colossal testing capacity, and we invested massively in all sorts of testing ventures. From a very early stage we had meetings in No. 10 with a multitude of companies such as Oxford Nanopore, and there is now a very sizeable UK diagnostics industry.

319. I was also aware from an early stage that we were testing the water supply for signs of the virus. In the first few weeks we were clearly hampered in our understanding of the prevalence of the virus by our failure to grasp asymptomatic transmission.

Asymptomatic Transmission

320. We completely misunderstood asymptomatic transmission. As I have described above, in the early period of the pandemic, we did not realise that people who were asymptomatic could – and were – transmitting Covid. By April 2020 – as per the SAGE minutes I have included at paragraph 348 below – we had a much clearer understanding that Covid-19 could be transmitted in the early stages of contracting the virus when the infected person was asymptomatic. By early April I would say it was obvious to all of us that the virus was simply much more contagious than we had assumed.

Behavioural Fatigue

321. ‘Behavioural Fatigue’ in the context of Covid-19 is the idea that the public would become tired of restrictions and become reluctant to follow guidelines – this would be a particular problem if we asked too much of people too soon and they were then unwilling to follow measures later in the course of the pandemic when it was really essential. It was what Chris and Patrick were referring to (if not by name) when, during press conferences, they warned of people becoming fatigued or fed up by being asked to act time and again.

322. I understand that there has been some controversy about whether the Government received specific advice about ‘behavioural fatigue’ and if so, where it came from. As I have said, I remember Chris and Patrick talking about it. For example, on 12 March 2020, in the press conference Chris said:

...an important part of the science in this is actually the behavioural science and what that shows is probably common sense to everybody in this audience which is that people start off with the best of intentions but enthusiasm at a certain point starts to flag. If you start too early and then people’s enthusiasm runs out just about the peak which is exactly

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the time that we want people to do be doing these interventions, that is actually not a productive way to do it. So we do need to do at the last point it is reasonable so people maintain their energy and enthusiasm to get through what will be quite difficult things to do. BJJ/146 -

INQ000231053

323. This advice made sense to me and I thought it was probably correct. Given all the other massive disbenefits of lockdown, it was obviously right to time measures so as to deliver the maximum impact.
324. I do not remember getting advice directly from the UK Behavioural Insights Team ('BIT') about behavioural fatigue but I understand that they were working closely with the DHSC, PHE, the GCSA and No.10 as well as supporting SAGE. I understand that on 17 March 2020, David Halpern from BIT attended a 'Mass Testing-Roundtable' (this is recorded in the PM Diary), **BJ/016 - [INQ000226185]** which I chaired, though I cannot now be sure of the details of our conversation.

Decisions Leading to the First Lockdown

325. I have set out above the steps and decisions which led to the first lockdown from 23 March 2020. The timing of the lockdown was a response to the data that showed an increasing rate of infection, despite the measures that had already been put in place. At the time, given our evolving understanding of the virus, the rate of infection and the effectiveness of NPIs that were being introduced, I consider that the decision to adopt a national lockdown in March 2020 was probably timely. I do not believe it should have been made earlier. Once the strategy had been adopted, I consider that the implementation of the first national lockdown was also timely.
326. As I have described, the weekend of 13 March 2020 was critical. For the first time, my team advised me that a lockdown would be necessary to flatten the curve. I do not recall being strongly urged to issue a full lockdown before that point. Before rushing into that lockdown, we took a period of ten days where we closely monitored the available data, considered alternatives and worked out when and how best to impose the lockdown. The scientific advice was that the measures that were necessary to delay and flatten the virus's peak and to reduce pressure on the NHS should not be brought in too early because this would risk behavioural fatigue and a greater second peak. This is explained above under 'Flattening the Curve' (from paragraph 165 above). The measures

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were brought in progressively over the course of March 2020 and their effectiveness was monitored. From 14 March 2020, it became clear that infections and the R rate were increasing rapidly and I was briefed that mathematical modelling showed that the peak would overwhelm the NHS unless more was done. On 16 March 2020, as described from paragraph 207 above, Patrick and Chris noted that we were '*at the cusp of a fast upward swing of the infection curve*' and I announced that all non-essential contact should cease. After 16 March 2020, infection rates continued to rise. At the COBR on 23 March 2020, Patrick stated that the '*current rate of infection by a single person was 2.6-2.8*'. It became clear that further measures were needed and a lockdown was unavoidable.

327. Once the strategy had been adopted, it was implemented very quickly. Great amounts of preparatory work had been carried out throughout March 2020 which meant that, on 23 March 2020, the appropriate measures could be finalised at the COBR (see the minutes at **BJ/147 - [INQ00056213]**) and then lockdown announced that evening.

328. I would be surprised if I ever said that I had been manipulated or pushed into the first lockdown or that I had been '*gamed on the numbers*' or anything to this effect. I have no recollection of this. It is true that I have reflected (no doubt out loud and no doubt many times) about whether the lockdowns would do (and did do) more harm than good. I believe that it was the duty of any pragmatic and responsible leader to have such a debate, both with himself and with colleagues. We were between a rock and a hard place, the devil and the deep blue sea. We simply had no good choices, and it was necessary at all times to weigh up the harms that any choice would cause. I was very worried about the economic harm caused by the action we took against Covid-19 and whether it would do more damage to the country than the virus itself. But I always attached the highest priority to human life and public health.

329. I am asked whether earlier interventions could have avoided the need for a national lockdown. I suppose it is possible, but I cannot think what they might have been (short of a vaccine or drugs, which we did not have) and I think it highly unlikely.

The March Discharge Policy

330. The 17 March 2020 Cabinet meeting noted that over 30,000 patients were imminently expected to be discharged from hospital and into social care. I said

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that people occupying beds in hospitals who would otherwise be in social care should be supported to leave hospital (see the minutes at **BJ/148 - [INQ000056135]**). On 22 March 2020, I was provided with a copy of the DHSC's draft 'COVID-19 response – health & social care 3 month battleplan to tackle the virus and protect life' **BJ/110 - [INQ000056088]** which we discussed at an evening strategy meeting and was again in the papers for my 9.15 meeting on 24 March 2020. This draft estimated that between 12,500 to 15,000 hospital beds across England could be freed by postponing non-urgent elective operations and that potentially 15,000 acute beds occupied by patients awaiting discharge or with lengths of stay over 21 days could also be freed up (page 6).

331. It was very frustrating to think that we were being forced to extreme measures to lock down the country and protect the NHS – because the NHS and social services had failed to grip the decades old problem of delayed discharges, commonly known as bed blocking. Before the pandemic began I was doing regular tours of hospitals and finding that about 30 per cent of patients did not strictly need to be in acute sector beds.
332. I have been asked to what extent I was advised on 'the UK Government's March Discharge Policy'. I understand that this term comes from a judgment of the Administrative Court in the case of *R (on the application of Gardner and Harris) v Secretary of State for Health and Social Care, NHS Commissioning Board (NHS England) and PHE* [2022] EWHC 967 (Admin). That judgment defines the March Discharge Policy as comprising two documents:
- a. 'Next Steps on NHS Response to COVID-19', this was a letter from Sir Simon Stevens (the NHS Chief Executive) and Amanda Pritchard (the NHS Chief Operating Officer) written to the Chairs of NHS Trusts, local authorities and LRFs, among others, dated 17 March 2020 **BJ/149 - [INQ000087317]** and
 - b. 'COVID-19 Hospital Discharge Service Requirements' **BJ/150 - [INQ000049702]**, dated 19 March 2020 which was an HMG and NHS policy document.
333. I have been shown copies of these two documents and I do not think I saw them or was advised on them at the time of their publication.
334. The Claimants in that case submitted that the policy:

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directed the mass discharge of hospital patients into care homes without testing, isolation, appropriate guidance in relation to PPE or assessment of whether the care home could provide safe care. The effect of this was to transfer large numbers of infected patients into closed environments containing the segment of the population most vulnerable to being killed or harmed by COVID-19. This policy was maintained until 15 April 2020.

[Paragraph 13]

335. The Defendants submitted that:

...the policy required clinicians treating patients to decide whether a COVID-19 test was appropriate during their hospital stay, based on the case definition and symptoms. The decision on whether it was safe to discharge them would be based on individual assessments undertaken by a clinician working with local authorities. Furthermore, the policy aimed to free up NHS facilities for the most severely affected cases. That was an unimpeachable and vital aim. The Defendants did not protect the NHS at the expense of older people but protected the NHS in order to protect older people who are more vulnerable to COVID-19. This key objective was achieved and everyone who needed hospital treatment received it. [Paragraph 15]

336. The Court concluded that ‘the policy set out in each document was irrational in failing to advise that where an asymptomatic patient (other than one who had tested negative) was admitted to a care home, he or she should, so far as practicable, be kept apart from other residents for 14 days’.

337. At the time that the discharge policy was discussed and agreed, my priority was to free up acute sector beds. I do not remember any particular focus on whether those patients should be tested before they were discharged into care homes, or any particular assurances I was given. Looking back, it is clear that we all underestimated the risks of nosocomial infection, asymptomatic infection, and the general contagiousness of the disease.

Introduction to the Remainder of the Statement

338. Above, I have sought to set out in some detail the pandemic response and decisions-making processes from January 2020 until April 2020. I will now cover the period from April 2020 until the lifting of the third lockdown in broader detail. In doing so, I have sought to capture key meetings and documents but I do not promise that my account is comprehensive. On the contrary, despite my

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best efforts, I have inevitably omitted things. There are millions of documents covering the pandemic and each day I would attend numerous meetings, calls and discussions. It is neither proportionate, nor desirable to try to encapsulate all of these. The Inquiry is being provided with copies of all the relevant entries in my contemporaneous notebooks and formal PM diary and I am, of course, happy to consider further documents or events if required.

339. For the remainder of the statement, rather than setting out a full narrative until the end of February 2022, I have instead focused on answering the few remaining questions that have been asked of me. Where I have not mentioned something, it is because I have not been asked to do so.

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April 2020

Digital Dashboard Data

R number	2.8
Total confirmed cases UK:	25,150
New daily cases UK:	3,009
Total confirmed deaths:	2,352
Daily deaths:	563
No of tests carried out daily:	8,240

Digital Dashboard: 31 March 2020: BJ/142 - INQ000088326

The International Comparators Joint Unit ('ICJU')

340. Before April 2020, I was regularly updated on the coronavirus position in other countries. In the narrative set out above, I have set out the regular updates I received on the position in places such as China and Italy. For example, on 12 March 2020 I received an update on the position in Italy, Saudi Arabia, Denmark, Hungary and Slovakia **BJ/151 - [INQ000183887]** (as described at paragraph 173 above). In addition, I have described above how I spoke frequently to world leaders which gave me a sense of their views and response to the pandemic, including information about the measures they were putting in place. I also spent hours every evening studying the medical reporting around the world. I looked in particular at the worldometers.info/coronavirus website. This contained data from across the globe such as Covid-19 cases

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and deaths arranged by country, but I noticed that different websites had different data. By April 2020, however, we wanted something more formal to provide reliable data to assess how the UK was performing compared to other countries and to see whether NPIs being deployed elsewhere were effective.

341. In April 2020, the International Comparators Joint Unit ('ICJU') was established as a cross-Whitehall joint unit between the FCO and the Cabinet Office. It was set up at the request of staff at No.10 **BJ/152 - [INQ000183929]** as an enhanced data and analytical capability to assess international responses to Covid-19 and identify lessons for the UK. Its purpose was to understand how other countries were responding to the Covid-19 pandemic. The ICJU was jointly led by staff from the FCO and Joint Intelligence Organisation ('JIO') with staff and input from a range of other organisations including Defence Intelligence, ONS, the Government Social Research profession, UK Intelligence Community ('UKIC') and No.10. It worked closely with the Covid-19 analytical effort in the Cabinet Office, especially the CSS and Covid-19 Strategy Team. ICJU products were shared with the DAs as well as with No.10, the Cabinet Office and other government departments.
342. The ICJU included analysts, data scientists, economists, and social researchers who shared their analysis across government departments. They were supported by an expert advisory group comprising Chief Scientific Advisers ('CSAs') and external experts who could identify questions to be put to SAGE and its subcommittees. It looked at specific issues (e.g. social distancing) and sought to identify lessons learned to inform decisions. ICJU analysis was shared with the Cabinet Office and those working in No.10. We wanted to have reliable data about our performance by comparison with others in Europe and worldwide.
343. I felt that the ICJU was effective in understanding and communicating how other countries were responding to the pandemic. The data it provided would be fed into the Covid-19 Dashboard and I used this information to consider what was happening elsewhere in the world.
344. I have been told that the ICJU's analysis was quality assessed by the International Best Practice Advisory Group but this is not a name that rings a bell and I cannot say for certain whether I was aware of their work at the time.

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Hospitalisation and Recovery: 5 April 2020 – 27 April 2020

Digital Dashboard Data

R number	0.6
Total confirmed cases UK:	33,718
New daily cases UK:	4,244
Total confirmed deaths:	3,605
Daily deaths:	684 (Hospitals)
No of tests carried out daily:	9,331

Digital Dashboard: 4 April 2020: BJ/153 - INQ000083382

345. On Friday 3 April 2020, my condition was worsening. On 5 April 2020, on doctor's orders, I was admitted to St Thomas' Hospital. Dominic Raab, as Deputy PM, deputised for me. On Monday 6 April 2020, I was moved to intensive care where I remained until Thursday 9 April 2020. On Sunday 12 April 2020, Easter Sunday, I was discharged from St Thomas' Hospital and went to Chequers. I convalesced at Chequers and gradually started to attend meetings and briefings before returning to No.10 on 26 April 2020 and properly returning to work on 27 April 2020. I was back in the harness as quickly as possible.
346. That experience was important, in that it gave me invaluable first-hand experience of the struggle of the NHS, and the bravery and skill of NHS staff. I will always be in debt to the doctors and nurses who helped save my life. It also confirmed the obvious – that Covid is potentially a very nasty disease that can hit people badly even if they think they are generally very fit.
347. But my hospitalisation did not change my general understanding of the pandemic, or the trade-offs that were necessary. To be explicit: I did not become more risk-averse or health-conscious in my policy approach as a result of my personal experience. The balance remained the same.

Face masks: April – June 2020

348. In April 2020, the SAGE advice changed and use of face masks was recommended (see the minutes at **BJ/154 - [INQ000062295]**). I understand that the minutes of the SAGE meeting on 21 April 2020 recorded:

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9. The evidence on effectiveness of masks for source control (i.e. stopping infectious people – pre-symptomatic/asymptomatic – from infecting others) is weak. Evidence for protecting the mask wearer from becoming infected is also weak. The unusual situation for COVID is the relatively high infectiousness before symptoms appear.

[...]

11. The effect of wearing a mask is likely to be small but not zero....

12. Any policy decision taken must not jeopardise supply of masks to those settings where the evidence for use of masks is stronger and the effect size important (i.e. Health and Social Care settings).

13. SAGE advice below refers to cloth masks – specifically in the context of releasing lockdown measures.

14. On balance, there is evidence to recommend the use of cloth masks in certain higher risk settings as a precautionary measure where masks could be at least partially effective.

349. This reflects the lack of confidence and understanding about wearing masks, even at that point. Before then, we had been consistently advised that wearing masks would not make any significant difference and that is why we did not advise the public in February or March 2020 to wear face coverings on a precautionary basis. However, not long after, on 30 April 2020, I said in a daily Covid-19 briefing that face coverings will be useful when lockdown restrictions are eased to *'give people confidence they can go back to work'*.
350. At the 9.15 meeting that took place on 1 May 2020, DHSC was required to refine detailed guidance on the circumstances in which face coverings might be used voluntarily and instructions for how to make DIY face coverings **BJ/155 - [INQ000088527]**. The Committee agreed that the Government should work up the materials for an announcement alongside the social distancing review on Thursday 7 May (but to move at pace on this policy area to ensure a stand-alone announcement would be ready should it be required). This would recommend the voluntary use of face coverings in limited circumstances, which should be tightly defined.
351. On 11 May 2020, at a Downing Street Press Conference, I stated: 'People should Stay Alert, by: ... wearing a face covering when you are in enclosed

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spaces where it's difficult to be socially distant – for example in some shops and on public transport' **BJ/156** - [INQ000086784].

352. Also on 11 May 2020, 'Our plan to rebuild: the UK Government's Covid-19 recovery strategy' was laid in Parliament. It stated that *'the Government is now advising that people should aim to wear a face-covering in enclosed spaces where social distancing is not always possible and they come into contact with others that they do not normally meet, for example on public transport or in some shops'* **BJ/157** - [INQ000137210].

353. On 15 June 2020, in England, face coverings were made mandatory on public transport and they became mandatory in shops and supermarkets on 24 July 2020 **BJ/158** - [INQ000237566].

354. The debate and uncertainty about wearing masks continues today (see for example, the recent Cochrane Review 'Physical interventions to interrupt or reduce the spread of respiratory viruses (Review)' **BJ/159** - [INQ000248819] which concludes that, from considering studies to date, *'We are uncertain whether wearing masks or N95/P2 respirators helps to slow the spread of respiratory viruses based on the studies we assessed. Hand hygiene programmes may help to slow the spread of respiratory viruses'*).

355. In retrospect, the controversy over face masks is perhaps another example of an area where public sentiment (and political clamour) were stronger than the scientific evidence. I took it that the scientists were not denying that there might be some value in face masks, only that it was not as much as popularly supposed.

356. Given that they might do some marginal good – and certainly send a very visible signal about the overall need for caution – I supported adding them to the repertoire of precautions.

First Lockdown: April – July 2020

357. Within this section, I have set out the steps that were taken to monitor, and then ease, the first lockdown from April to August 2020. I have referred to the COBR and Cabinet meetings that I chaired in which Covid-19 was discussed. Given that this falls outside of the Inquiry's 'priority period', I have sought to do this in a proportionate manner otherwise this statement would be even longer. I have not therefore described every meeting I chaired or attended (for example every daily 9.15/Dashboard meetings, though these continued during this

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period and were key to our decision-making). I understand that narratives have been prepared summarising many meetings which have been made available to the Inquiry. Nor have I included every document or piece of information I considered. I have, however, sought to highlight what I recall as some of the key moments or documents – but that is not to say that something I have omitted did not play an important part. This is true too of the later periods covered in the rest of the statement.

Dominic Raab Deputising

358. During my hospitalisation and recovery, Dominic Raab, the Deputy Prime Minister, deputised for me. In particular this covered the COBR meeting on 9 April 2020, where it was agreed to wait for further data and analysis by SAGE before reconsidering measures **BJ/160 - [INQ000083830]**. On 16 April 2020, while I continued to recover, Dominic chaired a Cabinet meeting **BJ/161 - [INQ000089020]**, a COBR **BJ/162 - [INQ000083827]** and gave a press conference in which he explained that there were indications that the lockdown measures had been successful in slowing down the spread of the virus but it was a mixed and inconsistent picture with infections still increasing in some settings. We did not have the infection rate down as far as necessary and there were still issues with the virus spreading in some hospitals and care homes. This meant that: *'[i]n sum, the very clear advice we have received is that any change to our social distancing measures now would risk a significant increase in the spread of the virus'* **BJ/163 - [INQ000086576]**. In addition, Dominic set out the 'five tests' that would have to be met before it was safe to adjust any of the current measures (I later repeated these on 10 May 2020, see paragraph 378 below.)
359. Also while I was away, on 22 April 2020, HM Treasury prepared a presentation titled 'Getting People Back to Work Safely' for a bilateral meeting between Dominic and Rishi **BJ/164 - [INQ000183920]**. This presentation summarised the impact that NPIs were having on the economy, notably, that around 80-90 per cent of the short-term economic impacts came from the disruptions caused by public health measures used to contain the virus. This was based on evidence from previous epidemics.
360. HM Treasury highlighted within this presentation that not opening up the economy carried a larger risk, and the longer that NPIs continued, the greater the long-term impacts on income, jobs and growth. When considering the

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easing of restrictions within the UK, we ensured that we considered the position internationally, and what impact, if any, not easing restrictions would have on the UK. It was clear at that time (22 April 2020) that internationally, restrictions were being eased which placed the UK at risk of being at a disadvantage in securing goods in international supply chains, with knock on effects for economic confidence. We were working to ensure that our exit strategy measures prioritised opening businesses where employees could not work from home, non-essential retail and other closed sectors, such as education, wholesale trade and food services. Among these considerations, however, we also prioritised sectors based on the vulnerability of the people working within that sector as well as the economic vulnerability of the sector.

361. The proposal put forward by HM Treasury for a safe return to work, was a three-phased approach with phase 1 being announced on 7 May 2020, and phases 2 and 3 following in Summer 2020. Phase 1 involved all sectors that could work but could not work from home to go back to work, all outdoor work reopening and the re-opening of small non-essential retail with social distancing measures in place. Phase 2 involved the re-opening of larger, non-essential retail with social distancing measures in place and some return to work for sectors who could work from home, but with greater social distancing. Finally, phase 3 involved the re-opening of food service providers, pubs/bars and accommodation, leisure facilities and social gatherings below certain thresholds. Ultimately, phase 3 was a gradual 'return to normal'. Although I was still convalescing when this bilateral meeting took place and this presentation was published, I was involved in shaping what was to become the roadmap out of lockdown, and approved the aims.

Return to Work: from 27 April 2020

Digital Dashboard Data

R number	0.5-1.0
Total confirmed cases UK:	120,067
New daily cases UK:	5,850
Total confirmed deaths:	16,515 (Hospitals)
Daily deaths:	455 (Hospitals)
No of tests carried out daily:	21,626

Digital Dashboard: 26 April 2020: BJ/165 - INQ000083469

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362. On 27 April 2020, I officially returned to work and I chaired a Cabinet meeting on 30 April 2020 **BJ/166 - [INQ000089093]**. Patrick advised that the number of hospital admissions and deaths were decreasing and the R number was estimated at 0.6-0.9. The situation was looking better in the UK but things would get more complicated again in the winter. In discussion, we recognised that the impact of the virus could be seen on public finances and the economy and that social distancing measures disproportionately affected the poorest in society. Matt noted that the NHS had been protected and he was confident it would not be overwhelmed. There was mention that sectoral guidance on how to return to work safely was being written. It was noted at the meeting that the Cabinet would benefit from scientific input from the Government's scientific advisors before making decisions on lifting measures, which were going to be considered in the following week.
363. In conclusion, I noted that the Government's achievements should not be underestimated: stopping intensive care units being overwhelmed and keeping deaths well below the RWCS of hundreds of thousands. The economy needed to get moving again without risking a second peak. I stated *'the people that were hardest hit were the poorest. The Government would pay attention to those people in left-behind cities as it had been elected to unite and level-up the country'*. I also reiterated the Cabinet's appetite for a scientific briefing to help with our decision making.

Introduction of Covid-O and Covid-S and the End of the MIGs: May 2020

364. During May 2020 Helen MacNamara, the Deputy Secretary to the Cabinet, started discussions with Mark Sedwill and the team to consider how to improve our ways of working. This started the ball rolling for abolishing the MIGs and replacing them with a more streamlined process. It is worth interrupting the overall chronology here to set out how these changes were introduced.
365. On 11 May 2020, Mark Sedwill wrote me a letter entitled 'C19: Next Phase' **BJ/167 - [INQ000146679]** which proposed to reorganise governance and embark on strategic reforms. I was not a party to the work that went into this document.
366. During my time in hospital and my convalescence I had been reflecting on the lessons of the pandemic so far. Like every other country in the world, we had struggled in the first few weeks and months against a new and unknown virus. Rightly or wrongly, I felt that things had started to go better when all the

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information was brought together in one place and when I was leading the discussions and the decision-taking. I wanted to streamline things. One option I considered was to change the way No.10 and the Cabinet Office worked, and during the course of a conversation with Sir Mark Sedwill on 14 May 2020 he suggested that he should move on, and I agreed. I have reflected a great deal since then on his departure, and whether I did the right thing in agreeing. In so far as the British state stumbled in its initial handling of Covid-19 – and it certainly did – that was no fault of Sir Mark. I do not believe he had any first-hand knowledge of, let alone responsibility for, the problems in PHE, or our diagnostics capability, or our grasp of NHS data. He gave outstanding service to this country in a variety of capacities, and I will always be grateful.

367. On 22 May 2020, in my box, I received a note entitled 'Cabinet Structures', written by Helen MacNamara and Simon Case **BJ/168 - [INQ000183934]**. The note sought my agreement to change the Cabinet structures in place for managing the next phase of the Covid-19 response and appended Annexes proposing new Committees and standing attendees. Dominic Cummings had annotated it with some views before I read it and did the same. The proposal was to stand down the MIGs which had '*served their purpose*' and to replace them with a '*lean structure to oversee C19 and that major decisions are taken by the full Cabinet*'. The note observed that in recent weeks I had used the Quad (described below at paragraph 721.c721.) to shape strategy and advised a formalised strategy committee in the style of the EU Exit Strategy Cabinet Committee (referred to as 'XS') including the Home Secretary '*given the importance of enforcement and the border*'. I annotated this suggestion '*Yes please*'. I agreed to folding the MIGs into existing Committee structures and establishing a new Covid Operations Committee to:

drive delivery and provide assurance on the implementation of programmes...chaired by CDL, with the Chancellor taking the chair when vulnerability programmes are being discussed...[and] with just the Health Secretary as the other core member, with other Ministers invited as required.

368. The note highlighted that the DAs had been involved in decision making through the MIGs and in COBR up until that period so there needed to be a mechanism to enable discussion and agree decision-making '*on a four-nation approach*'. It proposed convening a Joint Ministerial Committee ('JMC') meeting when needed. It seemed sensible for me to continue collaboration and

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communication with the DAs and so I agreed with the advice. COBR would only be used if we re-entered a crisis situation.

369. JMCs are meetings where all four nations are represented by ministers. There is a plenary form of JMC chaired by the Prime Minister with the devolved First Ministers and, as necessary, different ministers depending on the agenda. There are then JMC sub-committees attended by ministers from each government.
370. When preparing this statement, I have not been able to find any meetings described as 'JMCs' relating to Covid (whether plenary or involving ministers) and from the House of Lords Select Committee report 'Covid-19 and the use and scrutiny of emergency powers' at paragraphs 94 and 100 **BJ/169 - [INQ000075368]**, it appears no JMCs were in fact held. However, I have described the large number of meetings with DAs, such as Michael Gove's regular meetings with the DAs (paragraph 186 above) and also the regular Four Nations meetings (paragraph a below). Even if these were not termed JMCs (for example, a meeting between Michael and First Ministers on 4 January 2021 was termed 'DA-UKG Call' **BJ/170 - [INQ000221908]**: see paragraph 601 below) this is semantics because they were equivalent to JMCs and met the need identified in Helen and Simon's note.
371. As I have said, I think in retrospect that the structure for managing the crisis could have been improved with a different legal base for our decisions, but the JMCs (or at least the structure of JMCs whereby ministers from all four nations liaised) were certainly useful. The reality was that the Covid-19 meeting was the principal forum for discussions and daily decision making, and set the day's agenda, though of course decisions were eventually referred to Cabinet.
372. I wanted now to begin focusing on the other side of the ledger – the economic recovery. I wrote the following comments:
- 1. We are moving from the battle against Covid to the next phase – the campaign to revive the UK economy.*
 - 2. We need to start Operation BOUNCEBACK with a BOUNCEBACK Committee.*
 - 3. It shall meet every morning with a Dashboard not unlike the Covid dashboard & it should be using every lever possible to revive the UK economy and send us all surging forwards.*

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4. *Apart from Alok and Rishi I don't think it needs many ministers.*
5. *Can I have some proposals ASAP? Simon C to hold pen & draw up plan.* (These written comments appear under Prime Minister's Comments in **BJ/171 - [INQ000183934].**)

373. It was this discussion which ultimately led to the standing down of the MIGs on 28 May 2020 and the introduction of the Covid-O Committee in May 2020 and the Covid-S Committee in June 2020. Covid-O and Covid-S were supported by a new unit based in the Cabinet Office: the Covid-19 Taskforce ('the Taskforce'). As the Corporate Narrative that has been provided says, the Taskforce was the unit at the centre of government which joined together strategy, analysis and coordination with departments across Whitehall to drive delivery. In implementing these changes, I agreed that a governance structure that was more sustainable for the longer term was required.

Joint Biosecurity Centre: May 2020

374. Also in May 2020, the Joint Biosecurity Centre ('JBC') was set up to bring additional and complementary analytical capacity to build on that already in place at a local and regional level across the UK **BJ/172 - [INQ000203662]**. It was part of DHSC – overseen by the Minister of State for Social Care, Helen Whately – and worked in partnership with PHE (from 1 October 2021, it became part of the UK Health Security Agency ('UKHSA')). The JBC ran the new Covid Alert System. The Covid Alert Level would be determined primarily by the R number and the number of Covid-19 cases and a recommendation would then be made to the UK CMOs. This process was designed to help steer us in deciding how tough we needed to be on social distancing measures. The JBC also advised on the Local Covid Alert Levels ('LCAL') which were later used to determine tiers (as described from paragraph 510 below).

Second Phase of the Response: May 2020 onwards

Digital Dashboard Data	
R number	0.5-1.0
Total confirmed cases UK:	171,253
New daily cases UK:	6,032
Total confirmed deaths:	26,711
Daily deaths:	674
No of tests carried out daily:	81,611

375. Returning to the main chronology, on 1 May 2020, I hosted a roundtable with the M9 Mayors (the Mayor of London and the 8 Mayoral Combined Authorities across England), the leader of the West Yorkshire Combined Authority, Robert Jenrick and Simon Clarke. On 25 March 2020, the M9 group of Metro Mayors had written to me to offer support and to state that businesses needed help quickly **BJ/174 - [INQ000183923]**. The meeting was to update them on the current situation and discuss their role in the immediate response and medium-term economic recovery **BJ/175 - [INQ000183924]**. We discussed what more could be done to support businesses and people in their areas. I agreed that the mayors had a vital leadership role to play in planning for the economic recovery in their own respective regions and made clear that the Government would continue to work closely with them as it sought to restart the economy whilst preventing a second wave of the virus. I thanked the Mayors for their efforts and noted that they should be at the forefront of local recovery (see **BJ/176 - [INQ000248822]**).
376. We had a statutory obligation to review the law on social distancing measures at least every 21 days and the next review was to take place before midnight on 7 May 2020. The reviews required ministers to decide, based on evidence and data available at the time, whether each of the NPIs currently in place continued to be needed to prevent and/or control the virus. This included an assessment of changes to any measures announced to ensure they were still necessary for public health purposes.
377. In advance of this review, I was clear that I wanted to be informed by the most up-to-date data and scientific assessment. On Saturday 2 May 2020, I received a covering note from Imran Shafi **BJ/177 - [INQ000183928]** with a note from Jonathan Black and Mark Sweeney, in advance of a Strategy Meeting that was taking place that afternoon **BJ/178 - [INQ000183927]**. The meeting was not to decide anything but to start informing the decisions to be taken the following week. Imran's note highlighted some points that I might want to probe which included whether the package we were considering was taking too much risk and what the new 'back to work' message was.
378. This note from Jonathan and Mark was called 'Options for Changing Social Distancing Measures' and focused on the next phase of our Covid strategy,

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and the roadmap for how we were going to go about lifting measures. As Dominic Raab had outlined previously, the Government had set five tests as a prerequisite for changing social distancing measures and a decision was made that only when those five tests were met, would restrictions be lifted or eased. The five-test approach was as follows (and I was to be given further advice on the degree to which the tests had been met the following week but the initial view was that the first three had been met and advice was being sought from SAGE on the fifth):

- a. We must be certain that the NHS was able to cope.
 - b. There must be a sustained and consistent fall in the daily death rates.
 - c. There must be reliable data from SAGE showing that the rate of infection was decreasing to a manageable level.
 - d. We must be confident that the range of operational challenges, including testing capacity and PPE were in hand, and supply was able to meet future demand; and
 - e. We must be confident that any adjustments to the current measures would not risk a second peak of infection that would overwhelm the NHS.
379. The document described the roadmap for getting people back to work safely and re-opening businesses (among many other considerations). The roadmap sought to encourage people to return to work in sectors that were open at that time, such as manufacturing and construction in May 2020, to gradually open retail from June 2020, and opening further businesses and indoor recreation over the Summer of 2020. Those working from home were told to keep doing so at that time. The intended changes were only to be implemented if we continued to meet the five-test approach, as outlined above and in more detail within Mark and Jonathan's paper. The roadmap was later finalised as I describe at paragraph 390 below.
380. The meeting at which this was considered included Dominic Raab, Rishi Sunak, Michael Gove and Matt Hancock as well as Chris and Patrick and a note summarising our discussion was circulated afterwards by Imran: **BJ/179 - [INQ000183926]**. We planned to conduct the formal decision-making in the coming week with the plan to be launched at the end of the week. We gave the steer that we aimed to shift from the current 'stay at home' messaging to balance vigilance and gradual easing and there was still more work to be done.

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Chris Whitty noted that *'in any eventuality, we will need to take risks'* and he *'also cautioned that were any measures not released by September, the potential risk of a peak in winter would mean we'd potentially need to take a very cautious approach until the next spring'*. Patrick agreed *'and reiterated the crucial importance of monitoring and surveillance and tackling the challenges in care homes'*.

Digital Dashboard Data

R number	0.5-0.9
Total confirmed cases UK:	201,101
New daily cases UK:	6,111
Total confirmed deaths:	30,076
Daily deaths:	649
No of tests carried out daily:	69,463

Digital Dashboard: 6 May 2020: BJ/180 - INQ000083545

381. On 6 May 2020, I met Patrick and Chris **BJ/181 - [INQ000183931]** to get an update on the SAGE meeting that had taken place the previous day **BJ/182 - [INQ000061541]**. SAGE had modelled the proposed package of measures, starting with Step 1 of the Roadmap contained in 'Our plan to rebuild: the UK Government's Covid-19 recovery strategy' (see **BJ/183 - [INQ000137210]**), which was due to take place from around the 11 May 2020. This was to include encouraging those who could not work from home to return to work. At the meeting on 6 May 2020, I was told that SAGE's view was that the Step 1 measures would not result in the R number breaching 1.
382. Their modelling suggested that Step 2 – the phased reopening of shops – was not likely to result in the R number breaching 1 if there was an effective track and trace system in place. SAGE's view at that time was that Step 4 would result in the R number being above 1 but that further judgements would be required based on incidence at the relevant time.
383. On 7 May 2020, I chaired another Cabinet Meeting in which we discussed the phased reopening of the economy **BJ/184 - [INQ000183933]**. I noted that the UK was coming to the end of the first phase of its response and the decision for Cabinet was about the existing social distancing measures. I said that reaffirming the measures was the right thing to do in view of the latest advice

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but that, when the conditions were right, there should be a phased reopening of the economy. During the coming weekend, if Cabinet approved, I would set out the second phase of the response. I noted that the NHS had not been overwhelmed, there was no shortage of ventilators whereas, at one point, the RWCS was more than 500,000 deaths. We were past the peak of the virus.

384. On 10 May 2020, I updated the Cabinet in a Cabinet call **BJ/185** - **[INQ000088983]** where, during discussion, it was noted that the plan for the next phases of the response was thorough and struck the right balance.
385. Immediately after the Cabinet call, I chaired a COBR meeting **BJ/186** - **[INQ000083828]**. In advance of the COBR, a paper was prepared called 'Approach to Social Distancing Measures' which annexed a summary of the latest SAGE assessment **BJ/187** - **[INQ000062193]** (the matters that I had discussed with Patrick and Chris on 6 May 2020). The SAGE assessment stated that estimates of the R in the community ranged from 0.5-0.9 but this was influenced by transmission in care homes and hospitals and there was a lower degree of confidence in R in care homes. SAGE concluded that the Step 1 package of measures would have '*a modest impact on R, with R remaining below 1*'.
386. At the COBR, Chris stated that we were past the peak, and that hospitalisation and death numbers were going down. Among other things, he noted that lifting the restrictions too slowly would mean a risk of lifting restrictions in the winter months. Patrick said that Stage 1 changes presented a low risk of pushing R above 1 and he supported the transition to the next phase.
387. After the Cabinet call and COBR on 10 May 2020, I recorded a public address which was broadcast that evening. It set out '*the first sketch of a road map for reopening society*' **BJ/188** - **[INQ000053269]**. I noted that we could not move forward unless we satisfied the five tests which Dominic had previously described:

We must protect our NHS.

We must see sustained falls in the death rate.

We must see sustained and considerable falls in the rate of infection.

We must sort out our challenges in getting enough PPE to the people who need it, and yes, it is a global problem but we must fix it.

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And last, we must make sure that any measures we take do not force the reproduction rate of the disease – the R – back up over one, so that we have the kind of exponential growth we were facing a few weeks ago.

388. I emphasised the need to make more progress on testing. I noted that we had by no means fulfilled all of these tests and this was not the time to end the lockdown. However, we were able to encourage a return to work for those who could not work from home. Step one was a change in emphasis that would take place that week: we were now actively encouraging those who could not work from home, for instance those in construction or manufacturing, to return to work. We were establishing new guidance for employers to make workplaces Covid-secure and encouraged people to avoid public transport. From the following Wednesday we were encouraging people to take more and unlimited amounts of outdoor exercise.
389. I announced that step two, which would be implemented at the earliest by 1 June 2020, was to begin the phased reopening of shops and to get some pupils back to school. Step three, to take place at the earliest by July 2020, was to re-open at least some of the hospitality industry and other public places.
390. On 11 May 2020, the Government published 'Our plan to rebuild: the UK Government's Covid-19 recovery strategy' **BJ/183** - [INQ000137210]. This was called the 'Roadmap'. This provided full detail and guidance on the matters I had described the night before in the press conference.
391. On 14 May 2020, I chaired another Cabinet meeting in which **BJ/189** - [INQ000088999] I noted that 'polling showed that the British public overwhelmingly understood the message on social distancing measures'.
392. On 21 May 2020, I chaired a Cabinet meeting **BJ/190** - [INQ000089051]. There was to be a summit later that day on 'hidden harms', to develop an action plan that would protect vulnerable people as the restrictions eased. I noted that it was appalling that incidents of domestic abuse had risen during the lockdown. Choices about changes to social distancing measures were to be made in the coming days.
393. On 24 May 2020, I gave a press conference where I addressed the allegations relating to Dominic Cummings' trip to Durham and also stated that we would be in a position to move to step two in the coming days **BJ/191** - [INQ000086786]. This involved a phased reopening of schools from 1 June 2020.

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394. On 25 May 2020, I chaired a Cabinet meeting **BJ/192 - [INQ000089074]** in which I noted positive signs and that progress had been made against the five tests. Later in the week it would be possible to relax some of the social distancing measures. The assessment was that these measures would not push R above one. I noted that the message was one of gradual liberalisation and that progress had to be cautious to avoid a second peak. In a further press conference, I gave the retail sector notice of the intention to re-open shops with appropriate precautions in place **BJ/193 - [INQ000065344]**.
395. On 27 May 2020, in my evening box, I was given:
- A Cabinet Office PowerPoint on Social Distancing in advance of the next statutory review of the social distancing measures (the following day) **BJ/194 - [INQ000183935]**. This included an 'Equalities and Distributional Impacts' summary of the NPIs and proposed easing.
 - A Cabinet Office 'Measured Analysis' which summarised phase 2 of the NPI lifting **BJ/195 - [INQ000183936]**. It considered what decisions were needed, what the potential health scenarios would be and their impact, what the potential economic scenarios were and what were the proposals for Step Two NPI lifting and what would be their impact.
 - A Social Distancing Review note from Simon Ridley seeking my decision on whether to make any changes the following week in light of the review of the regulations and if so, which changes **BJ/196 - [INQ000183937]**; and
 - A full Equality Analysis of Social Distancing Measures, including restrictions on movement and restrictions on gatherings **BJ/197 - [INQ000183938]**.

Digital Dashboard Data

R number	0.7-1.0
Total confirmed cases UK:	267,240
New daily cases UK:	2,013
Total confirmed deaths:	N/A
Daily deaths:	412
No of tests carried out daily:	117,013

Digital Dashboard: 27 May 2020: BJ/198 - INQ000183939

396. On 28 May 2020, I gave a press conference setting out that the five tests were being met **BJ/199 - [INQ000065357]**. I noted that Patrick and Chris had

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assessed the lifting of measures relating to schools, retail and social contact, noting that the package had been carefully designed so that we could '*ease the burdens of lockdown while expecting to keep that R below one*'. I confirmed the phased re-opening of schools and shops starting from 1 June 2020. Furthermore, I announced that we would allow up to six people to meet outside – including in private gardens – provided that those from different households continued to observe social distancing rules.

397. I was extremely keen to re-open schools as I felt that keeping children out of schools was one of the greatest harms of the lockdown. I made clear at numerous meetings that the Government should drive the re-opening of schools and take steps to ensure that this was achieved. I viewed the re-opening of schools as one of the key priorities as the lockdown was eased, putting it ahead of the need to lift social and economic measures (see too the minutes of Covid-S on 6 August 2020 **BJ/200** - [INQ000088257]).
398. On 2 June 2020, I chaired a Cabinet meeting **BJ/201** - [INQ000088938] in which there was discussion about whether the two-metre social distancing rule could be reduced, with mitigations in place. I noted the longevity of the two-metre rule should be examined. I stated that people should be told that wearing face coverings on public transport was mandatory. This was more to drive confidence in transport – and to show that it could be safely used – than because I believed that mask-wearing was actually essential.
399. Also on 2 June 2020, PHE published a descriptive review of data: 'COVID-19: review of disparities in risks and outcomes' (see **BJ/202** - [INQ000101218] this version is the one updated on 11 August 2020 to add eight spreadsheets of further data, updates and corrections). This review summarised some of what was then known about Covid-19 and ethnicity but while it identified disparities, it did not examine why they arose and made no recommendations. As a result, Matt and I commissioned the Minister for Equalities, Kemi Badenoch MP, to lead cross-government work on next steps, supported by the Race Disparity Unit in the Cabinet Office. We asked Kemi to examine why Covid-19 had a disproportionate impact on ethnic minorities, to assess the Government's response to tackling these disparities, and make recommendations as to how this could be improved. At that day's daily press conference, Matt announced the commission of this work. As I explain below (from paragraph 682 below onwards), between October 2020 and December 2021, Kemi submitted four quarterly reports to Matt and me.

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400. On 3 June 2020, Rishi wrote me a letter with the subject 'Reopening Closed Sectors' **BJ/203** - [**INQ00088059**]. He was seeking to persuade me to reopen outdoor bars, restaurants and pubs on 22 June and then all remaining sectors on 4 July, with the exception of a few specific high-risk businesses, for example, nightclubs. He was opposed to a phased approach due to the impracticalities of implementation and he sought flexibility around the 2m rule. I had stated that the longevity of the two-metre rule should be examined at the Cabinet meeting the previous day (paragraph 398 above). As I describe from paragraph 414 below, the Cabinet Office and CMO started looking into the 2m rule during June and this letter, or the discussions about the topic around this time, may have been a further catalyst for that work. (Following receipt of the letter, on the evening of 5 June 2020, Rishi and I met to discuss the next steps to be taken on Covid before any decisions were taken **BJ/204** - [**INQ000320682**].)
401. On 4 June 2020, I chaired the first Covid-S meeting. The meeting considered a Strategy Stocktake paper which reviewed the Government's current strategy and set out the choices that would need to be made in the coming weeks **BJ/205** - [**INQ000183940**]. It noted that the UK faces a structural challenge in delivering a localised strategy given a weaker tradition of local government and pressures on Local Authorities. It also noted that: '*for each week the current NPIs are maintained, the OBR expects Q2 GDP to fall by 3%, 2020 GDP to fall by 1%, and borrowing to increase by £8-10bn*'. An annex to the paper noted that public spending in April 2020 was £51.1 billion higher than a year ago – the highest monthly borrowing on record and higher than the budget forecast for the entire year.
402. The annex also noted that employment sectors that remained closed were particularly likely to have low-income workforces, with these workers being deeply vulnerable to sustained closures. These statistics showed the serious effect that NPIs were having on the economy. In addition, the annex noted that NPIs had tended to exacerbate existing inequalities. One in six (17%) female employees worked in closed sectors compared to one in seven (13%) male employees and women were more likely to have employment restricted by childcare. Bangladeshi men were four times as likely as white British men to have jobs in closed sectors, due in large part to their concentration in the restaurant sector, and Pakistani men were nearly three times as likely. Disabled people were more likely to work in sectors that were currently closed

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(e.g. retail). Young people leaving education were heavily hit by reduced opportunities to join the workforce. Low-income groups were less likely to benefit from easements which now permit socialising in gardens. The attainment gap in education had also been widening for lower income groups (children spending 30% less time on school work as wealthier peers). All these statistics drove home the need to continue to consider equalities and, yet again, the difficult balance between protecting the population from the virus and guarding against the harm caused by such measures. It was noted that Alok Sharma, Secretary of State for the Department for Business, Energy and Industrial Strategy ('BEIS'), had led on business guidelines that had enabled the Government to open up sectors in line with the Roadmap.

403. I was deeply concerned that the pandemic was hitting some communities much harder than others. It was plain that sectors such as retail and hospitality were more likely to be staffed by members of ethnic minorities and people on lower incomes. It was these sectors that we were being forced to close and the disproportionate suffering weighed very heavily with me.

404. At the meeting, I noted:

[i]n spite of criticism of the Government's approach, there had been significant successes: the NHS had not been overwhelmed, the Nightingale Hospitals had been delivered in record time, and when the Government had set out to achieve a target to increase ventilators or testing, it had been met. The lockdown communications strategy of 'Stay Home, Protect the NHS, Save Lives' had been extraordinarily successful. The Government's Roadmap had been published on 11 May, and had set out the right strategy. BJ/026 - [INQ00088234]

405. I stated that the first steps of the Roadmap had been implemented successfully, including encouraging people to return to work in a series of small steps. This would continue, subject to evidence that the incidence of the virus was continuing to fall. The next step would be on 15 June 2020 when I hoped that all non-essential retail could open.

406. Although I have not yet seen the actual messages myself, I understand that early in the morning on 4 June 2020, Matt Hancock says that I sent him a message saying that I was 'going quietly crackers' about testing which I described as our Achilles Heel. He said that I asked, 'What is wrong with this country that we can't fix this?'. In his 'Pandemic Diaries', I understand that Matt

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wrote that he reassured me that we now had the '*biggest testing capacity in Europe*' but that it had been done '*against the obstruction of his own No.10 operation*' (page 193). I am not sure what he means by obstruction in No. 10. My own instructions had been that we should ramp up testing massively – and eventually we did.

Digital Dashboard Data

R number	0.7-0.9
Total confirmed cases UK:	287,399
New daily cases UK:	1,205
Total confirmed deaths:	N/A
Daily deaths:	55
No of tests carried out daily:	138,183

Digital Dashboard: 8 June 2020: BJ/206 - INQ000183941

407. It was clear that deaths were coming down, and that NPIs were continuing to work. On 9 June 2020, I chaired a Cabinet meeting **BJ/207 - [INQ000088978]**. I stated that, the following day, I would announce steps to relax measures in line with the Roadmap and also in relation to social distancing. I stated that: '*The economic effects of a prolonged freeze would be detrimental to the health and wellbeing of individuals and to social justice. But the current incidence rate of the virus remained too high to take all the actions that colleagues wanted*'.
408. On 10 June 2020, I gave a press conference in which I thanked Patrick and Chris for their advice and explained that the five tests were being met so that we could proceed with further adjustments to the lockdown **BJ/208 - [INQ000065409]**. I announced that, from 15 June 2020, all shops could reopen, ensuring that they are meeting the Covid Secure guidelines, and that single adult households could form a 'support bubble' with one other household. I also announced that some outdoor attractions could open, as could places of worship for individual prayer.
409. On 16 June 2020, I chaired a Cabinet meeting which considered the effect of Covid-19 on rough sleepers and the return of children to school as part of the Roadmap **BJ/209 - [INQ000089022]**. It was noted that the programme to reduce rough sleeping during the outbreak had been essential to protect homeless people, of whom around 60 per cent had conditions which made them more susceptible to the virus. Every person sleeping rough had been

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offered safe accommodation and 90 per cent had taken up the offer. I noted that this was a difficult issue to solve but it was important to get it right and really mattered. I was proud that the Government had taken action to protect people sleeping rough.

410. On 18 June 2020, the JBC recommended that the Covid-19 risk level should move from Level 4 (Covid-19 is in general circulation; transmission is high or rising exponentially) to Level 3 (Covid-19 is in general circulation). The UK CMOs reviewed the evidence and agreed with this recommendation to move to Level 3 across the UK **BJ/210 - [INQ000183946]**.

Digital Dashboard Data

R number	0.7-0.9
Estimated population infected:	33,000 (England)
Total confirmed cases UK:	301,815
New daily cases UK:	1,221
Total confirmed deaths:	N/A
Daily deaths:	43
No of tests carried out daily:	175,018

Digital Dashboard: 21 June 2020: BJ/211 - INQ000183947

411. On 22 June 2020, I chaired a Covid-S meeting, where we discussed step three in the Roadmap. A paper titled 'Covid-19 Roadmap: Step 3' with an annex setting out the findings of the two-metre social distancing review was circulated in advance of the meeting by the No.10 Permanent Secretary **BJ/212 - [INQ000088239]**. The Committee meeting was chaired by me. The Committee was asked to agree the key components of step three, with one of the main issues for consideration being the re-opening of sectors of hospitality, hotels and other accommodations, leisure facilities and tourism. The paper considered the UK's progress on managing the virus, based on SAGE guidance and data. At that time, SAGE concluded that the number of infections were estimated to be falling at around 2-4 per cent per day. In the first half of May 2020, when the Roadmap was published, there were an estimated 149,000 infections in the community in England. That figure had fallen to 33,000, equating to 26,900 new COVID-19 infections per week. That said, the paper also sounded this note of caution:

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This data will not reflect the most recent set of changes, made on 15 June. Nor will this effect be known fully when the step three package is introduced, at the start of July. The incidence and prevalence of the disease in the UK remains higher than in most other European countries which have eased their lockdowns. There is a risk that easing measures will lead to an increase in infections. Local outbreaks will be tackled with local responses, but a more general increase in infections might, in extremis, require national responses. The Government will need to maintain specific measures to tackle the epidemics in NHS, Social Care, and other high risk settings.

412. The package included the stipulation that social gatherings would no longer be regulated but would remain subject to government guidance. This would mean that larger gatherings such as those already permitted for work or for funerals would now be allowed for weddings, religious services or ceremonies and other events in Covid-19 secure venues.
413. I thought – as the minutes reflected **BJ/213 - [INQ000088242]** – that the proposed package was ambitious but well-judged and well-justified. While it represented a significant loosening of the restrictions that had been put in place in March 2020, the R number remained below one and the incidence rate was falling. Chris noted that the proposed package was at the top end of the risk boundary and the riskiest areas of the package were indoor hospitality and the prospect of re-opening schools. He highlighted that the public messaging must emphasise that people and businesses should continue to take all possible precautions to protect against infection and if people did not act with caution, the package may just push the R rate above one. Patrick echoed these sentiments and again emphasised that the messaging needed to be clearly heard and understood, otherwise the lifting of restrictions would lead to a further spread of the disease. I approved the package presented, as it was a sensible and cautious approach to opening up the economy and was predicated upon clear scientific, behavioural and economic advice. We were asking people to maintain two metres distance wherever possible, and where it was not possible, the key actions for the public to manage risk at one metre would include minimising how much time was spent with people outside of your bubble, being outdoors, improving ventilation or wearing a face covering.

Social Distancing Reduction Two Metres to One Metre: 22 June 2020

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414. It is worth explaining at this juncture a little more of the background to this decision to reduce social distancing from two metres to one metre. In June 2020, the Cabinet Office had started reviewing whether to reduce the social distancing guidance from two metres to one metre. My memory is that I helped to initiate this review but I cannot be sure given the passage of time. A one metre gap was recommended by WHO and was being used in China, France, Singapore (and as Rishi had mentioned in his letter of 3 June 2020, described at paragraph 400 above, there were many other countries that had flexibility to go below 2m). The two-metre gap was being used in the UK, Canada and Spain **BJ/214 - [INQ000183943]**.
415. I was probably not party to some of the work which I describe in the next three paragraphs, but it provides the necessary context. On 14 June 2020, Chris Whitty wrote a document called, 'Principles to consider when reviewing the balance of risk for the 2m figure for social distancing' which he sent to Simon Case and Tom Shinner in No.10, among others **BJ/215 - [INQ000069679]**. In that document, the CMO noted that other factors become more important if less than two metre contacts occur and that a suite of measures, including those which hold the R below 1, should be part of the distance considerations.
416. On 16 June 2020, BIT published a paper titled 'Considerations for any reduction in physical distancing guidance' **BJ/216 - [INQ000183943]**. This paper was shared with Michael Gove and the DAs (**BJ/217 - [INQ000183951]**) but I do not think I would have been shown a copy of the document itself at the time. BIT's view was that we had to think about risk holistically and present any changes as part of a package of sensible risk mitigation, including the use of other protective measures. BIT considered that the duration and the nature of the contact could matter more than the distance itself and any risk assessment would have to consider the duration and nature of the contact between people, as well as the other protective measures in place. Its assessment was based on the compliance with social distancing measures at that time and behavioural considerations if we were to move forward to one-metre distancing guidance.
417. On 17 June 2020, a meeting was held to review the two-metre social distancing guidance which was attended by Simon Case, Tom Shinner, Chris, Patrick and others – but not me (this was a review panel that had been assembled specially to consider this issue). At this meeting, they considered a number of papers and advice that looked at transmission risks and mitigations, the options for adjusting the guidance, the economic impacts, the approach of different

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countries to physical distancing, medical principles and public attitudes **BJ/218** - **[INQ000183944]**.

418. The review panel's discussions then fed into the Covid-S meeting which I chaired on 22 June 2020 (described from paragraph 411 above) and the paper circulated in advance of this meeting described the review panel's work **BJ/219** - **[INQ000088239]**. It was clear that the economic costs of maintaining two metres social distancing were severe. The review's findings included a statistic that only 14 per cent of the food and beverage industry could operate at two metres. The evidence presented to the committee was that mitigations could be put in place to reduce the risk of infection at one metre so that it was broadly the same as being two metres apart. The paper noted that most businesses could take action to mitigate the additional risk of operating at one metre, for example, restaurants could increase ventilation or changing the direction of seating. Further, at Annex A the '2M Review Findings' were set out including the Scientific evidence, economic and social impacts, international comparisons, sector analysis and implementation. The paper noted that SAGE had advised on 39 evidence-based actions that could be taken to reduce the risk of transmission, and the level of risk that a reduction to one metre distancing could present, including an increase in cleaning and handwashing, changing room layouts and encouraging the use of protective screens and face coverings. The paper sought the Committee's agreement that the guidance should change to state that two metres is reduced to one metre with risk mitigation (where two metres was not practically or economically viable).
419. When reaching this decision, I did not place more emphasis on the economy than public safety; public health always remained my priority. I felt that after a long period of asking the public to follow very strict and complex rules to bring Covid-19 under control, we were in a position to make life easier for people, to see more of their friends and family, and to help businesses get back on their feet and people back to work.

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Digital Dashboard Data

R number	0.7-0.9
Estimated population infected:	33,000 (England)

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Total confirmed cases UK:	305,289
New daily cases UK:	958
Total confirmed deaths:	N/A
Daily deaths:	15
No of tests carried out daily:	139,659
Digital Dashboard: 22 June 2020: BJ/220 - INQ000183949	

420. On 23 June 2020, I chaired a Cabinet meeting **BJ/221 - [INQ000089071]**. I noted that the Government had made significant progress in addressing the Covid-19 outbreak but that the detrimental economic impact was clear. Before the meeting, I circulated a document called 'Paper from the Prime Minister **BJ/222 - [INQ000089070]** in which I updated Cabinet on the step three package of changes. In the paper, I noted that any relaxation of existing restrictions involved risk and could lead to an increase in infections. However, these considerations needed to be balanced against the social, economic and non-Covid health impacts of the current measures. The paper suggested the adoption of the 'one metre plus' rule on social distancing and step three of the Roadmap from 4 July 2020. At the meeting, I explained that the paper set out a cautious and balanced approach to the next stage of the response. The Cabinet supported the approach set out in the paper. 4 July was to be our lockdown 'Independence Day'.
421. Later that day, I gave a statement to the House of Commons **BJ/223 - [INQ000086725]**. I stated that we continued to meet the five tests and the Covid Alert Level had been downgraded from four to three. As a result, we could safely ease the lockdown in England. Where it was not possible to keep two metres apart, people could keep a social distance of '*one metre plus*', alongside other mitigations to reduce the risk of transmission. From 4 July 2020, two households of any size could meet in any setting (inside or outside). Outside, several households could meet in groups of six. I stated: '*[a]s we give people back more control over their lives, we will be asking them to follow guidance on limiting their social contact, rather than forcing them to do so through legislation*', although '*it will still be possible for the police to break up large and irresponsible gatherings*'. Pubs and restaurants would be able to reopen, with table service indoors and the use of NHS Test and Trace. People would be able to stay overnight in self-contained accommodation and most leisure facilities would reopen (close proximity venues would need to stay closed).

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Places of worship could reopen for prayer and services, including weddings for up to 30 people. This was subject to local lockdowns and, indeed, on 29 June 2020 a local lockdown was announced in Leicester (Hansard HC Deb. vol 678 col 111, 29 June 2020) **BJ/224 - [INQ000086717]**].

422. It is worth saying here that as the UK started to move out of lockdown, there was divergence across the Four Nations and each government took their own approach to lifting the restrictions. While the Covid-19 Action Plan had been a joint venture and the introduction of the Coronavirus Act was preceded by close consultation and joint working across the Four Nations, when it came to lifting the restrictions, each nation produced its own plan for reopening the economy with Northern Ireland and England moving faster than Scotland and Wales, for example by opening non-essential retail, pubs and restaurants sooner. Nonetheless, we did continue to coordinate efforts throughout the pandemic.
423. On 29 June 2020, I chaired a Cabinet meeting **BJ/225 - [INQ000088880]**. I was to give a speech on economic recovery the following day. I reflected on what had gone well in the response in recent months: '*building the Nightingale hospitals, manufacturing of ventilators, identification of Dexamethasone as the first treatment for coronavirus, and rapid delivery of the employment support scheme*', while noting that other aspects of the response to the virus had not moved as quickly as I would have liked and it was important to learn lessons for the future.
424. After the Cabinet meeting, I chaired a Covid-O meeting **BJ/226 - [INQ000088764]** to consider local lockdown measures for Leicester. The rate of Covid-19 infections in Leicester was very high and if no further steps were taken then it was likely that the situation would deteriorate. Jonathan Van Tam noted that the immediate actions had already been agreed with the local area. Matt noted that the proposal was a long way from the preferred position of the City Mayor for Leicester, Sir Peter Soulsby, but two weeks of pressure from government at local level had only resulted in some movement on testing rates and clinical argument had now convinced the Mayor of the need for further intervention. The Mayor was not enthusiastic but would cooperate. The County Council were supportive. I decided that it was now time to get ahead of the outbreak and the easing of the lockdown restrictions and shielding on 4 and 6 July would not apply in Leicester and the lifting of the restrictions on non-essential retail from 15 June would be reversed. I suggested that there should

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be a Minister on the ground in Leicester to ensure that the Government was represented and to corral efforts.

425. On 2 July 2020, I chaired a Covid-S meeting **BJ/227 - [INQ000088245]**. Matt noted that preparation for the winter period needed to be a top priority and the NHS needed to be prepared. I noted that the Government had learnt a lot from the process to lock down Leicester and that there should be a new Roadmap for at least the following three months. I also expressed my view that another lockdown would be a disaster.

Digital Dashboard Data

R number	0.7-0.9 (England)
Estimated population infected:	25,000 (England)
Total confirmed cases UK:	N/A
New daily cases UK:	576
Total confirmed deaths:	43,995
Daily deaths:	89
No of tests carried out daily:	N/A

Digital Dashboard: 2 July 2020: BJ/228 - INQ000183952

426. On 3 July 2020, I gave a press conference in which I stated that the R value remained between 0.7 and 0.9 and that *'while the number of people dying with coronavirus remains too high, the numbers do continue to fall'* **BJ/229 - [INQ000086687]**. I noted that there were local areas requiring local action, such as Leicester. I noted that next week we would set a timetable for the reopening of indoor gyms, nail bars and swimming pools. I noted that we needed to *'move away from blanket, national measures, to targeted, local measures'*. I stated that had *'developed an approach for controlling future local outbreaks which has five principle [sic] components: monitoring, engagement, testing, targeted restrictions and finally, as a last resort, lockdown'*.
427. 4 July 2020 was 'Independence Day' and we eased some of the lockdown rules, reopening pubs, restaurants and hairdressers, as we had planned. The Health Protection (Coronavirus, Restrictions) (No. 2) (England) Regulations 2020 came into force. The Regulations prohibited gatherings of more than 30 persons in certain circumstances (e.g. in private dwellings, an indoor rave and public outdoor spaces). The rule was implemented in the context of step three of the Roadmap which, as set out above, was kept under close review at every

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stage. My understanding is that the work leading to the decision to implement the specific limit of 30 people was done at official level. I do not recall being involved in the actual decision to impose this limit but I think it was part of our attempt to strike a balance between giving people more control over their lives, while at the same time preventing large and irresponsible gatherings. The 30-person limit was consistent with the limit of 30 people at weddings that I announced in the House of Commons on 23 June 2020. The rule provided a legal backstop, while the guidance at the time encouraged limiting social contact to smaller groups (more than six outside or two households). Given that the measure was consistent with the provision for weddings and was a backstop, set against more limiting guidance, I felt that it was sufficiently stringent.

Digital Dashboard Data

R number	0.8-0.9 (England)
Estimated population infected:	25,000 (England)
Total confirmed cases UK:	N/A
New daily cases UK:	581
Total confirmed deaths:	44,391
Daily deaths:	155
No of tests carried out daily:	N/A

Digital Dashboard: 7 July 2020: BJ/230 - INQ000183953

428. On 8 July 2020, I chaired a Cabinet meeting **BJ/231 - [INQ000088961]**. Matt noted that cases of Covid-19 in Leicester had fallen from 135 to 99 per 100,000 population and the local lockdown would be reviewed on 18 July 2020.

Eat Out to Help Out: July-August 2020

429. With the re-opening of businesses following the three-phase approach, we introduced the 'Eat Out To Help Out Scheme' aimed at supporting those businesses that were re-opening after the period of lockdown. On 8 July 2020, in the Chancellor's summer economic update, Rishi first publicly announced the 'Eat Out to Help Out' scheme. This was a temporary programme designed to support the hospitality industry. We were acutely aware that the hospitality sector disproportionately employed people from lower income groups and had been among the worst affected by lockdown; it needed support. The scheme provided a 50 per cent discount (up to a maximum of £10 per person) on food

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and non-alcoholic drinks purchased for consumption on the premises of participating restaurants, cafes, pubs, and bars on Mondays, Tuesdays, and Wednesdays during August 2020. The scheme was intended to drive up custom on quieter days of the week to help rebuild businesses.

430. Before the Eat Out to Help Out scheme was implemented in August 2020, I had discussions with Rishi about the idea. It was of course impossible to model the impact of the scheme but Rishi and I both thought that there was a sound policy rationale for introducing the scheme. In particular, we were acutely conscious that women had been disproportionately affected by the lockdown and were also disproportionately likely to work in the hospitality sector. We thought it was especially important to do what we could to help the sector – even something novel – and ultimately to safeguard the jobs of women and others in minority groups that had been badly affected by the pandemic. It seemed to me a good idea; it was properly discussed, including with Chris and Patrick, and it was not until later that some people started saying, ‘*Eat out to help the virus*’. Of course, we considered the implications for infections, but we thought that this could and would be mitigated by the social distancing requirements still in force and it was very important to balance that against damage to the economy. The scheme was decided on the basis of the balance of risk that we were willing to run during that period.

Mid-July 2020 Onwards

Digital Dashboard Data

R number	0.8-1.0 (England)
Estimated population infected:	14,000 (England)
Total confirmed cases UK:	N/A
New daily cases UK:	650
Total confirmed deaths:	44,819
Daily deaths:	21
No of tests carried out daily:	228,357

Digital Dashboard: 12 July 2020: BJ/232 - INQ000183954

431. On 14 July 2020, I chaired a Cabinet meeting **BJ/233 - [INQ000089005]**. I noted that:

a deeply frustrating aspect of tackling Covid-19 (coronavirus) had been the inability to get the appropriate data to inform decision making. It was

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extraordinary that the NHS had not been able to say how many ventilator beds were available or the rate of occupancy of hospital beds. It had been far too difficult to join up basic public sector data sets to understand what was happening. This had to change. There must be better sharing and use of data across the whole of the public sector to improve the Government's ability to serve the people of the UK.

432. Michael Gove stated that a new team had been set up across the Government Digital Service, No.10 and HM Treasury to demonstrate the benefits of data sharing. The Government had acted to change the rules on sharing patient data and to direct all health bodies to share data to help tackle coronavirus.
433. On 16 July 2020, I chaired a Covid-S meeting where we considered the next steps on the Roadmap **BJ/234 - [INQ000088249]**. At that time, there were signs that the virus was under control: *'the number of deaths and hospital admissions with Covid-19 (coronavirus) were trending down, and overall incidence was flattish. There were some local and regional hotspots where particular measures had been put in place'*. I noted that the fundamental choice before the Committee was whether to say publicly that there was a date by which the Government hoped all restrictions would be lifted, subject to caveats. I raised the question of whether November was a date we could give or whether it was too early to aspire to a return to normality. There were benefits to this, such as giving businesses the confidence to keep people employed, but, on the other hand, there was *'the risk of a winter surge and a second peak of coronavirus, combined with a winter influenza outbreak and other winter pressures'*. Chris noted – as he had many times – that these were judgments for Ministers and that there would be a tipping point at which the virus rose again. But there was a growing range of counter-measures such as Test and Trace and face coverings. He said: *'There were two significant risk moments. The first was the return of schools in September. This would increase the risk but it was unclear by how much. The second was the winter. Winter would benefit the virus but the question was by how much ... Planning for there to be a vaccine or treatment for coronavirus by Christmas would be unrealistic'*. This is a good example of the very many conversations we had in which we were of course influenced by the science, but always conscious – as Chris Whitty said – that the judgments would of necessity be political.
434. In discussion, it was noted that the damage to the economy was catastrophic and those who would be most affected *'were disproportionately young, ethnic*

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minorities, women and lower paid. However, the UK could be in a worse position if we promised to remove all measures and then failed. I concluded that social distancing restrictions were having a significant real-world impact and millions were at risk of being made unemployed. I concluded that there was a sufficient arsenal of countermeasures to seek to contain the virus and that the Government should set out as much of a timetable as it could. It was clear from the debate that I was already anxious about Christmas and the possibility of another lockdown over a crucial commercial period.

435. After the Covid-S meeting, I then chaired a Covid-O meeting to consider the next steps for Leicester **BJ/235 - [INQ000088773]**. Matt said that the level of infection had come down but remained significantly higher than the next local authority area. He noted that the MP for Oadby and Wigston had pressed for this area to be removed from restrictions but the medical and science advice was to retain them. In discussion, it was noted that the Mayor and City Council had declined to engage with the Government. The testing capacity had doubled. I said that I was grateful for the work and leadership in addressing this situation. I agreed to the proposal to lift restrictions on school and non-essential retail by 24 July 2020.
436. On 17 July 2020, I chaired a Cabinet update call **BJ/236 - [INQ000089026]**. I stated that the Government had to decide whether to continue the current social distancing measures until Spring 2021. However, the economic consequences of that course would be severe, there would be more anticipatory lay-offs and greater pessimism. Instead, the Government should at least aspire to get back to as close to normal as possible, as fast as possible. From 1 August 2020, the decision to work from home would become one for employers and employees. Steps were being taken so that the NHS was prepared for the winter, including stockpiling PPE and making further progress on treatment. I hoped that, if conditions were right, in the run up to Christmas people would see life returning as close to normal as possible but the Government should make clear that it hoped for the best but was prepared for the worst.
437. On 21 July 2020, I chaired a Cabinet meeting **BJ/237 - [INQ000088881]** at which the progress of the vaccination was discussed. I stated that I did not wish to put the UK back into a national lockdown and there were now different techniques to suppress the virus, however a national lockdown was *'still part*

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of the arsenal, if circumstances meant that it was the most effective route to suppressing the virus'.

438. On 22 July 2020, I chaired a Covid-S meeting where we considered the progress against the current Roadmap and contingency planning **BJ/238 - [INQ000088251]**. At that stage, prevalence remained broadly flat. Simon Case referred to a paper which set out a decision-making process and range of options to be deployed if the Government needed to take reactive action to an increase in the infection rate. I concluded that plans should be considered on segmentation of the population and a regional approach, to enable portions and parts of the country to operate as normal. Chris Whitty noted 20 per cent of people remained infectious after seven days and so the self-isolation period for those infected should be increased to ten days. This was agreed. There was an update from Kate Bingham, Chair of the Vaccines Taskforce, who stated that the earliest possible timetable for making available two different vaccines was in the fourth quarter of 2020, but the majority could be expected across 2021. I stated that the process to secure funding needed to be accelerated.
439. On 24 July 2020, the Government published 'The next chapter in our plan to rebuild: The UK Government's COVID-19 recovery strategy' **BJ/239 - [INQ000086693]**. It described the suppression of the virus, the opening up of society and the economy and the continuing plan to rebuild. In addition, it noted that the coming winter would present further challenges, stating that the Government was undertaking preparations to make sure that we were as ready as possible for the risk of a resurgence of the virus between November 2020 and March 2021. Further restrictions were to be lifted from 1 August 2020, if prevalence remained around or below current levels, such as the reopening of most remaining leisure settings and restarting indoor performances to a live audience.
440. On 30 July 2020, I chaired a Covid-O meeting **BJ/240 - [INQ000088797]** to address the latest data from the ONS which showed that the number of cases was heading in the wrong direction, albeit from a low base. A decision was needed on the easing of restrictions on 1 August 2020. There were areas of concern which tended to be concentrated communities of those from British Asian and Pakistani heritage. Testing teams were being sent to those areas and Test and Trace was working with local authorities to develop communications in eight languages. I supported the increase in testing in the

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areas concerned and said that there should be more asymptomatic testing of affected communities. The Government remained resolved to get pupils back to school in September. The Committee also considered the growing belt of areas with higher infection rates across Greater Manchester, East Lancashire and West Yorkshire. The Committee considered a paper which showed that Blackburn and Darwen had the highest weekly detected cases per 100,000 population, followed by Leicester **BJ/241 - [INQ00088874]**. It noted that South Asian groups accounted for 28 per cent of the positive cases across England. The main driver had been household mixing indoors. The Committee approved measures to be put in place in the North West to ban households mixing in private homes and to strengthen the guidance on households mixing in other indoor settings. Furthermore, the measures proposed for 1 August 2020 would be pushed back by at least two weeks. Face coverings would be extended to a wider range of indoor settings. I concluded that action was needed to address the gentle, but ominous, increase in infections. A long-term plan to avoid a second national lockdown also needed to be spelled out to the country. Actions from the meeting required DHSC to update guidance for areas of concern in Greater Manchester, East Lancashire and Leicester; enact regulations to impose measures on those areas but to remove restrictions on Luton and Oadby and Wigston **BJ/226 - [INQ00088764]**.

441. On 31 July 2020, I chaired a Cabinet call to discuss the matters addressed in the previous Covid-O meeting **BJ/242 - [INQ00089100]**. There had been a tightening of restrictions in certain local areas. I noted that the incidence rate of the virus was creeping back up generally and that, unfortunately, I intended to announce a postponement of the measures scheduled to be lifted on 1 August 2020. The overarching strategy remained to address outbreaks at a local level with local interventions. I then gave a statement at an afternoon press conference **BJ/243 - [INQ00086689]**. I noted that the virus was gathering pace in other parts of the world and that the ONS reported that the prevalence of the virus in the community in England was likely to be rising for the first time since May.
442. On 6 August 2020, I chaired a Covid-S meeting concerning schools **BJ/244 - [INQ00088257]**. I stated that I wanted all pupils to return to school in September. I noted that it would take great organisation and an aggressive campaign to get the transport system ready. I stated that closing schools would

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Reflections on the First Lockdown: April-July 2020

be the last approach (i.e. resort) and would come after social and economic restrictions.

443. On 13 August 2020, I was able to announce that the Roadmap would resume on 15 August 2020 with remaining aspects of England's culture, sport, leisure and business sectors being permitted to reopen from the weekend **BJ/245 - [INQ000053686]**. This was accompanied by tough new enforcement measures targeting the most serious breaches of social distancing restrictions. These new measures were fines of £10,000 for holding or being involved in holding large gatherings (regulation 2(5)(a) of the Health Protection (Coronavirus) (Restrictions on Holding of Gatherings and Amendment) (England) Regulations 2020/97) and increased fines of £3,200 for failing to wear mandated face coverings (regulations 2 and 3 of the Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place and on Public Transport) (England) (Amendment) Regulations 2020/906). The new regulations came into force on 28 August 2020.

Reflections on the First Lockdown: April-July 2020

444. The modelling I was shown on 14 March 2020 (described from paragraph 197 above) suggested that, without a lockdown, the NHS would be overwhelmed and there was a RWCS of more than 500,000 deaths from Covid. We called a lockdown to avoid this and it achieved its purpose. Of course, any death from Covid-19 was a tragedy, but I feel that the evidence demonstrates that things would have been much worse if the Government had not called the lockdown. In fact, I am told that the lockdown imposed in late March (and the changes in behaviour that preceded this) resulted in a rapid reduction in the R number from about 2.5-3.0 to about 0.5-0.7 **BJ/246 - [INQ000215629]**.
445. The overall impression I had of the first lockdown was that it affected different people in different ways. Those who were less comfortably-off found it much harder than those who were more prosperous. We sought to mitigate this inequity as best we could through measures such as the furlough scheme but, given that our key aim was to save lives and to protect the NHS, it was not possible to negate it completely. The struggle many people faced was something I was acutely conscious of as I made the myriad necessary decisions during the course of the pandemic.

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Decisions relating to the Second Lockdown

446. I have described above why the first lockdown was eased. In summary, it was because we continued to meet the five tests that had been set. The Roadmap meant that measures were lifted gradually, step-by-step, so that the effect of lifting those measures on the NHS, the death rate and the R number could be monitored. In the meantime, we continued to make progress with testing, PPE, resources for the NHS and work to source vaccinations. Nevertheless, we remained wary that progress may need to be paused (as happened with the measures due to be lifted on 1 August 2020), that there may be a need for local lockdowns (as happened with Leicester on 29 June 2020) and that there would be challenges ahead in the winter (as stated in 'The Next Chapter in Our Plan to Rebuild' released on 24 July 2020 **BJ/247 - [INQ000086693]**).
447. I do feel that we were appropriately cautious in how we eased the first lockdown. Public health always remained my priority. I felt that after a long period of asking the public to follow very strict and complex rules to bring Covid-19 under control, we were in a position to make life easier for people, to see more of their friends and family, and to help businesses get back on their feet and people back in jobs.
448. As we eased the lockdown, local restrictions were put in place, firstly as I have said, in Leicester, then also in areas such as Greater Manchester, East Lancashire and West Yorkshire. When these were first introduced, the national levels of the virus were manageable but considerably higher than other areas when the local lockdowns were introduced. I discuss the tiered system of restrictions and my later reflections on it from paragraph 502 below.

Decisions relating to the Second Lockdown

449. The figures of new confirmed cases had dropped during June and July, but in August and September, they started to creep up again. On Saturday 5 September 2020, 2,576 new cases of Covid-19 were reported in England, the highest figure since 25 April 2020 **BJ/248 - [INQ000088262]**. There seemed to be a particular increased level of incidence among the young. This recent spike meant decisive government action was needed.

Rule of 6

450. On 8 September 2020, at the Covid-S meeting, we considered the Joint Biosecurity Centre's data pack on the increased figures **BJ/248 - [INQ000088262]** and a paper titled 'Response to Rising Incidence' that had

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been drafted by the Covid-19 Taskforce **BJ/249 - [INQ000088297]**. The paper considered changing social contact rules to permit only a fixed number of people from different households/bubbles to meet in all settings. The guidance at that time limited social contact to two households; the Covid-19 Taskforce considered that imposing a numerical limit might be easier to understand, comply with and enforce. We considered applying the limit to multi-generational households, as we were conscious that if that numerical limit was too small, it would impact larger households (which were more likely to be ethnic minorities). The Government sought to address this by exempting single households from the limit. It is worth mentioning here that this was not the first time such a measure had ever been considered – it was a measure we had kept in our arsenal but considered from the outset (see for example, the note on ‘Further Measures on Social Distancing’ considered on 4 March 2020, at the 9.15 meeting **BJ/118 - [INQ000056098]** which included the option of banning public gatherings of more than ‘X (e.g. 5)’ people).

451. We agreed in the meeting that we needed to act, we wanted to prioritise education and employment, and we felt that sticking to the number six (already part of the current rules) would demonstrate consistency. We were concerned that if we increased the number to eight, it might look like a relaxation of the regulations.

452. Patrick said that:

...the evidence overall suggested that a response should be quick and hard, as Belgium had done. Higher case numbers would translate into more hospitalisations and deaths.... It was not possible to quantify the impact of a social contact limit of eight as opposed to six, although the lower the number the better from a transmission perspective.

453. Chris responded saying that:

...the virus could not be bargained with, and once the ‘R’ rate of transmission was above one, growth would increase exponentially. The current growth suggested that the ‘R’ rate was clearly above one. Modelling and experience from around the world suggested that there were three sets of tools. First, communications, including the ‘hands, face, space’ advice. Second, isolation, where the main barrier as outlined by every Public Health Director was the financial support. Third, different households meeting led to onwards transmission and the

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smaller number of people able to meet, the lower the risk. The proposed social contact rules for the younger cohort would mean six or eight households being able to meet. If not enough action was taken now, R would remain above one and more measures would be needed later. The more steps taken to make it easier to bring households together, the more likely that the brakes would need to be slammed on hard later. There were more headwinds coming in the battle against coronavirus: the return of students to university and college and the onset of winter flu and virus season. There wasn't a hard science to support each individual measure in the proposed package. France had taken action but if the UK continued to follow that trajectory, numbers of hospitalised people would increase meaningfully in four to five weeks and deaths in six to seven weeks. Face masks outside would have a marginal impact unless it was in a crowded area.

454. The Committee agreed to the recommended package of measures and I was to decide the social contact limit **BJ/250 - [INQ000088304]**. The minutes show that I summed up noting that what we were seeing was:

a long-anticipated increased in infections...already translating into hospitalisations and possibly also into deaths....The Government needed to take decisive action now. This action needed to have bite and impact, and would need to stop people from doing the things that they are doing at the moment to bring transmission down... Having listened to the discussion, a social contact limit of six would be simple and enable tough enforcement.

455. On 9 September 2020, I introduced the Rule of 6 at the afternoon press conference **BJ/251 - [INQ000086845]**. After Chris had explained the latest data, I stated that it was clear that we must act. After reiterating 'the basics' (hand washing, face masks in enclosed spaces and keeping two metres away or one metre with extra precautions, testing and self-isolating if symptomatic) and the fact that we had carried out more antigen tests (15.4 million) than any other European country, I stated that we were 'simplifying and strengthening the rules'. I announced the implementation of the 'Rule of 6', with effect from 14 September 2020 (the following Monday), which banned indoor and outdoor social gatherings of more than six people in England. It replaced the existing ban on gatherings of more than thirty and the guidance that two households could meet indoors. I noted we would keep the rule under review and only keep

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it in place as long as necessary. I explained that the ban would be set out in law and enforced by the police but that single households or support bubbles larger than six could still gather.

456. I emphasised that the measures were not a second lockdown: 'the whole point of them is to avoid a second national lockdown'. I explained that 'by bearing down on social contact and improving enforcement, we can keep schools and businesses open' and that 'schools and colleges should only ever be shut again as a very, very last resort.' Finally, I warned that despite the work on vaccines and treatments, 'we are not there yet and there are no guarantees'. We were working hard to increase our testing capacity to 500,000 tests a day by the end of October 2020. Mass testing could allow life to return closer to normality and this 'moonshot' would require a giant collaborative effort from government, business, public health professionals, scientists, logistics experts and many, many more.

Covid-19 Small Group Scientific Discussion: 20 September 2020

Briefing Dashboard Data from 18 September 2020

Daily cases:	3,395
Total confirmed cases UK:	N/A
Total deaths:	41,516 (lower than previous dashboard publications due to a PHE methodology change on 12 Aug)
Daily deaths:	21

Briefing Dashboard: 17 September 2020: BJ/252 - INQ000090033

(from late summer/early autumn, the Digital Dashboards became slimmed down 'Briefing Dashboards')

457. On the evening of 16 September 2020 in a meeting with Oliver Lewis, Meg Powell-Chandler, Jack Doyle and Henry Cook, we considered whether it would be helpful to hear an alternative view about the way that we were handling the pandemic. I had been alive to comments in the press suggesting that I was listening to the wrong scientific advice and the Swedish position (of no lockdown) was getting considerable attention. To be clear, my decision to convene the meeting in question was not because I had any concerns about the advice that I was receiving from SAGE: I simply thought it was important to hear some alternative views.

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458. On 17 September 2020, I sent the following message to the WhatsApp group 'Numberten Action':

Also are we taking steps to get an alternative view of how to handle this pandemic

Various names were mentioned last night

Gupta

The swede

Karel sikora

Someone else

459. Henry Cook replied:

Yes we're going to suggest we should have a round table on Monday, CSA is feeding in names of "respectable critics"

We're going to bring you a plan for the next 10 days on all things covid related at the 1630 meeting today, including engagement with proprietors, editors and MPs.

460. The idea was that this would be a 'challenge session' where we invited some highly-qualified critics of the Government's approach to date to listen to their views. The purpose was to discuss the academic perspective on government intervention and to discuss the evidence and options. It was intended that the meeting would be a discussion between Chris and Patrick and the 'critics' and I would observe. The purpose was not to reach a conclusion on next steps but to air a diverse range of views. The meeting was arranged by my private office and the Cabinet Office's Strategic Coordination Directorate, Covid-19 Taskforce. They sought Chris and Patrick's views about additional suitable attendees. Neither Matt Hancock nor Michael Gove attended or were invited to attend. I was aware of their views, and wanted time to quiz the experts myself. Invitations were sent out by my Diary Secretary, Ushma Patel, and we invited attendees to send through a one page note in advance to facilitate the discussion. These were circulated to all attendees before the meeting.

461. I was given a briefing note in advance: **BJ/253 - [INQ000146604]**. This set out that the key question for discussion was 'Should the government intervene now and if so, how?' The plan for the meeting was the Cabinet Secretary would chair the meeting and invite each of the five scientists to give a brief response

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to the question posed before inviting the CSA and CMO to respond and then opening up group discussion.

462. At 17.30 on 20 September 2020, I held a Zoom Roundtable entitled: 'Covid-19 Small Group Scientific Discussion: 'Should the Government intervene now and if so, how?' **BJ/254 - [INQ000183965]**. This meeting was chaired by Simon Case and attended by:

- a. Patrick Vallance and Chris Whitty
- b. Professor John Edmunds, an epidemiologist and professor at the London School of Hygiene & Tropical Medicine (paper: **BJ/255 - [INQ000146605]**)
- c. Professor Sunetra Gupta, an infectious disease epidemiologist and professor of theoretical epidemiology at Oxford University (paper: **BJ/256 - [INQ000146606]**)
- d. Professor Carl Heneghan, a physician and the director of Oxford University's Centre for Evidence Based-Medicine (paper: **BJ/257 - [INQ000146607]**)
- e. Professor Dame Angela McLean, MOD chief scientific adviser and professor of mathematical biology at Oxford University (paper: **BJ/258 - [INQ000146609]**)
- f. Dr Anders Tegnell, a Swedish physician/epidemiologist and the Swedish counterpart to the GCSA (paper: **BJ/259 - [INQ000146608]**) and
- g. (from No.10 and the Cabinet Office) Martin Reynolds, Stuart Glassborow, Ben Warner, Imran Shafi, Lee Cain, Henry Cook, Ed Lister, Dominic Cummings, Cleo Watson, Rishi Sunak, Simon Ridley, Catherine Cutts, NR Kate Joseph and Oliver Ilot.

463. Professor Edmunds and Professor Dame Angela represented the more conventional epidemiological view, Professors Gupta and Heneghan were there to present two opposing views while Dr Tegnell was to present the Swedish approach which had reportedly been very different to that of the UK (though perhaps not really as different as some liked to claim). Professor Edmunds advised that the response to the increase in cases at that time had to be fast and large. He considered the impact of an immediate circuit breaker or waiting to impose a circuit breaker. His data showed that waiting would result in far more cases. I greatly respected his views, but had always put him at the

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gloomier end of the spectrum. I wanted to give the Rule of 6 a chance to work, and to hear some alternative views.

464. In the meeting, I think we put all the scientists through their paces. By this point, I had a much better understanding of the data and evidence and was able – I think – to probe the different point of views being presented. I was certainly willing to be persuaded by the lockdown sceptics, but found that in reality they were reluctant to argue any such case, or not very hard. When pressed, the so-called dissenters actually seemed to agree with SAGE's position and did not present anything compelling to make me think it was sensible to change our approach. I thought that the exercise was worthwhile overall and it gave me further confidence in the scientific advice I was getting.
465. I have been shown an email that was sent on 21 September 2020 by Dr Gupta to the Cabinet Office, Chris and Patrick and No.10 in which she made some additional points and expressed that she felt she had not been able to respond to Professors Edmunds and McLean **BJ/260 - [INQ000183973]**. I have also been shown an email circulated internally with responses from 'GSO colleagues' I don't think I saw this at the time. **BJ/261 - [INQ000183982]**.

Circuit Breakers

Circuit Breakers Background

466. A 'circuit breaker' was the name given to a short-term, strict, set of measures implemented with the aim of quickly interrupting the cycle of transmission of Covid-19 to reduce the numbers of infections, hospitalisations and deaths and ultimately prevent the NHS from being overwhelmed. Typical measures were a combination of the closure of non-essential businesses and services, restricting gatherings and movement and imposing remote working. The term comes from an electrical circuit breaker which is designed to shut off the power supply automatically to prevent damage to the system.
467. We knew that internationally circuit breakers were being considered and implemented, with Singapore enforcing circuit breakers at the beginning of April 2020 **BJ/262 - [INQ000183919]**. We were continually drawing upon international comparators to ascertain what measures were working elsewhere, and whether we should or could be implementing such measures across the UK.
468. On 6 May 2020, Scientific Pandemic Influenza Group on Modelling, Operational sub-group ('SPI-M-O') produced a paper which considered the

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kind of indicators that could trigger a circuit breaker, **BJ/263 - [INQ000183930]**.

The paper advised that underpinning each of the circuit breakers, there would be an NHS layer to inform on national or local lockdown actions, dependent on the trend observed. It also considered the outcomes if a circuit breaker were to be triggered. This data was shared with SAGE and SPI-M, with the ambition of informing indicators that may be suitable for monitoring Covid-19, and which may be adapted as part of a Four Nations approach. I would not have seen this at the time, but Chris and Patrick may have updated me.

Circuit Breakers: September 2020

469. Between 16 and 24 September 2020, I understand that SAGE and SPI-M-O considered circuit breakers where re-imposition of significant NPIs (such as 'stay at home' advice) for two-weeks could reduce the R number below 1, resulting in reduced prevalence. At that time, SPI-M-O estimated that the R in the UK was between 1.1 and 1.4 and that the number of infections was growing between +2 per cent and +7 per cent per day **BJ/264 - [INQ000183960]**. The current doubling time could have been as fast as seven days nationally. The medium-term projections were for a rapid increase in hospital admissions. As I have explained already, I did not attend their meetings and would not have read their minutes but I would have been updated on their discussions by Chris and Patrick (I also note that circuit breakers and SAGE's views were discussed during the COBR on 12 October 2020 **BJ/265 - [INQ000083851]** so I think I would have been well-versed on its advice at the time).
470. We had discussed circuit breakers at the small group scientific discussion on 20 September 2020 and it had not persuaded me that circuit breakers were a good idea at that juncture. On 21 September 2020, a paper titled 'Winter Strategy' was produced by the Covid-19 Taskforce ahead of a Covid-19 Strategy Meeting **BJ/266 - [INQ000088299]** which I discuss from paragraph 489 below. The infection at this time was spreading rapidly and we were desperately trying to bring the R number below 1. It was noted within this paper that if infections continued to grow, we may have to introduce a short and severe set of restrictions i.e. a circuit breaker, which would aim in reducing cases and bringing the R number below 1. The meeting agreed with this proposal.
471. On 21 September 2020, SAGE considered the effectiveness and harms of different NPIs **BJ/267 - [INQ000128562]**. SAGE advised that a package of

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interventions would be required to reverse the exponential rise in cases. Single interventions alone were unlikely to be able to bring the R number below 1. SAGE provided a shortlist of NPIs that should be considered for immediate introduction. Amongst those, was the introduction of a circuit breaker, to return incidence to low levels **BJ/268** - **[INQ00075003]**.

472. On 24 September 2020, a SAGE meeting was convened **BJ/269** - **[INQ000183867]**. At that time, incidences of the virus continued to grow rapidly across the UK, and the R number was sitting at 1.2-1.5. SAGE advised that NPIs were needed to bring the R number back below 1, however, if the measures in place at that time did not do so, further measures would be needed.

473. The concept of a 'circuit breaker' was discussed. SAGE advised that a two-week circuit breaker, where more stringent restrictions are put in place for a shorter period, could have an additional impact. A shorter break for a week or less, however, was likely to be less effective in reducing the number of infections and reducing the growth of the epidemic.

474. Whilst SAGE advised that a single circuit breaker has the potential to keep prevalence much lower than no intervention, it was not a long-term solution. Long-term control of the virus required repeated circuit breaks, or for one to be followed by a longer-term period with measures in place to keep R at or below 1. Even with the introduction of circuit breakers, longer-term sustained measures were also essential.

475. On 22 October 2020, SAGE again considered circuit breakers and said:

15. SAGE has previously advised on circuit breakers (see SAGE 59) and noted the difficulties in estimating the conditions in which a circuit break would be most effective. Different approaches could lead to different outcomes across the UK. There are also challenges given differences in the population and regions affected by the current epidemic compared to the first wave.

16. The impact of a circuit breaker is critically dependant on how far R is reduced below 1, which partly depends on public adherence to measures. It is possible that adherence to national and regional circuit breakers would not be the same. **BJ/270** - **[INQ000183868]**

476. I could see the logic of circuit breakers and with one part of my mind I was attracted to the idea – give the virus a short-term knock and send the R down

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below one. But this was never a solution that was pushed on me very hard. Even if some in SAGE supported it, my impression was that the scientists did not believe it was in any sense a silver bullet.

477. By this stage – nine months into the pandemic – I was already worried by what I have earlier described as ‘behavioural fatigue’. People were fed up with the sheer complexity of what they were being told to do (the Rule of 6 being a good example) and the endless stopping and starting.
478. I was worried that one circuit breaker, frankly, might not be enough. We would have a two-week lockdown, then unlock and then lock down again as the cases rose. This might cause even worse disruption to people’s lives and businesses. Worse, it might lead to cynicism about the efficacy of the measures.
479. To control the disease we depended entirely on public acquiescence and public messaging. We had to try to keep it as simple as possible. If we kept chopping and changing, I worried that we would lose public cooperation – and that would make it even harder to fight the disease.
480. I remember feeling that neither Chris nor Patrick appeared totally convinced about the circuit breaker idea – and I believe they may have shared my doubts about trying to lock things down briefly and then open them up again.
481. I could see that we were going to have to do something – I was just not sure that this was it. As it was, we eventually went for a kind of circuit-breaker that stopped short of a full lockdown. Despite my best intentions, the rules were becoming more and more complex and less and less memorable. I was determined to do whatever I could to suppress the disease, but no option was good.

Meetings with Newspaper Editors: 18-23 September 2020

Briefing Dashboard Data from 21 September 2020

Daily cases: 4,322

Total confirmed cases UK: N/A

Total deaths: 41,588

No of tests carried out: N/A

Briefing Dashboard: 20 September 2020: BJ/271 - INQ000088300

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482. As soon as the pandemic began and people started working from home, the UK's newspaper industry was badly hit. There was a dramatic drop of sales at newsagents and train stations and of course, this worried the newspaper editors. I had spent much time, like any PM, talking to editors and proprietors about the challenges we faced (see, for example, my meetings in March, as the lockdowns were in view, with Paul Dacre of the Mail group and with Evgeny Lebedev, the proprietor of the Evening Standard and the Independent [see paragraph 251 above]). One of the issues we faced was that the press were deeply opposed to the prospect of a second lockdown – and were conveying those concerns to back-benchers who were getting increasingly agitated. I thought it would be sensible to hold a new round of meetings with proprietors and editors to try and explain what we were doing and why. I wanted to explain to them why what we were doing was essential for the country, as well as their own long-term health and business.
483. I had the following meetings and calls with newspaper editors at this juncture:
- a. Friday 18 September 2020: Rupert Murdoch (News Corp); and
 - b. Monday 21 September 2020: Rebekah Brooks (News UK); Aidan Barclay and Howard Barclay (Daily Telegraph); Lord Rothermere (Daily Mail and General Trust), Tim Davie and Fran Unsworth (BBC); Victoria Newton (the Sun); Geordie Greig (Daily Mail); Tony Gallagher (The Times); Chris Evans (The Telegraph).
484. I received a brief in advance of the meetings on 21 September 2020 **BJ/272 - [INQ000183976]** (and a separate briefing on key BBC issues **BJ/273 - [INQ000183975]**) and for those meetings I was joined by Chris Whitty and Patrick Vallance. We considered these meetings an opportunity for Chris and Patrick to set out the trajectory we were on at the time and for me to describe our proposed approach. Chris and Patrick gave a presentation of the latest data: **BJ/274 - [INQ000183977]**. The data was of great concern nationally and new measures were to be announced the next day. The NHS had the potential to be overwhelmed as early as October if we did not take action. I informed them that the measures I would announce the following day would be a package of targeted measures to slow down the march of the virus, combined with increased enforcement of the existing rules. This would not be a lockdown.

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485. On 23 September 2020, I had a phone call with Gary Jones, Editor of the Express. I also had a meeting with Fraser Nelson, Editor of the Spectator, and Lloyd Embley, Editor in Chief of Reach PLC. Chris Whitty joined me for both meetings, and I received a brief and presentation near-identical to the last meeting **BJ/275 – [INQ000183983]; BJ/276 - [INQ000183977]**. Again, I set out the trajectory that we were on, and the measures that I had set out the previous day. I expressed the importance of acting now and the devastating possibilities that inaction could lead to.

Rising Numbers: Late September 2020

Digital Dashboard Data

New daily cases UK:	4,322
Deaths:	41,588
Daily deaths:	27

Briefing Dashboard: BJ/277 - INQ000088300 (dated 21 September 2020 but containing data from 18 September 2020)

486. As I have described, during September 2020, infections were rising. On 21 September 2020, the JBC recommended that the Covid-19 alert level should move from level 3 (Covid-19 epidemic is in general circulation) back up to level 4 (Covid-19 epidemic is in general circulation, transmission is high or rising exponentially). This was supported by the UK's CMOs (see **BJ/278 - [INQ000088271]**). They noted that the number of cases was now rising rapidly and probably exponentially in significant parts of all Four Nations.

487. In the early afternoon, I had three phone calls with the First Ministers of each of the DAs. The aim of these calls was to urge the First Ministers to act in lockstep with the UK Government in response to the rising infection rates (see for example my briefing for the call with Nicola Sturgeon: **BJ/279 - [INQ000221907]**). All First Ministers said that they would need more information on the Government's approach, especially the economic response but they all welcomed a COBR planned for the following day and my intention to secure a cross-UK approach. I said that we would circulate the Government's thinking before the COBR so that the DAs could consider whether it would lead to coordinated action. Nicola Sturgeon said that there would be some differences in approach but that it was her aim to agree a core package of measures at the COBR meeting. Will Gelling circulated a letter

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addressed to NR in the Cabinet Office summarising the calls
BJ/280 - [INQ000091387]

488. At 2pm that afternoon, I chaired a Covid-S meeting at which the Committee agreed that we would move to Alert Level 4 in England **BJ/281 - [INQ000088270]** and **BJ/278 - [INQ000088271]** (decisions to change the alert level had previously been made by the UK's CMOs but, at this meeting, Chris said that they recommended that ministers make the decision).
489. During this meeting, we discussed the 'Winter Strategy' paper prepared by the Covid-19 Taskforce **BJ/266 - [INQ000088299]** which I touched on in paragraph 470 above. The introduction to the paper gave this salutary warning:

The infection is now spreading rapidly. The 7-day average of confirmed cases has risen from 1,077 in mid-August to 3,679 today and is on a sharply upward trajectory. SPI-M and SAGE indicate that, in estimates based on transmission from 2-3 weeks ago, the doubling time is likely to be around 10 to 20 days, but could be as short as 7 days. While infections are currently concentrated amongst the young, there is evidence it is increasingly spreading to other age groups. The trend has now translated into hospital admissions, which have doubled in a fortnight from 112 to 218. New SPI-M modelling suggests that on the current trajectory we could surpass 50,000 daily infections by mid-October.

490. The paper warned that, if infections continued to grow, we may need to introduce a short and severe set of restrictions (described in the paper as a 'circuit breaker', though in truth it was not what some of the scientists had meant) which would aim to reduce cases and bring R below 1. It proposed a package of measures designed to change behaviour while keeping children and students in education and minimising economic harm. The measures included:
- a. Sending the public a clear message that winter would be difficult and if infections kept growing, the Government 'may need to introduce a short and severe set of restrictions (a "circuit breaker") which would aim to reduce cases and bring R below 1';
 - b. Returning to guidance asking office workers who could work from home to do so;

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- c. Codifying local interventions into tiers (as agreed at Covid-O Committees that had been chaired by Michael Gove on 18 September 2020);
 - d. Extending restrictions on the hospitality sector including imposing legal obligations regarding the Covid-Secure guidelines, restricting opening hours to 5am-10pm and requiring all hospitality to be table-service only;
 - e. Extending the face covering requirements to include staff and customers in indoor hospitality, retail and taxis and private hire vehicles;
 - f. Removing indoor adult team sport and weddings from the Rule of 6 exemptions;
 - g. Cancelling planned return of business events and pausing pilots; and
 - h. Broadening the local interventions to impose more severe restrictions at a lower level of infection at regional (not only local) levels.
491. In the meeting, the minutes show that we discussed the increase in infections and hospital admissions and I explained that the situation had been '*repeatedly forecast*' and were '*a function of public fatigue with the restrictions that had been put in place. People – particularly the young – had become too relaxed and were blasé about social distancing. The measures in front of the Committee were designed to be disruptive of those behaviours*' **BJ/278 - [INQ000088271]**. The aim was to push the R below 1 without significantly damaging the economy. I explained that the measures would be reviewed daily and further action might be needed. The Director General of the Coronavirus Taskforce (I think this was Simon Ridley but it may have been Kate Josephs) said, '*the Government needed to balance its objectives on public health, non-coronavirus-related health outcomes, the economy and broader society.*' The Committee agreed that the measures struck the right balance and took the decision to accept the measures in the paper.
492. Straight after this meeting, I went into the various meetings and calls with newspaper editors as described from paragraph 482 above.
493. At 8.30am on the morning of 22 September 2020, I chaired a Cabinet meeting to discuss the need to act now to address the rise in Covid-19 cases. I set out the current position and said that later that day I would announce the new measures **BJ/282 - [INQ000089060]**.
494. At 9.30am, I chaired a COBR meeting with all the First Ministers of the DAs in attendance **BJ/283 - [INQ000083849]**. I said at the outset that it was the

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intention to set out a UK package of actions to instil public confidence. I set out that *'previous criticism had suggested that messages had been mixed, there was a need to project this package strongly and clearly, and having a Four Nations approach and agreement on messaging and direction would support this'* and invited the First Ministers' reflections on the proposed measures.

495. By this stage of the pandemic we were running up against the limits of what could be speedily agreed between the UK Government and the DAs. The more complex the steps we were taking, the greater the pressure for variation between nations.
496. I completely understand the frustrations of Nicola Sturgeon and Mark Drakeford, and we did our best to keep everyone informed and moving together; but clearly there was an anxiety about leaks. In future I believe there will be considerable advantages to treating the UK (or at least the island of Britain) as a single epidemiological unit.
497. Nonetheless all three endorsed the broad thrust of the measures and, although there would be some slight differences in implementation, a joint statement would be issued to reflect the shared commitment and common intent between the Four Nations.
498. At around 10.40am, I had a telephone call with Sadiq Khan **BJ/284 - [INQ000183979]**. Cases were rising in London at this stage. I set out the importance of staying unified on public messaging and invited the Mayor to review the national package to be announced later that day. We agreed to continue speaking whenever helpful in the coming weeks and months.
499. Later that day, 22 September 2020, I duly made a statement to Parliament in which I set out the new restrictions and emphasised that if they did not successfully reduce the R number to below 1, then we reserved the right to *'deploy greater firepower with significantly greater restrictions'*. I did not use the term 'circuit breaker' here, but this was one of the many further measures that we were keeping in mind. I stressed that *'I fervently wanted to avoid taking this step, as do the Devolved Administrations'*. I warned that these restrictions might need to stay in place for six months unless progress was made. In a further rejection of the notion of herd immunity, I said *'We will not listen to those who say, "Let the virus rip", nor to those who urge a permanent lockdown. We are taking decisive and appropriate steps to balance saving lives with protecting jobs and livelihoods'* **BJ/285 - [INQ000065358]**

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Tiered Restrictions: October 2020

500. Given the rising numbers, on 24 September 2020, Michael Gove chaired a Covid-O to examine the impact of Covid-19 on particular groups of the population. The aim was to prevent a replication of the disproportionate impacts seen in the first wave. A paper was circulated in advance of the meeting **BJ/286 - [INQ00053842]; BJ/286A - [INQ000183980]**, which was supplemented by slides **BJ/287 - [INQ00090047]; BJ/287A - [INQ000183981]**. The paper contained a number of recommendations which were intended to improve health outcomes. The Committee agreed with recommendations 5 and 6 and noted that this was a broader issue than the existing work that was being done on ethnicity, as members of the travelling community, disabled people, and seasonal agricultural workers (among other groups) were impacted **BJ/288 - [INQ00090049]**. Michael updated me on what had been decided shortly after the meeting took place **BJ/289 - [INQ000183985]**.
501. On 7 October 2020, with the aid of some slides **BJ/290 - [INQ000183987]**, officials talked me through the measures which had been agreed at the meeting. I was extremely concerned about the impacts that Covid-19 was having on certain ethnic minority groups so I asked for the proposals to be implemented at pace and I also wanted them to demonstrate greater ambition **BJ/291 - [INQ000183988]**.

Tiered Restrictions: October 2020

502. Despite the introduction of the Rule of 6 and the further measures introduced in September, the number of Covid-19 cases continued to climb. Chris's view was that it was a more localised pandemic than the first wave (see for example **BJ/292 - [INQ00088990]**). The localised nature of infections is what led to the introduction of the 'tier' system of restrictions which came into force on 14 October 2020. Our intention in introducing a tiered system was to encourage local solutions for local circumstances: what might work in a rural area might not be the same as for the inner cities and we wanted to empower local authorities and leaders to take decisions for their areas.
503. My team at No.10 had had constructive conversations with Steve Rotheram, the Metro Mayor of Liverpool and, because of its high infection rate, the Liverpool City Region was going to move straight into local alert level 3, the highest of the proposed tiers. We hoped that this would set an example to other regions. On Sunday 11 October 2020, I had a call with Steve Rotheram in order

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to thank him personally for his work and that of public servants across the Liverpool City Region **BJ/293 - [INQ000183989]**.

504. Later that day, I chaired a Cabinet update call (**BJ/292 - [INQ000088990]**) during which we discussed the proposed tier system (it had already been outlined in a Covid-O meeting on 5 October 2020, chaired by Michael Gove and which I did not attend).
505. I explained that tier one would be for 'medium' risk areas and involved the current national measures including the 'Rule of 6' and Covid-Secure guidelines for businesses. Tier two would be for 'high risk' areas and include restrictions on social contact, including a ban on household mixing indoors whilst keeping to the 'Rule of 6' outdoors. Tier three would be for 'very high risk'. To get R (the reproduction rate of transmission) below one in these areas, there would be more stringent restrictions, such as closure of some types of businesses.
506. Again, in retrospect this seemed reasonable at the time – but in a densely populated and highly mobile country such as the UK, the tiers policy was always going to be hard to implement, and likely to arouse strong local feeling.

CRIP Data

R number	1.2-1.5
People with active virus in England:	273,500
New daily cases UK:	12,872

**Commonly Recognised Information Picture (CRIP) slide pack, CRIP(30):
BJ/294 - INQ000083804**

507. On 12 October 2020, I chaired a COBR meeting at which we discussed Local Covid Alert Levels (known as 'LCAL' and introduced above at paragraph 374 above). The First Ministers of the DAs were all present as well as Steve Rotheram. The objective of this meeting was to seek to coordinate action across the UK. In the meeting, the Director General of the Covid-19 Taskforce introduced the concept of three distinct tiers and explained that areas would move into these levels depending on the LCAL assessment by the JBC. The intention was to create clear and consistent messaging and *'support local and national government by allowing greater access to national Test and Trace data and local intelligence. Overall the aim was to strike the right balance*

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between suppressing the virus and managing the impact on local and regional economies' BJ/265 - [INQ000083851]. We agreed that the Cabinet Office would discuss the processes for areas to move between the tiers with the DAs. It was clear from this meeting that varying levels of measures were being considered by the First Ministers of Wales, Scotland, and Northern Ireland, with the First Minister of Scotland advising that a strategic framework for measures to tackle COVID-19 was being developed in Scotland, and that further analysis of England's tiered approach was required to ensure maximum alignment.

508. During this COBR meeting, Patrick made the following observation:

...the impact of lockdowns, and the impact of doing nothing were known, but the impact of interventions between them was not known. However, while the granularity of effects were not yet known, it was clear a baseline Tier Three approach would not reduce the R rate to an acceptable level. A circuit-breaker approach, a hard period of intervention for a limited time period, such as 3 weeks, was an option that SAGE had considered, it could reduce the R rate to below 1 and would allow for a period of reduced infections to follow. He concluded another positive of circuit breakers was that they could be planned for but that final decisions would be dependent upon strategic aims.

509. It was fairly clear to me from this intervention – which I remember well – that Patrick was basically warning that tiering would not prove enough, and that we might have to go back into a short lockdown. The disadvantage, as he hints, is that we would be seen to be yo-yoing around when we needed to keep the public with us. He is therefore trying to prepare us for the logical conclusion – which I am sure is at the back of his mind but which he does not spell out – that we may need to take the whole country back into lockdown.

510. On 12 October 2020, at the evening press conference, I announced a new tier system which comprised three levels of Covid Alert with varying levels of restrictions:

- a. **Medium (Tier one)**, with existing national measures such as the Rule of Six and the closure of hospitality at 10pm;
- b. **High (Tier two)**, with extra measures including a ban on indoor social mixing between households or support bubbles;

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- c. **Very high (Tier three)**, for places where, without further action, the NHS will swiftly be under intolerable pressure. The exact restrictions would be worked out with local leaders. However, at a minimum, they would include: a ban on all social mixing between households, a requirement for pubs and bars to close unless they could operate solely as a restaurant and for people not to travel into and out of Very High alert level areas. **BJ/295 - [INQ000075749]**.

511. I explained that most areas under local restrictions were to move to 'high', but Liverpool would be moving into the 'very high' alert level on 14 October 2020. Rishi announced details on steps that would be taken to support businesses, employees and areas affected by these changes. This included funding of around £1 billion for local authorities to protect vital services.
512. At the time that we introduced the tiered system, I passionately believed that local measures were the right thing to do because we did not want to be shutting businesses, pubs and restaurants in one part of the country, where incidence was very low, when the vast bulk of infections were taking place elsewhere (and I said as much in the press conference on 31 October 2020, see paragraph 543). I was hopeful that it would avoid the need for a second national lockdown and that in any event, it was worth trying.
513. On 13 October 2020, the regulations introducing the tiering system into law was passed by a considerable majority: 299 ayes to 82 noes.

Briefing Dashboard Data from 14 October 2020

R number	N/A
Estimated population infected:	274,000 (England)
Total confirmed cases UK:	N/A
New daily cases UK:	17,234
Total confirmed deaths:	42,829
Daily deaths:	143
No of tests carried out daily:	N/A

Briefing Dashboard: 13 October 2020: BJ/296 - INQ000183990

514. On 14 October 2020, the local authorities in the Liverpool City Region moved to Tier 3.

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515. On 15 October 2020, Matt announced that London (all 32 boroughs and the City of London), Elmbridge, Essex (area covered by Essex County Council only), Barrow-in-Furness, York, North East Derbyshire, Erewash and Chesterfield would move Tier 1 to Tier 2. In London, infection rates were on a steep upward path. I chaired a Covid-O meeting which discussed steps to help avoid a national lockdown, using a difficult but attainable package of local measures: *'[a] great amount of work had been done over the past week with local leaders to seek buy-in to a set of measures. Local buy-in, active local enforcement and local test and trace were needed to ensure the measures worked'* **BJ/297 - [INQ000090266]**. I noted that some local authorities had been more cooperative than others and that *'the imposition of measures may ultimately be needed to overcome recalcitrant local leaders'*. Jonathan Van Tam went through the data, noting that it had been seen by local leaders in Greater Manchester. He noted that: *'[t]he country could be split into three: a third where the virus was increasing quickly, a third where the virus was taking off but more slowly, like London and the Midlands, and a third where it was moving at a much slower rate'*. Sir Ed Lister noted that negotiations with local leaders (in that case Lancashire): *'were complex and time consuming as negotiators had to engage with local political leaders, then local officials and then again with local political leaders in over twenty local authorities'*. In conclusion, I noted that *'[n]egotiations had been going on for some time and it was time for local leaders to step up and ensure their communities got through this tough time'*. A deal for Greater Manchester needed to be concluded forthwith and I would call the Mayor of Greater Manchester to explain the need for greater action.

516. On 16 October 2020, in the afternoon press conference, I responded to the argument that we should have introduced a national lockdown instead of introducing the tiers. I said:

Some have argued that we should introduce a national lockdown instead of targeted local action and I disagree. Closing businesses in Cornwall, where transmission is low, will not cut transmission in Manchester.

So while I cannot rule anything out, if at all possible I want to avoid another national lockdown, with the damaging health, economic and social effects it would have **BJ/298 - [INQ000086826]**.

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517. That reflects my feelings at the time. I did want to avoid a national lockdown. I was unsure how or when we would lift it, and after what cost to people's lives and livelihoods. It was right, given the huge disparity in incidence, to try the tiered approach, but it was very difficult to make it work in practice.
518. In the same press conference, I noted that we had not yet reached an agreement with Greater Manchester and urged the Mayor, Andy Burnham, to reconsider and engage constructively, given time was of the essence. I noted that the Job Support Scheme, combined with Universal Credit, meant that those on low incomes who are affected by business closures will receive at least 80 per cent of their wages. On the plus side, I noted that we had secured early access to over 350 million vaccine doses through a portfolio of promising new vaccines and that we could now test 300,000 people a day: more than any other country in Europe. I also spoke about what would become known as a lateral flow test, noting that the Government had already bought millions of these tests and that they could help us save lives and jobs over the winter. We were to start distributing and trialling these tests in the next few weeks.
519. On Monday 19 October 2020, Wales announced a two-week lockdown, termed a 'firebreak' rather than a 'circuit breaker'. In the circumstances, I can understand why they did: the incidence was rising in Wales, and the tiering was not working well.
520. On the evening of 19 October 2020, I chaired the Covid-O Meeting to look at the local Covid-19 Alert Levels in Greater Manchester and South Yorkshire and to agree action needed to drive down the incidence in Greater Manchester **BJ/299 - [INQ000090127]**. I reiterated that negotiations with Greater Manchester had been going on for some time and the Committee needed to agree the best approach in Greater Manchester in order to drive down the R number. Case numbers had declined slightly in the 16-29 age range but were increasing in older age groups. The Mayor of Manchester was citing figures for the number of patients in intensive care beds, so clearly had access to the relevant data, but it was felt that this did not account for the fact that current cases would flow through to intensive care units in two to three weeks. I stated that we should give local leaders until noon the next day to agree the terms of a package of support, otherwise the measures would have to be imposed. I concluded that this was a very difficult decision, that no government would want to impose measures against the will of local leaders and the actions would be

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taken with a heavy heart. The Government should seek to agree a similar package by agreement with South Yorkshire.

521. At 9.30am on 20 October 2020, I chaired a Cabinet meeting in which, during a discussion of the Covid-19 response, I gave an update and set out what we were trying to do:

*charting a careful course between the Scylla of a national lockdown and the Charybdis of allowing the virus to spread uncontrolled across the country⁶. The present policy of using local measures to drive down 'R' (the reproduction rate of transmission) would continue to be the best way of managing through. There had been progress in negotiations with some local leaders, and thanks were due to the Secretaries of State for Housing, Communities and Local Government and for Health and Social Care. At present, a national lockdown was not justified: the number of coronavirus in-patients in Greater Manchester was equivalent to that in the South West and South East of England combined. **BJ/300 - [INQ000088884]***

522. In the same Cabinet meeting, Chris Whitty said:

the country remained split into three broad categories: areas where the virus was spreading very fast; those where it was spreading less quickly but still significantly; and regions such as the South West, South East and parts of the East of England where the spread was slowest. This justified the Government's approach of three tiers of Local Alert Level.

523. I know that a great deal of work and negotiation had been done to try and encourage the Greater Manchester leaders to agree a package of measures in order to move Manchester into the 'very high alert level' (Tier 3). I had been kept updated on this, in particular by Ed Lister who had led this work.

524. Finally, an agreement appeared to have been reached and shortly after midday on 20 October 2020, I spoke to Andy Burnham alongside Robert Jenrick (the Secretary of State for MHCLG) to help finalise the deal (I received a briefing in advance which covered the terms of the agreement **BJ/301 - [INQ000183992]** and there was a readout of the call **BJ/302 - [INQ000183993]**). Unfortunately, these efforts were not successful.

⁶ The expression 'between Scylla and Charybdis' is a reference to Greek mythology which means that you are trying to find a route that steers clear of two opposing dangers.

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Reflections on Tiers

525. Later on 20 October 2020, having failed to reach agreement, in the afternoon press conference I announced that Manchester had moved into the 'very high' alert level (Tier 3). I noted we had attempted to reach agreement over ten days but had not been able to do so. This was regrettable and we had a better chance of defeating the virus if we worked together. Given the public health situation, I moved Greater Manchester to 'very high' because not to act would put Manchester's NHS and the lives of many of Manchester's residents at risk. In response to questions, I noted the support the Government had given countrywide in supporting businesses and jobs and the support package for Greater Manchester **BJ/303 - [INQ000183994]**. I also noted that we could not do a deal with Greater Manchester that was out of kilter with the agreements already reached with Merseyside and Lancashire.
526. On 21 October 2020, Matt announced that parts of South Yorkshire would move into the 'very high' alert level. On 22 October 2020, he announced that Coventry, Slough and Stoke-on-Trent would be joining them. At that stage, the rate of Covid-19 infections was rising rapidly across the UK. Discussions were continuing about moving several other areas into the 'very high' alert level.

Reflections on Tiers

527. We complemented the tiered system and local lockdowns with targeted measures in the areas in question, such as increased testing and support packages, in the hope that the less affected areas could remain free from restrictions and so that, in areas where the tiers applied, restrictions could gradually be lifted. I wanted to encourage local authorities and leaders to work with government to work out what would best help their areas. At the time of their introduction, I passionately believed that local measures were the right thing to do because we did not want to be shutting businesses, pubs and restaurants in one part of the country, where incidence was very low, when the vast bulk of infections were taking place elsewhere (see for example, my comments to this effect in the press conference on 31 October 2020, see paragraph 543). I completely sympathised with the view that it felt very unfair to restrict areas where infection rates were low because places elsewhere in the country had high rates and the tiered system was designed to prevent this. I was buoyed too by the fact that France and Sweden shortly followed suit (something I mentioned in the Cabinet meeting on 20 October 2020) and

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Reflections on Tiers

introduced similar local level restrictions. It is also true that the measures kept the R lower than it would otherwise have been.

528. It is impossible to assess the tier system based on the data because it was only in place for three weeks before we introduced the second lockdown. Key indicators were lagged making it difficult to reach any definitive conclusion on the efficacy of each tier. With the benefit of hindsight, by December 2020, it was clear that the situation in Wales was particularly bad while in Scotland – where they had not implemented a short-term firebreak but had utilised a system of local tiers – the health outcomes were better than in Wales (see the Cabinet minutes of 15 December 2020 **BJ/304 - [INQ000089014]**) which might also be said to vindicate a decision to opt for local tiering rather than a circuit breaker.
529. All of that said, with the benefit of hindsight, I do not now think that local measures were the correct approach. They did initially bring case numbers down in places such as Leicester, and in some cases we were able to relax measures, but those areas never entirely emerged from lockdown measures. By 22 September 2020, about 13 million people across England were living under various local restrictions over and above national measures (see for example **BJ/305 - [INQ000086844 page 4]**). As was the case with DAs, I now feel that measures should have been introduced nationally or not at all. Understandably, no area welcomed further restrictions and there were inevitably squabbles with local authorities. Discussions and negotiations – as I have explained with the example of Greater Manchester – were often complex and drawn out. Such talks could delay the move of an area into Tier 3 after the data suggested that they needed to move up a tier and could lead to a variety of packages of measures and support in different areas which appeared – especially to the public – to be inconsistent or unfair. It was difficult to agree support packages and, inevitably, local authorities sought to compare packages for their own areas with those agreed elsewhere. The local lockdowns and then tiers also complicated matters because there was a myriad of different rules in place. I think that people found them confusing. If I have one ‘takeaway’ to offer from the pandemic, it is that I think the best approach is a UK-wide one: no local measures, no differences between the DAs and England but just one unified approach.
530. It is easy to see the flaws in the tiers approach – with hindsight. At the time I think we were right to try it.

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531. As we approached the end of October 2020, the picture painted by the data got dramatically worse. Infections, hospitalisations and deaths continued to rise. More and more areas were placed into Tier 3. The picture was deteriorating everywhere.
532. In the afternoon of Sunday 25 October 2020, we held a detailed internal Covid-19 meeting at Chequers with No.10 officials, Chris and Patrick, and members of the Covid-19 Taskforce (many obviously attending by Zoom). The session covered the problem that infections and deaths were increasing and NHS capacity was diminishing. The team gave a presentation with slides that covered the factual basis for the discussion which including international comparators (**BJ/306** - **[INQ000062802]**), the next steps for NPIs and tiers (**BJ/307** - **[INQ000062804]**) and a timeline showing the nine weeks to Christmas (**BJ/308** - **[INQ000062803]**). The factual basis slide summarised how England and the DAs had diverged on NPI strategy. It also gave the short-term outlook concluding that *'Unless current trajectory changes, Tiering strategy could be "played out" (i.e. all LA's in Tier 3) by Dec 9'*.
533. Imran Shafi circulated a readout after the meeting (which I would not have seen but which helpfully summarises what was discussed) **BJ/309** - **[INQ000136672]**. In particular, it shows that one of the ideas floated was converting Tier 3 into regional firebreakers which I was attracted to (although I was not keen on a national circuit breaker). It also records that Chris suggested that there was evidence that if complied with, Tier 2 could have an effect. I asked for more information about the economic impact of the various scenarios and to have a further update the following week. It was clear to me from this meeting, that we needed to keep the tiers under close scrutiny and that the overall outlook was getting much more difficult.

Briefing Dashboard Data

R number	N/A
Total confirmed cases UK:	N/A
New daily cases UK:	22,885
Total confirmed deaths:	45,176
Daily deaths:	367
No of tests carried out daily:	N/A

Briefing Dashboard: 27 October 2020: BJ/310 - INQ000184000 and 'Briefing one-pager': BJ/311 - INQ000184001

534. On 28 October 2020, James Bowler sent me a note which warned that the situation was deteriorating **BJ/312 - [INQ000146617]**. I considered the note very carefully, made extensive comments, asked a lot of questions and sought further information (and see for example Imran's summary which may be more legible than my annotations **BJ/313 - [INQ000146618]**). I was very concerned about the position but even at this stage it still seemed that there was considerable regional variance.

Covid-O: 30 October 2020

Briefing Dashboard Data

R number	N/A
Estimated population infected:	568,000 (England)
Total confirmed cases UK:	N/A
New daily cases UK:	23,065
Total confirmed deaths:	45,766
Daily deaths:	280
No of tests carried out daily:	N/A

Briefing Dashboard: 29 October 2020: BJ/314 - INQ000184002

535. On 30 October 2020, I chaired a Covid-O meeting. We considered a paper by the Covid-19 Taskforce titled 'COVID STRATEGY' **BJ/315 - [INQ000146710]**. The picture set out was stark:

- a. *Incidence rates are growing and the NHS is under increasing pressure. The ONS now estimate that an average of 568,100 people, or 1 in 100 people (1.04% of the population) in England have Covid-19, compared to 1 in 2,300 in July and 1 in 200 at the beginning of October. On our current trajectory, SPI-M have assessed that the NHS will, on 4/12/20, surpass fixed and surge bed capacity, even after electives are cancelled. Even if doubling times slow, so long as R is above 1 we will breach capacity limits.*
- b. *The growth is national. While prevalence is worse in parts of the North, R is above 1 everywhere. And it is growing as, if not more, quickly in those areas which have lower incidence rates; the South*

East's doubling time is now faster than the North West and the East and West Midlands have the fastest doubling times in the country. The South West could be where the North West is today by 27 November.

536. It was clear at this stage that local measures were insufficient and that we had to consider measures at a national level, rather than engaging with local leaders. The paper proposed a nationwide intervention with a regional approach to de-escalation that would apply for four weeks. The intervention comprised:

- a. **Keeping schools and universities open.**
- b. **Encouraging people to continue to go to work** where they cannot work from home and where their workplace is not closed (as set out below). This would keep industries such as construction and manufacturing open. Elite sport would be permitted to continue.
- c. **Restrictions on hospitality, leisure and personal care.** Hospitality would be limited to takeaway and delivery. Indoor and outdoor leisure, entertainment and the personal care sectors would be closed.
- d. **'Stay at home' legislation.** No indoor or outdoor household mixing would be permitted (apart from exemptions like support bubbles) but unlimited outdoor personal exercise would be allowed. People would be told that they should leave the house if required for work purposes.
- e. **Closure of non-essential retail.** Given that we will be telling people to generally stay at home, we would close non-essential retail.
- f. **Guidance against non-essential travel in private or public transport.** Exemptions from this rule, for 'essential' travel, would include, but not be limited to, work, hospital appointments and essential shopping.

537. I explained at the outset of the meeting that the data presented to Ministers illustrated that an increase in hospitalisations would soon place an unsustainable pressure on the NHS which would result in high numbers of deaths **BJ/316 - [INQ000090156]**. The meeting lasted an hour and forty-five minutes as we discussed and debated the measures. We were particularly keen to reflect on past experience and not repeat previous mistakes. The measures were not the same as the first lockdown: schools and universities would remain open. After very careful thought, the Committee agreed the measures.

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538. We planned that the proposal would be announced in Parliament on Monday 2 November 2020. That would allow for time to think through the policy carefully, to brief MPs and, of course, there was still work to be done. The regulations needed to be drafted and the Covid-19 Taskforce was working on a policy package for the vulnerable and was to consider changes to the self-isolation period. We would also have looked at alternatives. That evening, however, news of the plan was leaked to the papers and we quickly realised that we would need to move the announcement forward in order to reassure the public and to stop uncertainty spreading.
539. I am accused – by the usual sources – of saying that I would rather *'let the bodies pile high'* than impose another lockdown. As I have already said on the record, I did not say this. What makes this especially absurd is that I am supposed to have said it on 31 October 2020, when the decision to lock down had in fact already been taken.

Cabinet: 31 October 2020

540. On Saturday 31 October 2020, I held an urgent Cabinet meeting in order to update the Cabinet on the proposed measures **BJ/317 - [INQ000089102]**. I explained that the R number was now above 1 and while the Government had been *'right to pursue the regional approach to tackle coronavirus, and this would continue'*, on average, the number of cases per 100,000 was higher than it had been in Leicester when the city was put into Tier 3. I explained that the projections of hospitalisations and deaths could not be ignored:

'[I was] not prepared to risk the lives of large numbers of people given the data presented by the Government's epidemiologists. With no action taken, there was a suggestion that by mid-December there could be thousands more deaths a day. Others make different predictions but it was difficult to contradict the Government's own advisors, therefore something had to be done.'

541. I explained that I wanted Christmas to be as normal as possible for as many people as possible, for people to be able to see their families and for the shops to be open for Christmas shopping. I said, *'This scenario was still possible if the Government took difficult decisions at this point.'* I described that there were

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moral reasons to act and we had to protect the elderly and others, as well as the NHS. I announced the plan as the minutes show:

Continuing, THE PRIME MINISTER said that the country would go back to a series of national measures that had been imposed before but schools would be kept open and people would be allowed to go to work if they had to. The full set of measures was in the paper before the Cabinet. The virus had to be walloped now so that people could have a Christmas and the economy could get going again in December. It was impossible to say with certainty that no further measures would be needed in January or the spring.

Continuing, THE PRIME MINISTER said that by the turn of the year there would be a mixture of things that would come together and make things better: therapeutics and treatments were making a difference to survival rates; even the most gloomy scientists thought that vaccines would be available in the first quarter of the following year; and innovative testing technology that had only been introduced in the previous days would be a total game changer that would lead to a way out of coronavirus for the country. The UK had cornered the market in these tests and would be self-reliant at manufacturing them; it was world-leading in its technological response to the virus.

Concluding, THE PRIME MINISTER said that the situation was very tough. In moments like this the country would be glad that it had a serious, sober Conservative government which understood the importance of human life and the economy. The measures he would set out later that day would be a balance and would prevent an even more catastrophic economic fallout. People feared short and long-term economic consequences. He bitterly regretted that the Government had to take these steps, but there was no alternative for a responsible government. He had every confidence that the country would get through strongly and have some sort of Christmas.

542. We had learnt many lessons from the first lockdown, among them that we could permit socialising and religious services outside where virus transmission was lower. We considered such things as the 'hidden harms' like increased domestic abuse and child abuse and wanted to ensure it was essential that

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services supporting women and children remained available and steps were taken to tackle these crimes. We were concerned too about lifting the restrictions in four weeks (it was apparent that a circuit breaker would not be enough).

Press Conference: 31 October 2020

543. On 31 October 2020, I gave the press conference announcing a second national lockdown in England from 5 November 2020 to 2 December 2020 **BJ/318 - [INQ000086830]**. I noted that no one wants to be imposing these sorts of measures anywhere, given the damage they do: *'the impact on jobs, and on livelihoods, and on people's mental health'*. However, I explained that no responsible PM could ignore the message of the figures provided by Chris and Patrick. I said that:

[o]ur hope was that by strong local action, strong local leadership, we could get the rates of infection down where the disease was surging, and address the problem thereby across the whole country.

544. The virus was spreading even faster than the RWCS of our scientific advisers and, unless we acted, we could see deaths running at several thousand a day. I noted the medical and moral disaster doctors and nurses would face and the effect of the weight of *'Covid demand'* preventing non-Covid patients from getting necessary care. I explained that there was *'no alternative'*. I was forced to say the words that I had tried at all costs to avoid: *'[f]rom Thursday until the start of December, you must stay at home'*.

545. The public were allowed to leave home only for education, for work if they could not work from home, for exercise, for medical reasons, to escape injury or harm, to shop for food and essentials and to provide care for vulnerable people. Pubs, bars, restaurants had to close except for takeaway and delivery services. Those who were clinically extremely vulnerable were asked to minimise their contact with others. To mitigate the effect of these measures, we extended the furlough scheme to December. Education was to remain open. I invited non-Covid healthcare groups to continue to use the NHS (unless clinicians told them otherwise).

546. We intended to return to the tiered system on a local and regional basis on 2 December 2020. It was my sincere hope that we could allow families to be together for Christmas. I noted that Belgium, France and Germany had needed

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The Second Lockdown: November-December 2020

to take similar action. Looking ahead, I was optimistic that, thanks to vaccines and rapid testing, things would feel very different and better by the spring. There was to be a massive expansion in deployment of these quick turnaround tests (and in fact I was able to announce the first whole city testing pilot in Liverpool on 3 November 2020).

547. On 3 November 2020, I chaired another Cabinet meeting at which the Covid-19 response was discussed **BJ/319 - [INQ000088940]**. I said that I did not want to go back to a set of national measures after 2 December '*at almost any cost*'. I also chaired a Covid-O meeting that day at which we discussed a Covid-19 Taskforce paper 'Test to Release Regimes' **BJ/320 - [INQ000091156]**.
548. On 4 November 2020, the measures were debated and voted through by Parliament with 516 'ayes' and 38 'noes' in the House of Commons. On 5 November 2020, they came into force.
549. I felt at the time – and still feel today – that the decision to impose a second lockdown was timely. If a government is to enforce such enormous restrictions on individual liberty, it must first try all other solutions. I could see the flaws in circuit breakers (and it doesn't seem to have made a difference in Wales). I could see the force of Patrick's argument of 12 October 2020 which was that if tiering did not work, we would be driven to another lockdown. But I thought – and bear in mind that none of this had been tried before, not in our lifetimes – that tiering was worth a try. As for the timeliness of imposing the implementation of the second lockdown once the strategy had been adopted, this was certainly timely because – as a result of the leak and our concern that the leak of incomplete information would lead to public panic – it was expedited and happened extremely fast.

The Second Lockdown: November-December 2020

Briefing Dashboard Data	
R number	N/A
Total confirmed cases UK:	N/A
New daily cases UK:	20,572
Total confirmed deaths:	48,855

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The Second Lockdown: November-December 2020

Daily deaths: 400 (I note that the one-pager records only 156 which seems inconsistent and I suspect may have been deaths in hospitals only)

No of tests carried out daily: N/A

Covid-19 Cross-Government Dashboard Briefing: 9 November 2020: **BJ/321 - INQ000184003** and 'Briefing one-pager': **BJ/322 - INQ000184004**

550. On 9 November 2020, Pfizer and BioNTech issued a joint press release announcing that their phase 3 clinical trial indicated their vaccine was over 90% effective at preventing participants contracting Covid-19. This was very good news. I spoke about it during that day's press conference but the good news was tempered by the fact that on Thursday 5 November, SAGE had reported that the R was above 1 in England, meanwhile hospitalisations and deaths were rising (see **BJ/323 - [INQ000120563]**).
551. On 10 November 2020, I chaired a Cabinet meeting **BJ/324 - [INQ000088986]**. There had been huge strides forward on testing and the prospect of a vaccine. Innovative mass-testing technologies were being rolled out in Liverpool and we had secured 40 million doses of the new Pfizer vaccine and more **BJ/155 - [INQ000088527]** than 300 million doses of other vaccines. The Pfizer breakthrough suggested that AstraZeneca's vaccine could work too and I said there was '*a prospect of effective vaccines in the coming months if the current trend continued*' although caution was advisable.
552. We also discussed that the UK had removed the travel corridor with Denmark and then banned all visits and removed all exemptions other than for returning UK nationals (who needed to self-isolate) due to a new strain of coronavirus which seemed not to respond to antibodies. This had involved working closely with the DAs.
553. Chris gave an update about the progress that we had been able to see from the local restrictions (which confirmed my view about the value of having attempted the local response and also that the implementation of the second lockdown was timely):

in those areas at the top end of the Local Coronavirus Alert Levels (tier three) there had been progress in suppressing the virus. In some tier two areas the virus had stabilised. Those areas in tier one, including the

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South West of England, had been catching up. Compared to when the national measures were approved by Parliament, there were now 1,000 more people in hospital. He was very confident, sadly, that if the measures had not been taken at that point, they would have been required closer to Christmas with more people having died and more hospitals overwhelmed.

554. Chris also said that 'Reintroducing the tiered system after the national measures ended seemed entirely rational.'

555. I summed up saying:

Throughout the summer [I] had been worried about a second spike of the virus in the autumn. It had been inevitable but [I] had hoped that innovative testing technology would be developed fast enough to drive down 'R' (the reproduction rate of transmission). In the end, it had not been fast enough so national measures were required. The Cabinet would have to take a view about what would happen after the national measures came to an end a week or so in advance of 2 December, at the point when they had the most information possible. Happily, the UK was in a different and better position, so [my] firm intention was to come out of national measures at that point.

Briefing Dashboard Data

R number	N/A
Total confirmed cases UK:	N/A
New daily cases UK:	24,962
Total confirmed deaths:	51,745
Daily deaths:	168
No of tests carried out daily:	N/A

Prime Minister's Briefing: 16 November 2020: BJ/325 - INQ000184005

556. On 17 November 2020, I chaired a Cabinet meeting **BJ/326 - [INQ000089030]**. In discussing Covid-19, I said at the outset that the more I looked at the data, the clearer it was that the Government's medical and scientific advisers had been correct: *'it had been necessary to act decisively to suppress the autumn surge of Covid-19 (coronavirus). The impact of this action was not yet known.'* I said that *'the cavalry was coming over the hill in the form of mass testing and*

vaccines'. We had secured five million doses of the new Moderna vaccine which would stand the UK in good stead.

Lifting the Second Lockdown: late November – December 2020

557. Later, on the afternoon on 17 November 2020, I chaired a Covid-O meeting in order to look at the forward projections and the strategy from 2 December 2020 **BJ/327 - [INQ000090928]**. We needed policies on tiering, testing and Christmas. We did not yet have data to show the impact of the lockdown but what we had showed that the rate of increase of positive cases had been slowed by the tiering policy. Mobility data showed mobility had declined with the introduction of the lockdown and the current best guess for the R number was between 0.8 and 0.9. The Director General for Analysis in the Covid-19 Taskforce warned that hospitalisations were expected to be slightly lower on 2 December but still substantially higher than when we left the first lockdown on 4 July. He also said that the Local Covid Alert Level ('LCAL') had '*not been sufficiently stringent to control transmission*' and I said that the previous three tier system '*had not been enough to control the virus on their own*' (SAGE had also said something similar). It would not therefore be possible to open everything up following the period of national restrictions.

558. The objective for the period until spring 2021 was to hold the R number at one or below until the vaccines were available. We considered Covid-19 Taskforce's paper 'Strategy from 2 December' which had been circulated in advance **BJ/328 - [INQ000184006]**. It proposed opening non-essential retail, keep all hospitality closed other than for takeaway and delivery and impose new restrictions across the tiers. James Bowler, Second Permanent Secretary for the Covid-19 Taskforce observed:

Lessons were being learned from the previous restrictions. The evening hospitality curfew of 2200 would be altered to last orders at 2200, with people able to leave over the following hour until 2300. This would reduce the amount of people all travelling at the same time.

559. Another lesson we had learnt (among many) and which we discussed in this meeting was that the new tiering system would not involve any negotiations with local authorities but would apply consistent measures in each area. We recognised too that if tiered restrictions were to be effective this time around,

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Lifting the Second Lockdown: late November – December 2020

the highest level needed to be strong. Testing capability needed to be focused on areas beneath the top tier.

560. There was much discussion of Christmas with a proposed bubble period for people from three households to meet in private dwellings which would allow small Christmases in family homes. Michael was asked to agree a proposition on Christmas with the DAs. We were sensitive to the fact that many communities had had plans for religious celebrations curtailed (Diwali, Eid and Rosh Hashanah) and singling out Christmas might seem unfair. The 'Strategy from 2 December' recognised this and focused the proposed easing on the national public holiday, rather than Christmas as a religious festival.
561. The meeting agreed the plan to leave the lockdown as planned on 2 December 2020 and all parts of the country would enter a strengthened system of local restrictions, details of which were being developed. I observed, '*Robust methods would be needed to avoid a third wave and a third national lockdown.*'
562. The Covid-19 Taskforce had drafted a paper called 'Winter Plan' covering final decisions on tiers and the Christmas update **BJ/329 - [INQ000090940]**. On 21 November 2020, there was discussion of the plan at a Covid-O meeting chaired by Michael Gove (I was engaged on the G20 Virtual Summit) **BJ/330 - [INQ000090954]**. I had a call with Michael and Matt Hancock that evening during which I was updated and we discussed mass testing.
563. On 22 November 2020, I chaired a Cabinet meeting with the aim of updating the Cabinet in advance of publicly announcing the plan to leave lockdown – the Covid-19 Winter Strategy – the following day **BJ/331 - [INQ000089062]**. While there was cause for optimism thanks to vaccine developments, I explained the planned return to localised tiering using tiers that would be '*more refined and tougher than previous arrangements*'. Matt said that the lockdown was working with numbers of cases starting to level off or fall. We had much discussion about working with the DAs and I summed up saying '*it was right to work closely with the devolved administrations to get a UK-wide approach to Christmas*'.
564. On 23 November 2020, at a press conference I announced the publication of the Covid Winter Plan which – as the name suggested – set out our plan for managing Covid-19 through the winter **BJ/332 - [INQ000054192]**.
565. On 24 November 2020, a COBR meeting took place to secure cross-UK agreement on the common approach to social contact policy over the Christmas period, and, to agree a communications strategy and guidance

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related to the social contact policy **BJ/333 - [INQ000083853]**. This meeting was chaired by Michael Gove and was attended by all three First Ministers and the Deputy First Minister of Northern Ireland. I can see from the minutes that Simon Ridley, the Director General Covid-19 Taskforce, outlined the proposal for the festive period and put it to the DAs **BJ/334 - [INQ000083850]**. Michael sought their respective positions and the meeting agreed the arrangements that were to be put in place across the UK during the Christmas period. A summary of the arrangements was circulated by email thereafter: **BJ/335 - [INQ000184007]** with an attachment at **BJ/336 - [INQ000184008]**.

566. On 25 November 2020, I chaired a Covid-O meeting to consider the allocation of tiers **BJ/337 - [INQ000090969]**. We considered two papers: the 'Allocation of Tiers – post 2 December' by the COVID-19 Taskforce **BJ/338 - [INQ000090956]** and a paper COVID-O Local Action Committee Recommendations by the Department of Health and Social Care **BJ/339 - [INQ000090957]** which came with Annex A: Summary of Recommendations (later corrected) **BJ/340 - [INQ000090966]**. We assessed the data by geographical area to consider, after the lockdown was lifted, which Tier each area would enter. Most of the debate was between Tiers 3 and 2 and about London and whether it could be divided into different Tiers. I concluded that London would be placed in Tier 2 but found the choice to be '*a nightmare*'.
567. On 26 November 2020, Matt Hancock told the House of Commons that the national restrictions were to be lifted and replaced by a localised, tiered system. I updated the Cabinet in a Cabinet call earlier in the day **BJ/341 - [INQ000089081]**.
568. On 1 December 2020, I chaired a further Cabinet meeting **BJ/342 - [INQ000088885]**. I said at the outset that '*it was clear that the recent lockdown had been absolutely essential and had worked*'. That was how I felt: the second lockdown had achieved its purpose: we were now ahead of the RWCS and the R was below one. Later that day, the new measures were voted through by 291 ayes to 78 noes.

Briefing Dashboard Data from 2 December 2020

Daily cases: 13,430

Total confirmed cases UK: N/A

Total deaths: 59,056

Daily deaths: 603

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Reflections on the Second Lockdown

No of tests carried out: N/A

Briefing Dashboard: 1 December 2020: BJ/343 - INQ000184009

569. On 2 December 2020, we lifted the second lockdown as planned. In the press conference that day, I announced that the mass vaccination programme was to begin the following week and encouraged people to take advantage of community testing. At the time, I considered that it was right to ease the second lockdown. It had brought the R down and bought time while huge steps had been taken towards mass testing and vaccination. I thought – wrongly as it turned out – that we had done enough, that people could enjoy Christmas with their families and there would be no need for a third lockdown.

Reflections on the Second Lockdown

570. By the second lockdown we were getting much better at reading the disease and understanding the data. We had drugs to treat Covid, and we were now confident that good management could prevent the NHS from being overwhelmed. But people's patience, understandably, was starting to wear thin. Parliamentary patience was wearing thin, as can be seen from the growing number of No votes to the measures we enacted. The tiering system, and the tiered exit from lockdown, was proving fiendishly complicated.

571. I think some scientists would say that the lesson of the second lockdown is that you should 'go in early and go in hard.' I accept that logic. But to impose a lockdown is to do huge damage to people's lives and life chances. You must have a clear end-game, and a way out. Hence my caution about the circuit breaker. There are by now interesting global examples of countries that were initially lauded for the toughness of their lockdowns, who went in early and went in hard, and then found it difficult to exit. Australia and China are two such countries which, whilst vastly different to the UK in many respects, pursued tough lockdown policies that came to be heavily criticised. Their populations were subjected to lengthy, recurring lockdowns. I am not seeking to draw direct comparisons here, nor trying to advocate that any comparator is more useful than another (there will always be points of distinction), but throughout this period I was reading widely and considering as much international information as possible in order to weigh up the decisions I was required to take. Mercifully, we found the exit.

Christmas 2020

572. On 2 December 2020, I announced at a press conference that the Government had accepted the recommendation from the Medicines and Healthcare Products Regulatory Agency ('MHRA') to approve the Pfizer/BioNTech vaccine for distribution across the UK. I noted that, thanks to the fantastic work of Kate Bingham and the Vaccines Task Force, the UK had purchased more than 350 million doses of seven different vaccine candidates and the UK was the first country in the world to pre-order supplies of this Pfizer vaccine, securing 40 million doses. I noted that, through the Winter Plan, the NHS had been preparing for the biggest programme of mass vaccination in the UK's history, and this was to begin in the next week. The first phase was to include care home residents, health and care staff, the elderly and those who were clinically extremely vulnerable. However, I noted that it would take some long and cold months before the most vulnerable were protected and that we must stick to the Winter Plan. I encouraged people to continue to follow the rules where they lived and, if in a Tier 3 area, to take part in community testing.
573. On 8 December 2020, I chaired a Cabinet meeting **BJ/344 - [INQ000088967]**. Earlier in the day I had been at Guy's and St Thomas' Hospital with patients who were amongst the first in the world to be vaccinated against Covid-19. I paid tribute to the NHS and the MHRA for their role in this great moment. However, I noted that data on case numbers was not reassuring and the numbers, especially in London, were moving in the wrong direction. Chris stated that, as a result of the vaccine, the end was in sight but still quite a long way off. Case numbers in the US following Thanksgiving showed what could happen in the UK and messaging should make clear that it was too early for people to lower their guard. I noted that people still did not understand asymptomatic transmission of the virus, and this would be addressed in communication campaigns.
574. On 10 December 2020, Matt gave a statement at a press conference. He spoke about progress with the vaccine rollout, but also about his concern about the number of cases in London, Kent and Essex. Cases were rising and, in many areas, already high. We had put in place a plan for testing all secondary school aged children in the seven worst affected boroughs of London, in parts of Essex that border London, and also parts of Kent.

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575. On 14 December 2020, I chaired a Covid-O meeting **BJ/345 - [INQ000091065]**. The Director of Health Protection at the JBC gave a data presentation **BJ/346 - [INQ000091050]**. He noted very recent increases in Covid-19 cases in London and that other parts of the country were seeing a similar uptick (Essex, Hertfordshire, Milton Keynes, Luton etc). This uptick had started on 2 December 2020, was most worrying in the last five days of unconfirmed data. A gradient this steep had not been seen since mid-March 2020. He noted that *'Tier three was not currently working in Kent to contain the virus.'* At that stage, he thought the uptick could be the result of infections immediately after the lifting of the lockdown. However, Matt noted another explanation: a rapidly spreading new variant of the virus which seemed to spread up to 60 per cent faster than the older variant. (This variant, originally termed the 'Kent variant', was later named the Alpha variant.) He recommended that London, Essex and parts of Hertfordshire went into Tier 3 from Wednesday. He suggested that the Committee should consider whether Tier 3 would be sufficient in the current context, noting that, if the new variant spread more quickly then it may knock out the careful calibration on Tier 3 restrictions. He did not suggest removing the Christmas bubble policy nationally but said there should be very strong messaging to ensure people were careful in mixing with their families. Chris said that people should not become too obsessed with the new variant. Although it was important to keep an eye on it, management would be the same as the existing strain. Patrick said that the new variant should not be cause for too much excitement, but continuing to keep a lid on things was important as otherwise the virus would take off fast. In discussion, it was suggested that the dates for the Christmas bubble should be restricted.
576. I was extremely anxious about this Kent variant, and the possibility that we would have to 'cancel Christmas'. But I was also conscious that – as the discussion shows – speed was of the essence.
577. I concluded that the recommended areas should move into Tier 3 on Wednesday. Work needed to be done to ensure the statistics did not undermine the rationale for the tier change: people would comply with restrictions if they understood the argument for them. I asked the DfE to continue to ensure that all schools remained open and that work should begin on a delayed return to school in the New Year. I suggested that the Government should screen as many students as possible and said that I welcomed wider

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mass testing. An enhanced Tier 3 or new Tier 4 was needed if Tier 3 did not work in Kent and there needed to be a conversation about plans for Christmas and how that would work given the surge in infections. I noted that the changes to Tier levels would be a bitter blow for the hospitality sector and suggested that, if Easter 2021 was the time when the virus was expected to be under control: *'then the Government may take inspiration from the Council of Nicaea in 325AD and make Easter the new Christmas. Some hope was needed for the affected sectors as this would be a grim moment for them'*.

578. On 15 December 2020, I chaired a Cabinet meeting **BJ/304 - [INQ000089014]**. I noted that the advantage of the tiering system was that the Government could react to changing circumstances, as we had done in London (which was to move to Tier 3). There was better news on vaccines and community testing. I noted concern in countries across Europe about the consequences of allowing families to gather over the holiday period. Chris noted that it was likely that there would be variants that evolved around the vaccine and it would be surprising but not impossible if such a mutation had already happened. I summed up that, if the planned easing over Christmas was maintained, then the Government needed to ramp up its messaging on what families should do.

Briefing Dashboard Data

R number	N/A
Total confirmed cases UK:	N/A
New daily cases UK:	18,450 (a 50% increase from 8 December)
Total confirmed deaths:	64,929
Daily deaths:	506
No of tests carried out daily:	N/A

Briefing Dashboard: 16 December 2020 (including some data from 15 December 2020): BJ/347 - [INQ000320686] and 'Briefing one pager': BJ/348 - INQ000184010

579. On 16 December 2020, at the press conference I gave a statement in which I noted that we were seeing worrying rises of infections in some parts of the country **BJ/349 - [INQ000086622]**. Kent was still seeing rising infections and London had been moved into Tier 3 that day. I noted that, having looked at the latest data with colleagues in the DAs, the overall situation was worse and more challenging than we had hoped when we first set the rules. I noted that it would not be right to criminalise people who had made plans and simply wanted to spend time with their loved ones. At this stage, I was still doing all that I

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reasonably could to try to allow people to spend Christmas together. However, recognising the risks shown by the data, I asked everyone to think hard and in detail about the days ahead, and whether they could do more to protect themselves and others. I said that: *'a smaller Christmas is going to be a safer Christmas, and a shorter Christmas is a safer Christmas'*. I asked people to take various precautions in the run up to, and over, Christmas.

580. After the press conference, I chaired a Covid-O meeting concerning the Tiers review **BJ/350 - [INQ000091076]**. It was decided that a number of areas would be moved from Tier 2 to Tier 3 and de-escalate other areas to a lower tier (Bristol, North Somerset and Herefordshire). Matt noted that there were around 25,000 new cases that day, which was one of the highest ever case rates since the first peak. Hospital inpatients were also approaching the levels of the first peak. However, as of that day, 137,000 people had been vaccinated. I summed up that there was strong consensus from the Committee for a very cautious approach.

Briefing Dashboard Data

R number	N/A
Total confirmed cases UK:	N/A
New daily cases UK:	35,383 (69% increase from 10 December)
% Increase from prev. week:	69%
Total confirmed deaths:	66,074
Daily deaths:	532
No of tests carried out daily:	N/A

Covid-O Briefing Dashboard: 18 December 2020: BJ/351 - INQ000091081

581. There was a rapid deterioration as the week continued. On 18 December 2020, I had a number of briefings and meetings. At around 15.15, the PM Diary shows I received a 'Data update' during which I would have been shown the latest Covid Dashboard data (see **BJ/351 - [INQ000091081]** and **BJ/352 - [INQ000217008]**). This showed a 69% increase of new daily cases being reported between 10 and 17 December **BJ/353 - [INQ000091081, page 4]**. It was clear that this data showed that as a result of the new variant, the virus was spreading more rapidly in the South East and East of England than could have been predicted. The new variant seemed to spread more easily although fortunately did not appear more severe. It became increasingly clear that,

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despite our best efforts, drastic action would need to be taken. In the early evening, I had a further Covid discussion with Imran Shafi, Dan Rosenfield, Ed Lister, Martin Reynolds, Allegra Stratton, NR Simon Case and Henry Cook.

582. I chaired a Covid-O meeting later that evening for which I received a briefing paper **BJ/354 - [INQ000091274]** and agenda **BJ/355 - [INQ000251912]**, a paper from the Covid-19 Taskforce entitled 'Response to the new Covid variant' **BJ/356 - [INQ000091082]** and a paper by GO Science entitled 'Update on new viral variant VUI-202012/01' **BJ/357 - [INQ000251913]** which set out NERVTAG's assessment. In the meeting, I noted the grim circumstances facing the Committee, and in particular, the assessment of NERVTAG that the variant was responsible for a substantial increase in transmission and '*looking at the data, it would be perverse not to act and it was what the public would want*' **BJ/358 - [INQ000091087]**. I invited the Committee to consider the extent of that action, give initial views and reflect overnight. Matt noted that neither Tier 3 nor November's lockdown measures had worked to stop the spread of the new variant. I concluded that the balance of opinion was the need to act quickly and with clarity.

Effects of the Kent/Alpha Variant: Introduction of Tier 4 and Announcing the Christmas Limitations

583. On the morning of 19 December 2020, I chaired the Covid-O meeting that built upon the meeting the night before **BJ/359 - [INQ000091091]**. We considered a paper from the Covid-19 Taskforce called 'Detailed Response to the New Covid Variant' **BJ/360 - [INQ000091279]** which proposed that we introduce a new 'Tier 4' in the affected areas where the prevalence of the new variant was highest. The restrictions would be the same as those in November, except that communal worship would be permitted and outdoor sporting facilities would remain open. A 'stay local' message was suggested for the rest of England. People in Tier 4 areas would be asked not to travel abroad. At the meeting, I noted that the key thing to land with the public was a clear explanation of why the new variant had changed the situation substantially since 16 December 2020. I concluded that the Committee had agreed with the Tier 4 proposals in the paper. I concluded that there should be a cancellation of Christmas bubble plans in Tier 4 areas and, in other parts of the country, three households would

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only be allowed to meet on Christmas day: *'[t]his would be tough, and he did not agree to this with gladness, but as a result of a good collective discussion'*.

584. On 19 December 2020, I chaired a Cabinet update call **BJ/361 - [INQ000089042]**. I noted that case numbers were down in large parts of the country but the new variant of the virus seemed to spread more quickly and may have a significant effect on R. This was why it had been so difficult to stamp out the virus in Kent and other places during November's national lockdown. I explained that the areas most affected by the new variant would be placed in a Tier 4 and, elsewhere, Christmas bubbles would be permitted only on Christmas day. I said that *'telling large numbers of the UK's population that they could not celebrate Christmas in a normal way was about the grimmest thing he had ever had to announce'*, although many people were expecting it. Patrick explained that the new variant had emerged in September and grown rapidly in the last month.
585. At a press conference later that day, I explained that the situation had deteriorated because of the new variant **BJ/362 - [INQ000075737]**. I said that NERVTAG had concluded that it appeared to be passed on significantly more easily and the early analysis showed that it could increase R by 0.4 or greater. This was, of course, a severe blow although I was relieved that there was no evidence it caused more severe illness or higher mortality and no evidence to suggest that the vaccine was any less effective against the new variant.
586. We had to act because of the new variant. As a result, I announced new restrictions in London, the South East and East of England. They would enter a new Tier 4 which would be broadly equivalent to measures in place in November 2020. Residents had to stay at home (bar the limited exemptions), non-essential retail must close, people must work from home if they can, people should not leave or enter Tier 4 areas, and individuals could only meet one other person from another household if outdoors. The measures came into force on 20 December 2020. I also asked people in all areas to stay local, noting that the new variant was concentrated in Tier 4 areas but nonetheless present at lower levels around the country.
587. Finally, I noted that, as Prime Minister, it was my duty to take difficult decisions, to do what is right to protect the people of this country. With a heavy heart, I announced that we could not continue with Christmas as planned. Those living in Tier 4 areas should not mix with anyone outside their own household at

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Christmas (save support bubbles). Elsewhere, Christmas rules allowing up to three households to meet were now limited to Christmas Day only. This was necessary given the general increase in cases and the fact that, as noted above, the new variant was present at lower levels around the country.

588. I had decided that households in Tiers 1-3 should be permitted to form a Christmas bubble/linked households(s) of up to three households but limited to 25 December 2020 only because there was a good argument that people deserved a Christmas break after the sacrifices that had been made throughout the year. In addition, I was reassured that this relaxation would be accompanied by greater messaging around being cautious. Nevertheless, the new variant was present at lower levels around the country and therefore I felt that there did need to be a restriction on a number of days in which households could meet. I also decided that it would not be appropriate for households in Tier 4 to be permitted to form any Christmas bubbles or link with any other household(s) on Christmas Day because the new variant gave us no other option. It was quite clear that the steeply rising case numbers meant that drastic action had to be taken in those areas in which the new variant had taken hold or otherwise the NHS would be overwhelmed. This meant that there should be differentiation between those areas and the rest of the country.
589. Given the virus had changed its method of attack, we had to change our method of defence and I sincerely believed that there was no alternative open to me. I was very keen that – after this awful year, the tragedies and the considerable personal sacrifices that individuals had made – the country should enjoy Christmas. I so wanted people to be able to spend the holiday together and I was very sad that it was not to be possible, or not throughout the country.
590. I did not make the announcement sooner than 19 December 2020 because the position had changed rapidly over the course of the month due to the new variant. I hoped that as the days went on, the data would suggest some improvement and we might be able to save Christmas. In early December 2020, the R had been brought down by the second lockdown. Despite my hopes, as the month progressed, it became clear that the new variant was more transmissible and driving a significant increase in cases. Inevitably, it took some time for this to be reflected in the data and for us to determine the most appropriate course of action.

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591. I have been asked about the extent to which there was Four Nations decision-making in respect of the Covid-19 restrictions over the festive period for December 2021 (as well as December 2020 which I have just described). There was liaison and cooperation between the Four Nations in respect of December 2021 – and again we were keen for there to be alignment where possible. In general we did our best to move forward as one, given the limitations I have already described, and in general we did.
592. On 21 December 2020, during an afternoon press conference, I gave a statement in response to the decision of the French Government to impose restrictions on UK freight crossing to France when accompanied by a driver **BJ/363 - INQ000054368**. This had caused delays at Dover. I noted we had a contingency plan for exactly this kind of event and I had spoken to President Macron. These delays only applied to a very small percentage of food entering the UK.

Briefing Dashboard Data

R number	N/A
Total confirmed cases UK:	N/A
New daily cases UK:	36,804 (99% increase from 15 December)
Total confirmed deaths:	68,329
Daily deaths:	N/A
No of tests carried out daily:	N/A

Briefing Dashboard: 23 December 2020: BJ/364 - INQ000184012

593. On 23 December 2020, Matt gave a statement during an afternoon press conference **BJ/365 - INQ000086620**. Cases had risen by 57 per cent in the past week. He noted that, while the three-tiered system had worked to control the old variant, Tier 3 was not enough to control the new variant. As a result, from Boxing Day, many areas were to be escalated from Tier 3 to Tier 4, and a number of other areas would move up a tier too. In addition, two cases of a new variant from South Africa had been detected. This variant was more transmissible and appeared to have mutated further. We were quarantining cases found in the UK, placing immediate restrictions on travel from South Africa and asking anyone who had been in South Africa in the past fortnight to quarantine.

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594. On 29 December 2020, I chaired a Covid-O meeting at 6.00pm **BJ/366 - [INQ000091113]**. The meeting was to look at the Tiers Review. I noted that the situation the country was grim, as across much of Europe. Hospital in patients had exceeded the peak of the first wave. The Director for Data and Analysis of the Covid-19 Taskforce noted that this trajectory was closely linked to the prevalence of the new variant, estimated to be responsible for around 63 per cent of cases. Matt noted that the proposed changes to the Tiers would push 76 per cent of the country into Tier 4 and that the measures in each Tier had been designed for the old variant. The actions from the meeting were for Matt to announce the outcomes of the Tier Review and for the COVID Taskforce to lead work to consider options for stronger measures, if needed, to be agreed by the Covid-O committee. Chris and Patrick both noted signs that Tier 4 might be working. In conclusion, I noted that the Government could not allow the loss of the NHS for those who needed it and that the Committee had accepted the proposed changes to the Tiers. However, I felt that putting the whole country into Tier 4 was premature. Many areas had worked hard to suppress the virus and it did not seem fair to put in place stricter measures than needed.
595. Later that evening, at 7.30pm, I chaired a further Covid-O meeting concerning whether to delay the return of schools or universities further, given the rapid spread of the new variant **BJ/367 - [INQ000136708]**. I noted that the Government had been clear that children being in school was a priority and that any delayed return would be a last resort. I was updated by Gavin and the Executive Chair of Test and Trace about the delivery of testing at secondary and primary schools. Patrick noted that the spread of the new variant was only likely to be controlled by closing schools, although the testing regime was likely to bring some benefits. I noted that the Government had prioritised education throughout the pandemic and it was essential to move heaven and earth to get children back. In some areas, nonetheless, cases were so high that some primary schools would have to delay the start of term. Further, in secondary school, exam years should return on 11 January 2021 and other pupils from 18 January 2021. For universities, the number of students returning on 4 January 2021 should be reduced to around 20 per cent of the cohort as proposed.
596. On 30 December 2020, I announced some good news: the Oxford-AstraZeneca vaccine had been approved **BJ/368 - [INQ000086626]**. New advice from the Joint Committee on Vaccination and Immunisation was that the first dose could protect people against the worst effects of this virus and so we

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were to accelerate delivery of the first dose to as many vulnerable people as possible, with the second dose to follow 12 weeks later. However, cases were continuing to rise. As a result, I announced delays in the start of the new term for pupils in Tier 4 areas. I said, as I had noted previously, that keeping children in education was a national priority and no one regretted these measures more bitterly than me. At the same time, we were massively expanding our testing operation around schools

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597. On 2 January 2021, Michael Gove wrote me a 'Political Note' about Covid **BJ/369 - [INQ000184013]**. He said that he felt we needed to review our strategy urgently to ensure that the spread of the new variant was rapidly curtailed. He warned that the latest data on the spread of the virus was 'dire'; as the note recorded:

- *Between 2 and 8 December, the ONS estimated 1 in 100 people were infected, which jumped to 1 in 85 ten days later (12 to 18 Dec), and then 1 in 70 five days after that (17 to 23 Dec). This data is now ten days old and does not take into account Christmas bubbles permitted outside Tier 4.*
 - *While rates are rising most steeply in London, the East of England, and the South East, they are also increasing now in the North West, West Midlands, and South West, and have stopped falling in Yorkshire and the Humber, the North East, and East Midlands. Between 14 and 28 December, the number of COVID patients in hospitals increased by 113% in London and by around 70% in the South East and East of England. While the growth has been slower or flat in the remaining regions, we know that hospitalisations will follow the growth in cases that we are already seeing. The worst is yet to come.*
- [...]
- *Across the UK, there were 23,823 COVID-19 patients in hospital on 28 December - 2,140, or circa 10%, more than the previous peak of 21,683 on 12 April.*

598. Michael called for 'a strategy of maximum suppression over the next two months' while we focused efforts on the vaccine programme. He advocated for applied Tier 4 restrictions across England and deploying 'stay at home' messaging, closing schools and seeking to agree a UK-wide approach (although he recognised we would be unlikely to persuade Scotland to join us). He said we should act as soon as possible. I was grateful to him, but I don't think he was telling me anything I did not already know.

Briefing Dashboard Data

R number	N/A
Total confirmed cases UK:	N/A
New daily cases UK:	54,990 (80% increase from 27 December)
Total confirmed deaths:	75,046
Daily deaths:	454

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end of February 2021, two weeks after the top four vulnerable cohorts had received their first dose of vaccine. This would be the final push before the rollout of the vaccine provided for a gradual easing of restrictions. The intervention was to comprise tougher stay at home messaging, working from home unless impossible, moving secondary schools and colleges online (with exceptions for vulnerable children and children of key workers), a further delay to the return of higher education settings, steps to protect the clinically extremely vulnerable and self-isolated with the Test and Trace Support Payment. Further options included: moving primary schools online (described as a last resort), closure of nurseries, limiting outdoor exercise/recreation to single households/bubbles, closing paid-for open spaces, banning takeaway from hospitality and further guidance on face coverings. Other options, such as curfew, were raised but not recommended at that time.

603. The paper was considered at the meeting **BJ/376 - [INQ000146739]**. I noted that the data presented at the dashboard meeting that morning showed that the position was deteriorating quickly. The CMOs advised moving to Alert Level Five as there was a material risk of the NHS being overwhelmed if action was not taken. The Director General for Strategy in the Covid-19 Taskforce, Simon Ridley, stated that there were big choices for the Committee on schools. A decision was needed on whether to delay return for secondary schools beyond 18 January 2021 and whether to move primary schools to online provision. In conclusion, I noted that the new variant was stampeding through and the economy and children were being penalised because people were not obeying the guidelines. The Committee had agreed a move to a national lockdown but it was important to set a clear timetable. I agreed that secondary school re-opening should be delayed but, again, said a clear timetable for re-opening was needed. I said that closing primary schools should be the last resort and there was an argument to keep them open in areas where the disease was not out of control. But the mood of the Committee was to move all provision online. I said that mass testing needed to feature more prominently. I would make a statement to the country that evening and the lockdown should come into force as quickly as possible. I understand that, after this meeting, Michael Gove spoke to the DAs.
604. On 4 January 2021, the Covid-19 Taskforce circulated a paper entitled 'January National Intervention' in advance of a Cabinet update call **BJ/377 - [INQ000088942]**. The paper noted that the position continued to deteriorate

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and that the four CMOs had recommended a move to Alert Level 5. It stated that a new lockdown, lasting till mid-February, would be introduced and set out a number of measures. The paper noted the disruptive and negative impact on society and the economy. The paper recognised that the economic cost would be disproportionately felt by young people and ethnic minorities who were employed in higher than average numbers in sectors that directly face restrictions including retail, personal care, accommodation and food services.

605. I chaired the Cabinet update call **BJ/378 - [INQ000088943]**. I noted that the Government was obliged to take further steps to deal with the wretched virus and that the latest data was ugly. This was driven by the new variant which could now be found in all parts of the country. Measures included the closing of schools, even though they had opened that week, because there was no question that schools were contributing to the spread of Covid-19. I noted that people had become complacent, but there was no question that the new variant had forced the Government to adjust its calculations radically.
606. That evening, I addressed the nation **BJ/379 - [INQ000065415]**. I explained that scientists had confirmed that the new variant was between 50-70 per cent more transmissible. The effects of this were dramatic. Hospitals were under more pressure than at any time since the start of the pandemic and, in England alone, the number of Covid patients had increased by nearly a third in the past week. I said that on 29 December 2020, a new record of 80,000 tested positive for Covid-19. The CMOs had advised that the country should move to alert level 5, meaning that if action is not taken then NHS capacity may be overwhelmed within 21 days.
607. I stated that it was clear that we needed to do more, together, to bring the new variant under control while the vaccines were rolled out. In England, that meant a national lockdown which was tough enough to contain the variant and, once again, I was forced to instruct citizens to stay at home (subject to exemptions). The clinically extremely vulnerable were to resume shielding. Schools had to move to remote provision from 5 January 2021 with alternative arrangements to be put in place for exams, although pupils on free school meals would continue to receive them. I stated that we had not closed schools sooner because we had been doing everything in our power to keep schools open.
608. I was able to deliver more positive news on the vaccine rollout. At this stage, the UK had vaccinated more people than the rest of Europe combined and this

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pace was increasing with the arrival of the Oxford-AstraZeneca vaccine. The expectation was that, by mid-February, we would have vaccinated the four top priority groups identified by the Joint Committee on Vaccination and Immunisation (all older care home residents and their carers, over 70s, frontline health and social care workers and the clinically extremely vulnerable). Later in the address, I noted that we were entering the last phase of the struggle because every vaccine tilted the odds against Covid and in favour of the British people.

609. In conclusion, I stated: 'I want to say to everyone right across the United Kingdom that I know how tough this is, I know how frustrated you are, I know that you have had more than enough of government guidance about defeating this virus. But now more than ever, we must pull together.' This reflected my thoughts at the time, which echoed my feelings on the other two occasions I had to announce a lockdown. It went against all my natural instincts to instruct citizens to stay at home, but it had become clear, I felt, that there were no safe alternatives.

610. I stated that the DAs shared my conviction and were taking similar steps.

Reflections on the Third Lockdown

611. As this timeline shows, I decided to impose a third national lockdown because the dramatic increase in numbers of Covid infections brought about by the new variant and its increased transmissibility meant that drastic action was needed – and quickly. As with the previous two lockdowns, we were left with no other choice. I think – and thought at the time – that the decision to impose a third lockdown was timely. Case numbers moved extremely quickly as a result of the new variant. NERVTAG confirmed that the new variant was behind the increase in case numbers on 18 December 2020 (as described at paragraph 0 above), 17 days before the lockdown was introduced. Over those 17 days, we did try increased restrictions, such as Tier 4 and changing the rules for Christmas bubbles, but this did not prove to be enough. The new variant had outmanoeuvred Tiers 1-3, which were set based on the old variant and, in the end, the spread of the new variant meant that measures akin to Tier 4 had to be applied country-wide via the third lockdown. I consider that the implementation of the third lockdown once the strategy had been adopted (the decision was taken and announced the same day) was also timely.

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612. While we continued to learn how to fight Covid-19, including taking lessons from the first and second lockdowns, the new variant proved that one should always be humble in the face of nature. It meant that the measures for the third lockdown were, to an extent, more stringent than those for the second lockdown: most obviously, we were forced to take measures in relation to education. The increased transmissibility of the new variant forced us into taking alternative action. At the Covid-O on 4 January 2021 **BJ/380** - **[INQ000146739]**, as I had on numerous occasions throughout the pandemic, I made clear that restricting education was the last resort. In relation to primary schools, this was a finely balanced decision and I noted that there were arguments both ways. Ultimately, I concluded we had to move all provision online and – given the combined expertise at the table – I was persuaded that this was the correct thing to do.

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613. Tremendous work on rolling out the vaccine took place in early 2021. By 5 January 2021 (as I said in the press conference that day), we had vaccinated over 1.3 million people across the UK **BJ/381** - **[INQ000252581]** (the Q&A that followed is here: **BJ/382** - **[INQ000064571]**). By 15 January 2021, that figure had increased to 3.2 million, more than double the week before **BJ/383** - **[INQ000252582]**.

614. Nonetheless, the disease maintained its grip on the nation. On 26 January 2021, the Covid deaths in the UK surpassed 100,000 **BJ/384** - **[INQ000252583]** and the following day I announced that we would not be re-opening schools after half-term but hoped to do so on 8 March 2021 **BJ/385** - **[INQ000075741]**. By 3 February 2021, we had procured 400 million doses of the vaccine and administered 10 million doses **BJ/386** - **[INQ000252584]**. By 23 March 2021, we had administered 30 million doses **BJ/387** - **[INQ000252585]**, by 20 April 2021, that number was 33 million **BJ/388** - **[INQ000252586]** and by 5 July 2021, over 45 million had received a first dose and 33 million a second **BJ/389** - **[INQ000065418]**. It was a breath-taking achievement. These were all points I announced in the press conferences.

615. On 22 February 2021, we published a new roadmap for lifting the lockdown contained in 'COVID-19 Response - Spring 2021' ('2021 Roadmap') **BJ/390** - **[INQ000054709]**. The plan was approved in a Cabinet meeting on the same day. Before taking any step to ease restrictions, we would review the latest

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data on the impact of the previous step against four new tests, described in the 2021 Roadmap:

- a. Test 1: The vaccine deployment programme continues successfully.
- b. Test 2: Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.
- c. Test 3: Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.
- d. Test 4: Our assessment of the risks is not fundamentally changed by new Variants of Concern.

616. There were then four steps which could be taken, each with a minimum of five weeks apart so that we could judge the impact of each relaxation before moving on to the next. We implemented these steps in the following ways (among others):

a. Step 1:

- i. On 8 March 2021, we reopened schools and allowed single nominated visitors to visit loved ones in care homes;
- ii. On 29 March 2021, we lifted the 'stay at home' order and reintroduced the Rule of 6 (or two households rule) allowing people to meet outside once more.

b. Step 2:

- i. On 12 April 2021, we reopened shops, gyms, zoos, campsites, personal care services like hairdressers and outdoor hospitality. We increased the number of visitors to care homes from one to two.

c. Step 3:

- i. On 17 May 2021, the Rule of 6 or two households applied indoors and the limit for outdoor meetings increased to 30;
- ii. Indoor venues such as pubs, restaurants, theatres and cinemas reopened;
- iii. Up to 10,000 spectators were allowed to attend large outdoor search venues such as football stadia;
- iv. Named visitors to care homes increased from two to five.

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d. Step 4:

- i. On 19 July 2021, we removed all legal limits on meeting indoors or outdoors, allowed all businesses to re-open and limited the numbers on visitors to care homes. We ended the social distancing one metre plus rule and the legal obligation to wear a face covering.

617. On 10 May 2021, following advice from the JBC, the UK CMOs and the NHS England National Medical Director announced that the UK alert level should move from level 4 to level 3 for all Four Nations **BJ/391** - [**INQ000086793**].

618. The third lockdown achieved its purpose: it protected the population and saved the NHS from being overwhelmed while we rolled out the vaccine as fast as possible. Because we carefully considered the four tests and looked at the impact of each step we took under the 2021 Roadmap, I think we were able to strike the right balance in easing the third national lockdown from March 2021 onwards. It was not long before signs of vaccine-induced immunity were starting to show up in the epidemiology, and it was thanks to our roll-out that we were able to come out of lockdown faster than any other comparable country. I have described extensively elsewhere why I believe that vaccine roll-out was so fast, and the role played by Brexit. But at the very least it shows that after more than a year of pandemic, and of announcing and enforcing messages of great complexity, the Government had lost none of its ability to drive a campaign and ensure take-up faster than virtually anywhere else.

Borders Continued

619. On 14 January 2021, in response to my request for advice on how to harden the UK's border biosecurity measures, I was provided with a note which recommended the introduction of short term, time limited, 'hard' travel measures to prevent further ingress of variant strains of Covid-19 **BJ/392** - [**INQ000063210**] I agreed with the recommendation made in the note to suspend travel corridors until mid-February. This note also set out initial options for more severe measures, which included a full ban on travel. The note explained that the 'pros' of a full-scale ban were that it would limit the amount of travel as far as possible, reducing the chance of importing a new variant. In terms of the 'cons', it was said that a full-scale ban would not eliminate this risk, due to the necessary exemption for freight and the Common Travel Area. Furthermore, the note stated that a full-scale ban risked threatening supply

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chains, would cause repatriation challenges on a global scale, and could lead to significant retaliatory action from other countries. A full travel ban was described as an *'unparalleled action for the UK, inhibiting our position as a global supply hub'*. At a Covid-O on 15 January 2021 Ministers noted the options for further tightening of border measures and agreed that officials would present a paper with set of options on the severe measures for discussion **BJ/393 - [INQ000091660]**.

620. On 25 January 2021, in advance of a Covid-O to be chaired by me, I received a letter from Priti Patel in which she said that she strongly supported a temporary full travel ban **BJ/394 - [INQ000184018]**. I knew that Matt Hancock was also in favour of a travel ban with as few exemptions as possible, which included preventing British nationals from returning to the UK (this was mentioned in my Chair's Brief **BJ/395 - [INQ000184021]**). The following day I chaired a Covid-O on borders **BJ/396 - [INQ000091682]**. In advance of that meeting a paper was circulated by the Covid-19 Taskforce which included considerations around a travel ban. Officials did not recommend ministers adopt a travel ban, but instead adopt a broader package of measures **BJ/397 - [INQ000184019]**. Also circulated in advance of that meeting was a paper provided by SAGE which, among other things, considered the effectiveness of travel bans at reducing infection rates **BJ/398 - [INQ000184020]**. The paper explained that no single intervention, other than a complete, pre-emptive closure of borders, or the mandatory quarantine of all visitors upon arrival, could fully prevent the importation of cases or new variants. The paper also recognised that travel bans are a high-cost policy to implement, with social, economic, and political implications. At the meeting, we decided not to adopt a travel ban. Instead, we agreed with the Taskforce's recommendation that the Government should clarify the position on international travel, making it clear that travelling for a holiday was illegal under the 'stay at home' regulations, to step up enforcement efforts by the police at key ports, and develop a 'permission to travel' form for all outbound international travel. We also agreed a requirement to isolate should be required for arrivals from red list countries. We agreed that Michael Gove would take the lead on tightening the list of self-isolation exemptions **BJ/399 - [INQ000184022]**.
621. Throughout the course of the pandemic, I continued to be briefed on issues relating to the border. For example, on 24 February 2021, I was provided with a note which set out concerns about the high community transmission in

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Belgium and France of the variants first identified in South Africa and Brazil. I was presented with a number of options as to how to proceed, but these did not include closing the UK's border **BJ/400 - [INQ000184024]**. I do not believe that I was ever advised to close the border in any of these meetings, which is hardly surprising given the advice which was consistently provided by SAGE against closing the UK's border.

The Minister for Intergovernmental Relations: September 2021

622. In September 2021, I created the position of the Minister for Intergovernmental Relations during the second cabinet reshuffle. I appointed Michael Gove to fulfil this role, which was designed to lead coordination with the DAs on my behalf, working closely with the Territorial Offices, to make sure that across government work is being done on behalf of the entire United Kingdom. It made sense to appoint Michael to the post as he had already been taking the lead on liaising with the DAs and I felt he had done a good job.

623. The wide-ranging and effective coordination between the UK Government and the DAs was also supported in the Cabinet Office by the UK Governance Group, headed by Lucy Smith (later Peter Lee as Acting Director General). Although I had little involvement with this group (I am basing this on information I have seen in the Module 2 corporate statement, I understand that it supported UK Government departments and the DAs to ensure that the response fully considered the devolution perspective and UK-wide impacts). This included a Devolution Policy Desk which monitored and worked across the UK Government on live issues and set up a Senior Officials Group at Director level, bringing together officials from the UK Government and the DAs to discuss decisions spanning the Covid-19 response. As I have already mentioned above, the Dashboard team provided data and briefings to the DAs. All of the above was in addition to the coordination taking place through the Minister of Intergovernmental Relations and the work of other departments (for example, the four CMOs meeting regularly) as well as my calls with the First Ministers.

Omicron

624. In late November 2021, a new variant emerged: Omicron. We had been alert to the risk of dangerous new variants and had previously discussed local lockdowns and surge testing as possible responses (see for example **BJ/401 - [INQ000320685]**). On 27 November 2021, at 11.00, I chaired a Covid-O meeting to discuss the response **BJ/402 - [INQ000092196]**. Chris Whitty

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said that the variant was spreading widely and there were two identified cases in England. The mutations suggested increased transmissibility and possible immune escape. Sajid stated that the Government should go further on measures at the border. Summing up, I stated that steps should be taken to protect the public from Omicron, given the significant risks. Nevertheless, the measures were precautionary and should be temporary. They were to be reviewed after three weeks. International arrivals would need to take a day two PCR test and self-isolate until their result. Facemasks should be required in shops and public transport but not hospitality. All close contacts of Omicron cases should self-isolate. At around 16.30, I provided an update on the Government response to Omicron to the Cabinet **BJ/403 - [INQ000251919]**. I noted that the steps did not include a signal to work from home or avoid public transport. That spectre should not be evoked although these steps would be considered as part of a plan B response if needed. Malawi, Mozambique, Zambia and Angola were to be added to the red list (other southern African countries having been added the day before).

625. The measures were announced at a press conference that afternoon **BJ/404 - [INQ00055627]**. At the press conference, I noted that 'as always with a new variant, there are many things that we just cannot know at this early stage. But our scientists are learning more hour by hour, and it does appear that Omicron spreads very rapidly, and can be spread between people who are double vaccinated'. I maintained my view that vaccinations were the way out of the pandemic and encouraged people to get jabbed.
626. On 30 November 2021, I chaired a Cabinet meeting **BJ/405 - [INQ00089099]**, telling my colleagues that Omicron was a set-back and the risk was unquantified. However, expanding the booster programme had been the right response. Jenny Harries noted very few cases identified but expected higher case numbers in the following days. I further encouraged people to get vaccinated during a press conference later that day, noting the sense of exhaustion that we could be going through this all over again **BJ/406 - [INQ00086803]**.
627. I was receiving regular data throughout this period (see for example Covid(O): Data update on 8 December 2021 **BJ/407 - [INQ00092609]** and PM Dashboard Briefing 20 December 2021 **BJ/408 - [INQ000251922]**). We looked at South Africa data and whether infections were translating into hospitalisations in the Gauteng province. Some experts thought that South

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Africa had different circumstances (e.g. demographics) which could account for the lack of hospitalisations and deaths. However, I now had the confidence to resist. By this stage of the pandemic, despite not being a scientist, I had looked at so much data that I felt I was getting better at understanding where it would go. I had a fascination with the South African data and felt that, given the rate of vaccinations and the booster rollout, the rate of Omicron would spike soon and fall away, so that we would be able to manage the wave. I was acutely conscious that peoples' patience was becoming frayed by lockdowns and other measures.

628. On 6 December 2021, I met with Chris and Patrick and members of the Taskforce and my team to discuss Omicron, look at the possible scenarios for the variant's trajectory and to weigh up the merits and timings of making any changes **BJ/409 - [INQ000217343]**. It looking like action was needed so I asked that we discuss this in more detail the following day when we had a Cabinet meeting in the morning. One of the options we were to consider was a possible move to Plan B.
629. On 7 December 2021, I received a slide deck with policy options and data on Omicron **BJ/410 - [INQ000217015]**. The slides included the options of: (1) stick with Plan A, (2) move to Plan B or (3) Plan C. Plan A was not to take any action but warn the public about Omicron and continue monitoring the data. Plan B was a host of measures that had been prepared in September 2021 as a contingency for a deteriorating situation. It included measures such as expanding face covering settings, yet fell short of re-imposing a lockdown. Plan C involved going back to earlier steps of the roadmap and measures which reduced social contact: akin to a fourth lockdown. In relation to the latter, the risk of significant negative economic impacts was noted.
630. That morning, I chaired a Cabinet meeting where I noted that the data on the new Omicron variant was not encouraging **BJ/411 - [INQ000185093]**. The doubling rate was high and there was much we did not know yet. There was potential for infections to rise very fast and put pressure on the health system. Sajid noted that the Omicron strain was much more infectious than the Delta. On some projections, it looked like the NHS would become overwhelmed. Chris Whitty noted that it was not yet clear how severe the health effect on individuals would be. Summing up, I stated that there remained several unknowns and it was critical that ministers did not speculate in public about what further measures might be taken until decisions were made.

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631. On 8 December 2021, I chaired a further Covid-O meeting **BJ/412 - [INQ000092202]**. The Committee received a data update from the Director for Analysis in the Covid Taskforce, Steffan Jones. Steffan noted a rapid rate of growth of the Omicron variant. Hospitalisations had also grown rapidly. I noted that the risk of exponential growth was alarming. I noted that, however patient the public had been to this point, it would be hugely difficult to impose coercive measures. There was little option but to implement Plan B but we needed to know more. Sajid noted that boosters were key. Summing up, I noted the nightmare situation after so much progress. If recent claims by Pfizer that the booster was effective against Omicron were substantiated, it would give a way forward, but the right thing to do was to take action to buy time.
632. On 8 December 2021, at a press conference, I noted that we were learning more every day about Omicron **BJ/413 - [INQ000086632]**. By then, it was becoming increasingly clear that Omicron was growing much faster than the previous Delta variant. Referring to South Africa, I noted that we could not assume that Omicron was less severe than previous variants. As a result, I announced the move to Plan B in England to *'buy ourselves the time to get yet more boosters into more arms, and especially in the older and more vulnerable people, and understand the answers to the key outstanding questions about Omicron'*. We would re-introduce the guidance to work from home, further extend the legal requirement to wear a face mask to most public indoor venues and make the NHS Covid Pass or a negative lateral flow test mandatory for entry into nightclubs, and venues where large crowds gather. Again, I encouraged vaccination, noting that we had reduced the gap between second dose and booster to a minimum of just three months. I noted that we would be guided by the data around: the efficacy of our vaccines and our boosters, the severity of Omicron, the speed of its spread, and the rate of hospitalisations. We would constantly monitor the data and keep it under review.
633. On 14 December 2021, I chaired a Cabinet meeting **BJ/414 - [INQ000089008]**. I noted the importance of rolling out the booster vaccinations at speed. Summing up, I noted that there was plainly a huge spike of Omicron cases coming and it was mathematically likely there would be a sharp peak in hospitalisations. The right response was to move to the Plan B package and roll out boosters rapidly. A significant number of Conservative MPs voted against the Plan B measures on this date which was a clear reflection of the

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unhappiness felt at the prospect of further restrictions so long after the pandemic had started – an unhappiness that I completely understood.

634. On 15 December 2021, I noted at a press conference that the wave of Omicron continued to roll across the whole of the UK and that the 78,000 cases that day was the highest ever daily number reported. However, on the Monday, 650,000 boosters had been delivered across the UK. I encouraged further jabs, the wearing of face masks indoors, the use of ventilation and testing. **BJ/415 - [INQ000248844]**
635. On the morning of 17 December 2021, I chaired a Covid-O meeting **BJ/416 - [INQ000104595]**. We received another data briefing from Steffan who noted a rapid growth in positive cases that week. The cases the previous day had far exceeded the peak of the winter wave the previous year. I noted the impact on key workforces and stated that 'get boosted now' should be the Government's mantra. Chris agreed that the booster programme was key to getting out of the situation posed by Omicron but was only just starting to focus on those of working age. Sajid said the sharp rise would be something not seen before and noted NHS contingency measures. I noted that the booster programme and the implementation of Plan B measures were the right way forward to contain the Omicron variant. The Government needed to work hard at the issue of workforce absences.
636. There was some demand for more significant restrictions at this time. Following conversations between myself and Sajid on 17 December 2021, Sajid's Senior Private Secretary, **NR** sent a letter to **NR**, my Assistant Private Secretary, suggesting that a package should be implemented that was consistent with the previous Step two **BJ/417 - [INQ000251920]; BJ/418 - [INQ000251921]**. This would have included no indoor household mixing and the rule of six, or limited to two households, outdoors.
637. In addition to speaking to Sajid, I had numerous discussions and meetings with Rishi between 16 and 19 December 2021:
- a. On 16 December 2021, we had a brief discussion during which we talked about the latest Covid modelling from SAGE and how we should approach it. We agreed that the Treasury and the Taskforce teams needed to understand the modelling in detail, in particular the key assumptions and variables. This discussion does not seem to have been recorded in the PM

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Diary but was noted in an email from [NR] to some of the No.10 team **BJ/419** - [INQ000320687];

- b. On the morning of 17 December 2021, I had an office meeting with Rishi, the Chief Whip and a number of other ministers, MPs and officials;
 - c. On the afternoon of 17 December 2021, Rishi attended a Covid Strategy Session;
 - d. On the afternoon of 18 December 2021, the Chancellor attended the Covid Strategy Teams main meeting;
 - e. On the afternoon of 19 December 2021, the Chancellor attended a Team meeting held over Teams.
638. I have not been able to find any notes of these meetings when preparing this statement. In general, as Chancellor, Rishi was very concerned about restrictions and the impact that they would have on the economy. I do not recall receiving any analysis, modelling or forecasting concerning the economic impact of any proposed fourth lockdown (which is not to say that I did not), although I do remember that the banks were often producing such research.
639. On 20 December 2021, I chaired a Cabinet conference call **BJ/420** - [INQ000217347]. I noted that Omicron was spreading rapidly and there was potential for an alarming rise in hospitalisations. At the same time there was still considerable uncertainty in the data including: the infection to hospitalisation rate, the effectiveness of the booster against serious illness, and the extent to which measures already put in place through Plan B were having an impact. I stated that, until uncertainties in the data were resolved, the Government should continue with the current measures and should not introduce further restrictions. This could change as more data became available and the government should focus on measures such as rolling out the booster vaccine. I stated that I wanted to hear colleagues' views and that the Cabinet should have an honest, open discussion of the data and the options. I remember that there was a good and lengthy debate about whether we should enter lockdown. My memory is that Michael and Sajid continued to support a lockdown at the stage. Sajid said that the decision to not go further than Plan B was a significant one and would mean that hospitalisations would increase with an uncertain peak. Chris said that it should not be assumed that everything would follow the optimistic path and the balance of debate at Cabinet was a long way from the international consensus. He said there would

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be a wave of infections and hospitalisations, the question was how big. He noted that it was difficult to make comparisons with South Africa. Patrick said that the longer it took to take decisions to introduce further measures, the higher the number of hospitalisations. However, the Cabinet decided not to introduce any more restrictions, given the ongoing uncertainty in data at the time. Summing up, I stated that it was right to proceed on the basis of: actively implementing Plan B, increasing capacity in the NHS (e.g. discharge); procuring antivirals; encouraging the public to exercise caution; making the proposed changes to self-isolation (reducing it from ten to seven days, subject to a negative test); and focussing on accelerating the booster campaign. I stated that while the data was uncertain, it was premature to reimpose restrictions. We had to hold our nerve.

640. On 23 December 2021, I had a Covid update meeting which was attended by Chris and Patrick. I was provided with slides titled 'Covid-19: Omicron Response' **BJ/421 - [INQ000251923]** which noted that contingency Plan C policy was to be finalised as far as possible on that day so that preparations could be made - in case a decision was made to implement them. The Plan C options were either: (a) to close nightclubs but to keep hospitality open with restrictions (akin to Scotland and Wales); or (b) akin to the previous step two with indoor hospitality and indoor entertainment closed. Suggested limits on social contact were no indoor mixing and rule of six outdoors or the rule of six indoors and 30 people outdoors.
641. On 31 December 2021, I received a Box Note on reviewing Omicron measures the following week **BJ/422 - [INQ000251924]**. The covering letter stated that I may want to test whether Chris and Patrick were more forthright in a smaller forum than they had been in the dashboard meetings that week. The note, 'Reviewing Omicron Measures Next Week' proposed to keep Plan B regulations in place and announce this on 5 January 2022, to roll out boosters as fast as possible and support the NHS for a very challenging month or two. It noted this may be enough to get through the peak. It observed that since 20 December 2021, there had been positive news with analysis from the UKHSA suggesting that Omicron was around one third the severity of Delta, the 'Get Boosted Now' campaign had been a massive success, South Africa had coped and the NHS had expanded its capacity. However, there were other uncertainties. The paper referred to the possibility of imposing additional measures, on which I handwrote my scepticism.

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642. On 4 January 2022, I noted at a press conference that one day last week we had 200,000 people test positive **BJ/423 - INQ000248845**. However, we did, by then, know that Omicron was milder than previous variants and my opinion on the data – and consequent reluctance to lock down - had been vindicated. While hospital admissions were rising quickly, this was not translating into the same numbers needing intensive care. I noted that, through boosting and Plan B measures, we had a chance to ride out the Omicron wave without shutting down the country once again: *'if we all play our part in containing the spread of this virus the disruptions we face can be far less severe than a national lockdown, with all the devastation that would bring for livelihoods and the life chances of our children'*. We were rolling out further lateral flow tests, increasing NHS capacity and buying antivirals. Again, I encouraged boosters, noting that 90% of those in intensive care with Covid had not had their booster.
643. On 5 January 2022, I chaired a Cabinet meeting **BJ/424 - INQ000088948**. I said that it was time to grip the handlebars tightly, as the next few weeks would be bumpy. The NHS was reporting pressures and must be thanked for their efforts over the winter period. However, it was not the moment to slam on the brakes because Omicron was less severe. The single best option for the country was to get through this period without going back to restrictions that had a large negative impact on the way of life of millions. Sajid said that the Government had made the right judgement on NHS and social care funding. I summed up that the Cabinet had endorsed the continuation of Plan B measures until further review at the end of January.
644. On the same day, I wrote to MPs and Peers **BJ/425 - [INQ000251925]**, paying tribute to the NHS and noting the success of 'Get Boosted now'. However, I stated that we could not do away with measures altogether when hospital admissions were rising rapidly. I communicated that Cabinet had agreed that we should continue with Plan B for another three weeks. I noted that some may ask whether we should move towards a full lockdown but noted that lockdowns were not cost free and imposed a devastating toll on our physical and mental wellbeing, businesses, jobs and livelihoods and, worst of all, the life chances of our children. I stated that this Government did not believe that we needed to shut down our country again. Instead, we took the balanced approach of using boosters, Plan B and strengthening the NHS. We had, at this stage, the biggest national testing programme in Europe.

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645. On 11 January 2022, I noted at a Cabinet meeting that we were still not out of the woods in tackling Omicron **BJ/426** - **INQ000088989**. It was vital to keep up the pace on vaccination. Sajid said that the decision to stick with Plan B had been the right one. The NHS was being put under pressure but ICU numbers remained relatively stable.
646. On 19 January 2022, I chaired a Cabinet meeting where I noted that, thanks to the booster programme and the introduction of Plan B, the NHS had not been overwhelmed (although pressures still existed in regions such as the North West) **BJ/427** - **INQ000089038**. I paid tribute to the work of the NHS, meaning that the Government could now revert to Plan A and end Plan B measures.
647. By 21 February 2022, we had passed the peak of the Omicron wave. At a Cabinet meeting that day, I noted that I had reviewed the data and it was encouraging. The Government could now look forward to setting out its plan for living with the virus.
648. At a press conference that evening, I announced that we had a chance to complete the transition back to normality, while maintaining the contingencies to respond to a resurgence or a new variant **BJ/428** - **INQ000055808**. From that week, it would no longer be law to self-isolate after a positive test and close contacts of positive cases would no longer be asked to test (if vaccinated) or self-isolate (if not fully vaccinated). After 1 April 2022, people would no longer be advised to stay at home if they tested positive (but we encouraged people to exercise personal responsibility). From that date, we also ended free symptomatic and asymptomatic testing (except for those at highest risk of Covid).
649. It is apparent from the narrative above that I received significant advice from Chris and Patrick over this period of time – as I had throughout the pandemic. I am aware that SAGE met frequently to consider Omicron and, while I do not recall reading any SAGE minutes, Chris and Patrick provided briefings to the various Covid-O meetings and Cabinet meetings that we all attended, as well as to me in frequent smaller meetings. Chris and Patrick were always careful in how they provided advice and were right to say that it was for politicians to decide whether to lock down. However, my feeling was that they would not have opposed a lockdown if that conclusion had been reached around the Christmas period.

The Intergovernmental Relations Review: January 2022

650. On 14 March 2018, a plenary meeting of the JMC had been held under the chairmanship of the then-Prime Minister, Theresa May. One of the three principal agenda items at the meeting was intergovernmental relations. Ministers agreed at that meeting that officials should review and report to Ministers on *‘the existing intergovernmental structures, including the Memorandum of Understanding, to ensure they are fit for purpose in light of the UK’s exit from the EU.’* **BJ/429 - [INQ000251907]**.
651. In January 2022, the Intergovernmental Relations Review (‘IGR’) was published, following a process of joint review by the UK Government and the Das **BJ/430 - [INQ000083215]**.
652. The IGR set out new structures as to how the UK Government, Northern Ireland Executive, Scottish Government and Welsh Government would work together to deliver for people across the UK – based upon on the existing values of mutual respect, maintaining trust and positive working.
653. The new structures are based on three tier levels for ministerial engagement – alongside a new mechanism for avoiding, escalating and resolving disputes, supported by joint or independent secretariats and based upon consensus. The first tier was a Prime Minister-chaired council, made up of the Heads of the Devolved Governments; the second tier consisted of two Interministerial Standing Committees, one chaired by the Minister for Intergovernmental Relations and one on finance; the third tier was made up of Interministerial Groups (‘IMG’) led by individual departments, covering a wide range of policy issues within a given minister’s or department’s portfolio. The three tiers discuss issues that affect people across the UK, particularly where they cut across reserved and devolved policy – or are of shared responsibility.
654. Strong working and close co-operation were vital in the response to the Covid-19 pandemic, including coordinating the response to new variants and the rollout of the Covid-19 vaccine but as I say, looking back, I think we could have handled this better.
655. As the report itself says:
- As the UK looks to recover from the challenges of the COVID-19 crisis, strong intergovernmental relations is essential to support and enhance the important work of all governments.*

[...]

The new system will provide a positive basis for productive relations, facilitating dialogue where views are aligned and resolution mechanisms where they are not. The review also introduces a new era for IGR with improved reporting on intergovernmental activity, providing greater transparency, accountability and scrutiny from each government's respective legislatures.

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Equalities

656. To the best of my recollection and from my understanding of searches of the documents held by the Cabinet Office legal team, I was not provided with and did not consider any 'Equality Impact Assessments' when making decisions about imposing, easing or making exceptions to NPIs but that is not to say I did not receive and consider many documents containing details of the effects of lockdowns across society or 'Equalities and Distributional Impacts'; see for example paragraph 395 above. I am sure that these would have been informed by Equality Impact Assessments that were carried out by officials and elsewhere across government. Furthermore, I was heavily involved in pressing for work to be done on disparities and to try and minimise the damaging effects of lockdowns on particular groups as I have described, for example from paragraph 402 above and paragraph 430 above. I was extremely concerned by the disparities in Covid impacts across UK communities, and a great deal of work was done to establish the causes. The overwhelming evidence is that the discrepancies were the result of socio-economic rather than any medical or physiological differences, which made it all the more important to take into account the negative impact of lockdowns on the low paid and vulnerable.

Long Covid

657. I am asked about the extent to which I gave consideration to the risk of long Covid when making decisions about NPIs throughout the pandemic. I recognise that it initially took me some time to recognise that long Covid was a serious condition. While I always understood that some people would take a long time to get over Covid, I feared there may be some who were confused about their symptoms, attributing them to Covid when there were other causes. For some time, therefore, I was not convinced that long Covid truly existed. I

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expressed strong doubts (using forthright wording) and queried if it was akin to Gulf War syndrome (see Box Note 15 October 2020 **BJ/431 - [INQ000251910]**) by which I meant that I was concerned people might be presenting as suffering from Covid but in fact there was another cause.

658. As time progressed, I was persuaded that the evidence that long Covid was an identifiable condition was incontrovertible. On 15 January 2021, a private secretary note prepared by Imran Shafi titled '*COVID - the choices ahead*' was placed in my box. Imran noted '*you are right to be sceptical of any tendency to label all ailments as "Long COVID" but we will get you objective clinical advice from Chris on the extent to which this is a reasonable policy consideration*'. I described the note as very clear and useful **BJ/432 - [INQ000251914]**.
659. On 17 February 2021, I considered a box note, paragraph 28 of which stated that research had been funded to the tune of £18.5m to understand, mitigate and address the long term effects of long Covid in non-hospitalised people. I ticked this to note agreement **BJ/433 - [INQ000251915]**. Given the concerns I had about long Covid, it therefore seemed sensible and positive that research was being undertaken.
660. The picture continued to develop as more data emerged. Kemi's third quarterly report '*to address COVID-19 health inequalities*' of May 2021 (see paragraph 682 below) **BJ/434 - [INQ000089746]** noted that, in one of the first studies of its kind, ONS had analysed the prevalence of self-reported long Covid in the UK population (paragraph 31). It noted that 1.08% of people reported that they had long Covid (paragraph 68). However, it noted statistical uncertainty and stated that four new research studies into long Covid were to be funded, aiming to enable a better understanding of the longer-term effects of Covid on health. Long Covid remained '*relatively poorly understood*' (paragraph 74).
661. I remember that some time passed between Imran's note on 15 January 2021 and receiving some advice from Chris Whitty. As the picture developed, and the issue of long Covid was raised further, I had asked for further information. In late May 2021, I requested a note from Chris on long Covid **BJ/435 - [INQ000251917]** (and describe his reply at paragraph 663 below).
662. On 28 May 2021, I wrote to Emma Hardy MP noting the impact that long Covid had on one of her constituents **BJ/436 - [INQ000251926]**. I had asked DHSC and the DfE to investigate the case and noted that we needed to understand more about long Covid, noting that we had provided more than £50m into

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research projects to better understand and treat it. I thanked Emma for writing to me on this important issue.

663. On 1 June 2021, I received a note in my box from Chris entitled '*A short note on Long Covid*' **BJ/437 - [INQ000251916]**. Chris noted the absence of a settled scientific position and gave his personal view of the current state of knowledge. There was, at that stage, a consensus that a significant minority of people infected with Covid went on to have prolonged symptoms, although many of these did improve over the first few months. He noted that the scientific and clinical understanding was likely to evolve substantially over the next year and beyond and that there was a large enough problem to be concerned about over and above mortality and hospitalisation. The solution was to stop people getting Covid and he noted that it was highly likely the vaccine would reduce the possibility of long-term problems associated with severe disease. I responded saying '*Thanks - so it's not exactly gulf war syndrome?*' **BJ/438 - [INQ000251918]**. I do remember that, at some stage, Chris was clear with me that long Covid existed and I concluded that it was a serious problem. Chris's simple solution to long Covid - stopping people from getting Covid at all - was, of course, something I agreed with and was cognisant of throughout the pandemic.
664. A paper titled '*COVID-19 Response: Step 4*' **BJ/439 - [INQ000092022]** was circulated before a Covid-O meeting that I chaired on 5 July 2021 **BJ/440 - [INQ000092025]**. The paper noted that the risks of re-opening for younger people, who were less protected by vaccinations, would be higher than before. Long Covid was given as an example of these risks. During discussion at the Covid-O meeting itself, one attendee (not recorded as myself), noted that the term long Covid should not be used loosely because it described a number of syndromes **BJ/440 - [INQ000092025]**.
665. The same week, I asked for an update from the Covid Taskforce on the extent and severity of long Covid. I received further information in the Daily Update of 9 July 2021 **BJ/441 - [INQ000252817]**. This noted, as Chris had set out at a recent Quad, that a significant minority of those infected with Covid experience a range of symptoms for around 12 weeks after the first phase of the disease has faded. A proportion will have symptoms for a longer period. The update noted that even this small subset represented an additional burden on NHS, although the nature and burden remained to be seen. The NHS had published

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a ten-point plan for long Covid on 15 June 2021, including a £100m expansion of care for patients with long Covid.

666. At the time of Kemi's final report 'to address COVID-19 health inequalities', in December 2021 **BJ/442 - [INQ000089747]**, significant work was ongoing to improve the capture of data about long Covid. Recent analysis from ONS suggested that the vaccination was associated with a decrease in likelihood of self-reporting long Covid.

Asymptomatic Transmission

667. I have described the understanding and my reflections about asymptomatic transmission at paragraph 320 above. Initially, we completely misunderstood asymptomatic transmission and, as a result, it did not impact our decision making in relation to NPIs. However, by early April 2020 we did understand that Covid could be transmitted in the early stages of contracting the virus and we took that into account thereafter. For example, on 30 July 2020, I noted that there should be more asymptomatic testing in the context of a discussion about easing NPIs (see paragraph 440 above). On 8 December 2020, I noted that communication campaigns should address a lack of understanding of asymptomatic transmission (see paragraph 573 above).

Airborne Virus

668. We were, of course, alive to the fact that Covid was an airborne virus. On 11 March 2020, Matt told the Cabinet that '[t]he evidence indicated that the infection was passed on through contact of at least 15 minutes at a distance of two metres or less' (see paragraph 132 above; **BJ/443 - [INQ000056132]**). However, in relation to NPIs, it is true to say that there was a lot of emphasis on hand washing in the early public messaging (see my reflections on March 2020 at paragraph 108 above and following). That said, the NPIs that we introduced in March 2020 did address the risk of airborne infection by reducing contact amongst the population. I have noted that SAGE retained scepticism about the use of face masks for a long time (see paragraph 316 above). Nevertheless, our understanding developed, and we reacted accordingly, for example by advising the use of face masks from April 2020 (see paragraph 348). Later, from September 2020, we introduced the 'hands, face, space' advice which was consistent with our previous messaging.

Reflections on the Interrelation between Central and Local Government

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669. During the pandemic, I did have contact with local councillors and members of the local government associations. As Mayor of London, I had been in local government myself and I felt that I had a good understanding of how local government worked.
670. I have described above meetings with local authority chief executives and directors of public health on 18 March 2020 (from paragraph 241 above) and with M9 Mayors and local leaders on 1 May 2020 (paragraph 375 above). In addition, on 15 September 2020, I joined Local Government Secretary Robert Jenrick on a telephone call with Local Authority Leaders and thanked councils for their work during the pandemic.
671. Sometimes representatives from local government would be invited to join the morning meetings. This allowed local government representatives to access the scientific data and expertise that was being provided to central government (although there were other problems with their access to data that I have noted below). We also provided local authorities with relevant data for their areas during negotiations about further restrictions. We needed to do this to justify the further restrictions that we sought to impose on individual areas. However, as I have said at paragraphs 238-239 above, there was a major problem with getting data from the NHS, even for Whitehall. Local government and local mayors complained bitterly – and I think understandably – that they could not get access to data about what was happening on their own patches. They were having to speak to their constituents about things that were happening and they did not have the data to understand why. That was a problem.
672. On a few occasions, local leaders were invited to COBR meetings. Sadiq Khan, the Mayor of London, attended a number of COBR meetings (for example on 23 March 2020 – see paragraph 280 above). In March and April 2020, London was the epicentre of the Covid-19 outbreak and Sadiq discussed the position in London. Steve Rotheram, Mayor of Liverpool City Region, attended a COBR on 12 October 2020 when we were considering local Covid alert levels for areas including Liverpool (see paragraph 507 above).
673. I also had numerous telephone calls and meetings with individual local authority leaders. For example, I had telephone calls with Andy Burnham, Mayor of Greater Manchester, on 25 September 2020 (see my briefing document **BJ/444 - [INQ000183992]** and an email readout that followed **BJ/445 - [INQ000183993]**) and 20 October 2020 (see my briefing document

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BJ/446 - [INQ000251911]; I have not seen any email readout following the call but it is possible that one exists). These calls were around the time we were seeking to agree further restrictions for the Manchester area and the final call was an attempt, sadly unsuccessful, to finalise an agreement for further restrictions in the Greater Manchester area (see paragraph 524 above). The PM diary shows that I had a meeting with Mohammed Khan, leader of Blackburn Council on 15 July 2020 (although I have not been able to find any note of this call). I also had a telephone call with Steve Rotheram on 11 October 2020 to thank him for his work in agreeing restrictions to the Liverpool area (see paragraph 503 above). I met Ben Houchen, Mayor of Tees Valley, on 13 February 2021 as part of a North East Covid-19 visit. There are numerous other meetings and telephone calls recorded in the PM diary.

674. I am not aware of the engagement and consultation at a local level when we sought to impose national measures, although I suspect that this was carried out by the appropriate people (such as Robert Jenrick). In those cases, as I have explained above, the data made is clear that we had to act at a national level and I was concerned with ensuring that the national measures imposed were appropriate.
675. Beyond the matters discussed above, I do not recall being involved in consultations with local mayors and authorities when local restrictions were imposed. Edward Lister (now Lord Lister), my chief of staff from 2019 until January 2021, lead on many of the negotiations with local areas. I was kept updated on the status of negotiations, for example at Covid-O meetings. As I have described, these negotiations were not always straightforward and fruitful because local leaders had to advance their interests of their local areas. This was, of course, a concern for me too but there were times when, in the national interest, we had to seek restrictions that were painful at a local level. Nevertheless, the fact that there were negotiations and debate does show that local mayors and local authorities were heavily involved and consulted when local restrictions were agreed (and on a rare occasion imposed after extensive efforts to agree).
676. Despite these efforts, I do not feel that we managed to have as good communication with the regional and local authorities as I would have liked: much of it was rather impromptu and responded to local crises rather than getting on the front foot. As I have said above from paragraph 529 above, I do not think, looking back, that tiering worked effectively and this was probably the

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root of the problem. It was very difficult for us to manage between central and local government because it was complicated and caused huge resentment between areas who suffered tougher measures as a result of higher numbers of cases and those who were less affected. I am not certain that it was ultimately successful. There were certainly places where people felt victimised.

677. However, aside from local restrictions, there were other areas where working with local authorities was successful. For example, the offer of accommodation to rough sleepers (see paragraph 409 above) prevented large numbers of deaths in that group, a problem that was seen in other countries. This was achieved through government funding and the hard work of local authorities, agencies and the homelessness sector (see for example the Government Response to the Housing, Communities and Local Government Select Committee Report on Protecting Rough Sleepers and Renters **BJ/447 - INQ000248848**).

678. In addition, as I have explained above, there were times when regional variations appeared to be connected to ethnicity. For example, some areas of concern tended to be concentrated communities of those from British Asian and Pakistani heritage (see paragraph 440 above). To combat this, we were able to work with local authorities to develop communications in a number of languages. I address this further below.

Reflections on Covid-19 Public Health Communications

679. To begin with, I felt that the UK Government's key public health communications in relation to the steps taken to control the spread of the virus in the UK were phenomenally effective. As time wore on – and as Chris Whitty had predicted – everything degraded. Different people had different levels of scepticism and those who complied to the letter felt aggrieved by others who did not.

680. An important part of the Government's public health messaging was that we were being guided by the science. I have set out my thinking on that above (see, for example, paragraph 91) and I will not repeat what I said earlier, but I would emphasise that I felt it was important for the British people to know that the Government's response to the pandemic was being guided by the best scientific advice available. This was important for maintaining public confidence in our ability to defeat the virus. However, as I emphasised above, it was

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ultimately for ministers to decide on the measures that needed to be taken and, in doing so, we could not rely solely on the science.

681. We made determined efforts to ensure that the Government's public health communications were accessible for vulnerable and minority groups. For example, in February 2021 the Government published a vaccine uptake plan which, among other things, was aimed at increasing the take-up of the vaccines in ethnic minority groups **BJ/448 - [INQ000185184]**. During the second wave of the pandemic, the Government published guidance on preventing household transmission, recognising that people from the Bangladeshi and Pakistani ethnic groups faced a higher risk of dying from Covid-19 in part because they were more likely to live in multi-generational households.
682. As I explained at paragraph 399 above, in June 2020 Matt Hancock and I asked Kemi Badenoch to lead a cross-government review to examine why Covid-19 had a disproportionate impact on ethnic minorities, to assess the Government's response to tackling these disparities, and make recommendations as to how this could be improved. As part of her review, I asked Kemi to examine how we could strengthen and improve public health communications to ensure they reached all communities across the country. Kemi submitted four quarterly reports to me, each of which contained a chapter on cross-government communications (see **BJ/449 - [INQ000089742]**, **BJ/450 - [INQ000089744]**, **BJ/451 - [INQ000089776]**, and **BJ/452 - [INQ000089747]**).
683. In her first quarterly report, submitted in October 2020, Kemi recommended work be undertaken to improve public health communication to enable the successful delivery of existing and new interventions to all parts of the community including hard-to-reach groups **BJ/453 - [INQ000089742]**. Kemi recommended, amongst other things, increasing and diversifying a programme of activities for ministers across government to improve engagement with people from ethnic minority backgrounds. As Kemi noted in her report, in addition to the central marketing campaign organised by the COVID Communications Hub, between March 2020 and July 2020 approximately £4m was spent to reach ethnic minority people through tailored messaging, strategically chosen channels, and trusted voices. This bore fruit. For example, the ethnic minority influencer programme reached over 5 million people by October 2021 and key messages were translated into local community languages.

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684. In her subsequent reports Kemi made further recommendations and updated me on the progress which was being made to implement her previous ones. For example, in her second report **BJ/450 - [INQ000089744]** Kemi noted that a specific communications strategy had been developed to promote safe behaviours within multigenerational households and houses of multiple occupancy. The approach, which included engagement via community, faith, and business leaders, was implemented through local authority partners in the language each area required. In her third report **BJ/454 - [INQ000089746]** Kemi analysed the communications and campaign activity that focused on encouraging vaccine uptake as the vaccination rollout programme expanded. For example, to build vaccine confidence amongst minority ethnic groups, the Government developed strong relationships across a wide variety of media outlets that had a high reach with various ethnic minority audiences.
685. In the final report she submitted to me **BJ/455 - [INQ000089747]** Kemi noted that work to improve public health communications would continue during the lifetime of the pandemic. She noted that core marketing material, communications assets, and guidance materials were translated into multiple languages. Translation was a priority for government communication, given the extraordinary public health imperative to reach those whose first language was not English and/or who had other accessibility needs. As Kemi noted, the Government provided accessible versions of communications content, including videos in British Sign Language and guidance and communications in Easy Read and Large Print formats.
686. In terms of the daily press conferences, from 26 May 2020 it was arranged that the BBC would provide a British Sign Language ('BSL') interpreter feed for use by the Government in its own media channels. I regret that we did not do this from the outset and I regret too that we failed to provide a BSL interpreter for data briefings later in the year.
687. I am not aware that media accounts of lockdown breaches by advisers, officials or ministers had any material impact on observance of the rules or guidance at the time.

Reflections on Public Health and Coronavirus Legislation and Regulations

688. The legislation is something that I look back on with very mixed feelings. On the one hand, there are a large number who now say it was a terrible mistake: was it really necessary to enact criminal offences to enforce the observance of what could have been a matter of common sense and social responsibility? The problem was that not everyone believed that their neighbour would do the right thing. The public overwhelmingly wanted sanctions and enforcement, and I doubt whether the measures would have worked without them. The approach we took at least gave everyone a sense that the measures were being imposed fairly and we were all in it together. I do not think that would necessarily have been the case had we relied only upon guidance and recommendations. I was, however, very reluctant to take this step.
689. The Coronavirus Act ('the Act') gained Royal Assent on 25 March 2020. The temporary provisions in the Act had a two-year lifespan from the date of enactment. This was to ensure the Government had the necessary powers to respond to the pandemic for a proportionate amount of time. The Government removed powers throughout the pandemic as and when they were no longer needed and regularly reviewed the temporary, non-devolved powers. In line with the evolving situation, the Government suspended and expired powers early where they were no longer needed. The temporary, non-devolved powers were subject to a six-monthly vote in the House of Commons on the motion '*that the temporary provisions of the Coronavirus Act 2020 should not yet expire*'. Six-monthly reviews took place in September 2020, March 2021, September 2021 and in March 2022.
690. In addition to the six-monthly reviews, the Secretary of State for Health and Social Care was required to publish a report on the status of the non-devolved provisions in the Act relating to every two-month period during the operation of the Act. These reports were required so long as at least one temporary, non-devolved provision remained in force. The report set out, for each of the provisions: (a) whether it was in force at the end of each two-month period, and (b) whether Ministers, during that period, exercised powers under the Act to change the status of any of the provisions. Each two-monthly report had to contain a statement that the Secretary of State for Health and Social Care was satisfied that the status of the non-devolved provisions was appropriate.

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691. There was no legal obligation in the Act to report on the provisions relating to devolved matters. However, I was aware that each of the DAs had its own arrangements for reporting on these, and on other powers within their legislative competence.
692. I was very keen to ensure that the Government balanced the need to be able to respond effectively to the pandemic with a commitment to maintain powers for the shortest possible time. This was reflected in the Act, which allowed for the suspension of provisions should the scientific advice and public health situation mean that they were no longer required.

Reflections on the Effectiveness of Decision-Making Structures

693. I felt that the UK Government/Cabinet Office structures and processes for dealing with emergencies at Prime Minister, Cabinet, Cabinet Office, Ministerial and departmental levels worked effectively and properly enabled key decisions in relation to the response to Covid-19. During Cabinet meetings we would have proper discussions with very full exchanges. Some were outstandingly good Cabinet discussions. Of course, sometimes we had to do U-turns but that was because facts changed. We thought we would be able to keep things open one moment but then it became clear we could not because the virus was spreading too rapidly. That must have looked indecisive to the public but there was nothing else we could do – we had to be flexible and responsive to the situation on the ground. I felt the structures we had in place to deal with the situation were effective, strong and resilient. They enabled key decisions to be taken speedily and to coordinate different parts of government.
694. DHSC was the lead government department: there was no other way of doing it. It was a health matter. It was about public health. The thing we had to do was protect the NHS and save lives. I think that the concept of a lead government department was essential and worked effectively as part of the Covid-19 response.
695. I think that structure of the UK Government was important and useful when it came to fighting Covid-19. I think the relationship between the Cabinet Office and other government departments, in particular DHSC, worked effectively. Personally, I felt that I had a good working relationship with my Ministers, including Matt Hancock. He was always very frank with me and I with him. Of course, there were people within my team who would berate DHSC but that is

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what happens in Whitehall. It is a good feature of UK Government that it is not a monolithic system; it is departmentally driven and led by independent Secretaries of State. It favours an analytical and exhaustive decision-making process in which you have to defend your position and win your argument. We knew that the DHSC would be representing the health interests while the Treasury represented the economic interests, and so on. The slight competitive tension between departments – which can feel exhausting day-to-day – was actually useful during this period.

696. I have described above how I was advised to make changes to the decision-making structures for the Covid-19 response, in particular advice provided in March 2020 to establish MIGs (see from paragraph 181 above onwards) and advice provided in May 2020 to establish Covid-O and Covid-S (see from paragraph 364 above onwards). On 29 January 2021, my chief of staff Dan Rosenfield (who had recently taken over from Lord Lister) sent me a draft five-point plan designed to address '*operational deficiencies across government including in Number 10 and the Cabinet Office*' and to '*put Number 10 on a stronger, more professional footing*' **BJ/456 - [INQ000184028]**. This – to me at least – shows that we were prepared to learn lessons and strive to improve as well as trying to ensure the decision-making structures had the necessary flexibility to work effectively. When they had served their purpose (or if we found they were not as effective as hoped), they evolved or were replaced. These processes and structures necessarily needed to evolve throughout the pandemic response – as they would throughout any term of government. What works for some people or situations does not work for others. While some structures might be effective with certain people in key roles, when new staff are appointed, they bring fresh perspectives and ideas and may seek to replace previous processes which have ossified and are no longer working. It seemed to me that the processes were constantly being refined and improved.
697. I do not have a view on how the decision-making and advisory structures around me could have been improved. I think you must judge it by the outcomes. In my view, we made the right decisions at the right times. I think it was a fast and effective system.
698. Speaking from my own experience, I felt that SpAds were integrated effectively into core decision-making structures and worked cohesively with the permanent Civil Service. I felt they were totally integrated within the team and I made no category distinction between SpAds and the civil service. I did not

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see any tensions and I felt that the SpAds would often bring a fresh perspective to discussions and decisions. That said, I am very conscious that I was sitting at the top of the chain of command and was not privy to much of what went on elsewhere. I have no doubt that others will have different views.

Reflections on Cabinet Performance

699. I did not have any concerns regarding the performance of any Cabinet Minister, including Matt Hancock, in relation to the Covid-19 response between January 2020 and February 2022. Dominic Cummings was hostile towards Matt and encouraged me to remove him from his post on more than one occasion. I listened to this advice, but ultimately decided not to act on it as I thought, on the whole, Matt was doing a good job in very difficult circumstances. I do not think that I received any advice from Sir Mark Sedwill that Matt should be removed.
700. I was, understandably, furious that details of the second lockdown were leaked to the papers before I had the opportunity to lay them out to the British public. Had the identity of the leaker been definitively ascertained, I would have removed whoever was responsible from post. However, despite an investigation, the leaker was never identified.
701. To the best of my recollection, I also do not recall receiving advice from Mark Sedwill in or around April 2020, or at any other time, that the Secretary of State for Health and Social Care's role and/or the Department of Health and Social Care remit should be split up. On the contrary, the Department had only recently been put together in that form so reorganising the DHSC or the Secretary of State for Health's role was not something I remember being suggested.

Advice Generally

702. I think that the key decisions were all taken after a proper process of advice and consultation. With the exceptions of those issues I outline below (at paragraph 712 below in particular), I think that No.10 and I received adequate advice and information from government departments and other sources on which to base key decisions. I am sure from time to time there were things I wish I had known that I did not know but generally speaking nothing comes to mind and I did not have any sense at the time that I was not receiving adequate advice.

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703. I felt that I had adequate access to clear and sustainable advice and the relevant expertise. The process was interrogative and so I just kept asking questions or if I wanted to hear a different voice (such as at the meeting on 20 September 2020 described from paragraph 457 above), I asked. The officials gave me everything I asked for. If there was a failure it would be my failure to ask the right question.

Conclusions on SAGE and Expert Advice

704. I think the SAGE system, under which SAGE advised on scientific matters for dealing with a pandemic of this nature, was appropriate and useful. The advice that I received from Patrick and Chris seemed to me to be transparent and clear throughout the pandemic. They were both exceptionally good: always clear, always calm, always focused on the options ahead. I have nothing but praise for them. I thought that they did well at harnessing and distilling advice from SAGE and its subcommittees and presenting the information to me and other core decision-makers. I was able to challenge their advice freely and this was essential: I was going to have to present the decisions, and to deal with the challenges myself.

705. There were, inevitably, times when SAGE's advice changed. For example, they started off implacably opposed to wearing masks and then in April concluded that it was worth recommending their use (as covered from paragraph 348 above). I would say that I felt overall their advice could be a little variable and I would sometimes take it with a pinch of salt. For example, they did not see much value in shielding whereas I thought it seemed instinctively sensible to protect the vulnerable, disabled and elderly. I would always listen to the science and often found myself subduing my normal libertarian approach as I could see, in these unprecedented times, that that sort of approach would not work.

706. I am aware that Chris indicated that SAGE worked to ensure that the nuance between statistical confidence and uncertainty was communicated to decision-makers in government. Both he and Patrick have said that they thought it would be unhelpful to convey multiple views and therefore sought to convey, in a unified way, a consensus or '*central view*'.

707. Nonetheless, I was aware at times that sometimes there were disagreements among those attending SAGE (Neil Ferguson for example had been very much in favour of lockdowns long before the rest of SAGE). I remember thinking that Patrick did an exceptional job chairing SAGE and conveying their discussions

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to us. The impression I formed was that despite occasionally opposing views within SAGE, it was a useful sounding board. Considering how different opinions can be between scientists, I think Patrick handled it extremely well and no doubt very diplomatically at times.

708. Patrick was absolutely outstanding in his organisation of the pharmaceutical companies and the whole medical research world in getting our response and particularly the vaccination in order. He really excelled there. Very early on he was working on a list of people that he knew would be able to help. He deserves a huge amount of credit for the way he corralled all these people together and did all that he could to ensure that the UK was right out there in front.
709. For the most part, I considered that the scientific and expert structures (including SAGE) and the advice I received were sufficiently representatives of the various interests (including health, economics, at-risk and vulnerable groups) and counter views. I had Ministers with specific responsibilities who would be responsible for promoting the interests of their departments. I knew that there were counter-views in SAGE and where I felt it would be sensible to hear alternative views, I arranged for this to happen (such as the meeting on 20 September 2020).
710. I felt that the views of vulnerable groups in particular were continually considered. There was a massive amount of work done on vulnerable groups and on the issue of the disease spreading in particular communities. We did a huge amount of work on that. We could see the data, we could see the spread, for instance in places where we were particularly worried at any given point, you could see the spread in certain streets, we knew that we had to get messages to those communities about what was going on and we had to have systematic outreach. This was totally understood.
711. The colossal importance of ensuring that no one was left behind was the primary reason why Matt and I asked Kemi to lead a cross-government health disparities review in June 2020. As Kemi reported in her second quarterly report, ethnicity in its own right did not appear to be a factor in the disproportionately higher infection and mortality rates from Covid-19 for ethnic minority groups. The driving cause appeared to be a range of socio-economic and geographical factors, such as occupational exposure, coupled with pre-existing health conditions. The Government made a huge effort to address these disparities throughout the course of the pandemic. For example, as Kemi

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reported in her third quarterly report, the NHS allocated over £7 million of additional funding to local sustainability and transformation partnerships to enable targeted engagement in areas with health inequalities and with communities that were not vaccine confident. These efforts led to significant progress being made and the insights we gained from Kemi's review were crucial in shaping the Government's response to Covid-19. I am particularly proud of how, through targeted interventions, we were able to increase both positive vaccine sentiment and vaccine uptake across all ethnic groups (as Kemi reported in her final quarterly report).

712. One very vivid concern that I had at this time and which I think is a lesson to be learnt is that when it came to data management and sharing, I was appalled by the NHS provision of data and data-sharing. It did not have certain basic data available and did not share data with government in the way that it should have done. It took us ages to get data out of them about all kinds of things – even simple questions like *'how many beds do you have?'* The scientific advice can only be as good as the underlying data and this was a major area that I felt was inadequate at first, but got much better. I did not think that the systems for the collection and dissemination of data between the Government, the NHS and the care sector worked effectively. We do need to have real time access to the data about what is happening in the NHS and who is unwell with what and where. My impression was that the dissemination of data between government departments was, however, effective.
713. My abiding feeling is that our system really works, and that Cabinet Government can produce the best results. My team in No.10 would be talking constantly to the Covid-19 Taskforce, or to the departments. A problem would be identified or an idea would be born, and there would begin an iterative process of working towards a decision. I would give a steer, and other departments and other ministers would be consulted. Then the proposal would come back to me and I would consider all the positions of my colleagues and make a further decision, usually to proceed or not to proceed. That final decision would be approved by ministers in Cabinet. It is true that the system is ultimately hierarchical, since the Prime Minister must in the end make a vast number of decisions, often late at night and often at speed, and there is no getting round that. But there is an antiphonal system – Cabinet Government – that means the Prime Minister has a much better chance of getting the right answer.

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714. One of the reasons I commissioned this public inquiry is because it is essential to get at the truth of what happened in order to correct the mistakes of the past and get it right next time. Here are a few of the conclusions I believe we should draw:

1. This will happen again, and the next time it may be worse. It was a blessing that Covid-19 was relatively benign for children and young people.
2. We need to have much better data and more of it, as well as a better understanding of that data – about our healthcare system and about the vulnerabilities of the population. We need to be much better at sharing the available data across government.
3. We must have reliable supply chains for PPE and all other such equipment.
4. We need a large and resilient UK diagnostics capacity.
5. We need to invest in UK vaccine development and manufacturing and we need the tax framework to encourage such investment.
6. We should probably try to proceed as one UK, with the simplest possible messages and decisions.
7. We should make it absolutely clear from the outset of any pandemic that scientists advise the Government, but they are not and cannot be responsible for the decisions taken.

Annex A: Core Decision Making Structures

715. I have been asked to set out the core decision-making structures that were in place. During the period I was Prime Minister, there were a number of formal and informal decision-making structures which I attended and which I describe below. While I recall the various different types of meetings that we were having at this time, I have provided this summary with the assistance of the Cabinet Office's Module 2 corporate statement and the corporate meeting narrative statements prepared to assist the Inquiry.

Morning Meetings

716. Before turning to the individual structures that were in place or developed during the course of the pandemic, it is worth understanding the general process of decision-making that applied in this period. Most mornings there was a meeting that was chaired by me; at weekends, these would often take place but later in the day. These were the principal decision-making forum. Everything in my mind flowed from that morning meeting. We would all wake up, we would read all the data, receive the headlines, and see where we were going, and at 9.15 we are in the room together. The Cabinet Room in No.10 was the centre of operations. Most mornings we would go over the data – using the digital dashboard (described at paragraph 223 above) – and a couple of brilliant officials (Steffan Jones who was the Director of the Data and Dashboard Team in the Cabinet Office and the Director for Analysis in the Covid Taskforce in particular) would come and explain the patterns that were emerging. I grew better at reading the data over time. The key question we were always considering was whether we needed to introduce more non-pharmaceutical interventions ('NPIs') or continue as we were. Sometimes we would be concerned with more specific issues such as the vaccine rollout, or particular NPIs.

717. We would have all the key players present, either in the room or on Zoom. My whole team would be present and usually Professor Chris Whitty, Sir Patrick Vallance and Matt Hancock and maybe other Ministers where the decisions touched on their portfolios. There would sometimes be representatives from the NHS or local councils.

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718. During the meeting, we would ask questions, discuss the issues and weigh up the options that could be taken. We might request more information or specific briefings or task people with urgent actions. In some instances, decisions would start to crystallise and we might then take them to Cabinet colleagues, a ministerial group, or a Cabinet meeting for further ventilation before the final position would be reached. If they approved, then it would go to Assemblies, opposition parties and then, finally, when we were all confident, we would go public with it. On other occasions, I needed to act quickly and had to take decisions in the morning meetings which would then be disseminated. I think more or less all of the key problems and key Covid-19-related questions of the day would be raised at that meeting, one way or another. It was a pretty free-flowing meeting, but every point was driven by the data. The outcome of that meeting propelled us through the rest of the day. This was how we ran the fight against Covid-19; it was all driven by the data.
719. The precise timings and nomenclature of the morning meetings changed over the course of the pandemic but this describes their rough evolution:
- a. **Daily morning meeting:** I used to chair a daily morning meeting which, from early March 2020, focused primarily on Covid-19. Attendees would change day-to-day and would include key Ministers, officials and advisers and often the CMO and GCSA. These meetings would generally decide what the key policy elements of the response needed to be that day and how we would communicate them to the public. These meetings would also serve to keep me updated with developments and decisions on public lines-to-take. Over the period between 17 March and 15 May 2020, the daily meetings gradually evolved into what were known as the 9.15 meetings (see below).
 - b. **Covid-19 Daily Meeting known as the '08.15 or 08.30 meeting':** these meetings were initially chaired by my adviser Dominic Cummings (alongside Mark Sweeney in the Cabinet Office) to share information across teams and to tackle issues that had arisen overnight and might need an urgent response. I would rarely attend but there would be representatives from my core political and official team including key ministers, SpAds and senior officials within the Cabinet Office. These meetings were scheduled ahead of my daily 9.15 meeting for the purpose of running through my diary for the day ahead and discussing the major issues of the day, both Parliamentary or matters that had arisen in the

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media overnight. From 17 March 2020, these meetings were replaced by the MIGs and later the Covid-O and Covid-S meetings. Where I did attend, generally I would not get a formal written briefing for these meetings but agendas and relevant papers would be circulated to attendees shortly before the meeting (see for example **BJ/457 - [INQ000056057]**). While I scarcely used email myself during this period, emails such as this would have gone to my team – on the example email I have exhibited, you can see that ‘PM Private Office Support Team-Internal’ is copied, as well as numerous other members of No.10 staff – who would give me the relevant documents and information.

- c. **The Covid-19 Strategy Ministerial Group meeting** typically known as the ‘**9.15 meeting**’ due to the time of day it was typically held (although if these meetings needed to occur on a weekend, the time of day at which it was held was usually pushed back to the afternoon): These were daily strategy meetings of key Ministers, officials and advisers which I would chair. The four chairs of the MIGs would attend and report in. The 9.15 meetings provided the key forum for oversight of all issues and strategy and were a daily focal point for my advisors and me. During the meeting, the Covid-19 Dashboard (described from paragraph 222 above) would be presented and I would be briefed on the latest operational information and data concerning the spread of the virus and its impact across the UK. These meetings would discuss priority issues from the MIGs (and later Covid-S and Covid-O meetings) and beyond, and steer any major policy decisions in preparation for any collective agreement from COBR or Cabinet. The daily communications narrative and any press conference would be discussed as standing items. These meetings would enable me to issue actions across the UK Government on immediate next steps in response to Covid-19 and to decide on the public line-to-take on urgent issues. These meetings ran between 17 March 2020 and 15 May 2020 at which point they further evolved into the Dashboard Meetings. I would not usually have received a formal written briefing for these meetings although sometimes I did receive annotated agendas which provided more of a briefing to me. After these meetings, an email would be circulated with actions arising (see for example **BJ/074 - [INQ000056048]** and **BJ/458 - [INQ000120845]**) but I would probably not have seen these. I understand there would also be a ‘Morning Update’ emailed afterwards to circulate key issues discussed and

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decisions made but I would also not expect to have seen this (see for example **BJ/459 - [INQ000061691]**).

- d. **Dashboard Meetings:** from 15 May 2020, the 9.15 meetings morphed into Dashboard meetings held three times a week on Mondays, Wednesdays and Fridays although the frequency would vary depending on the epidemiological situation. These were chaired by me and attended (mostly remotely) by a significant number of people, including the CSA, the CMO, the Health Secretary, No.10 and Covid-19 taskforce staff and a number of other officials, advisers and, occasionally, ministers from across government. These meetings were an opportunity for me to review the latest data and be familiarised with key indicators and trends. I used these meetings to ask questions and request follow up briefings. Occasionally, the potential for policy changes (such as the imposition or lifting of restrictions) was raised, and this would lead to further discussion after the meeting.

720. I was not involved in taking the minutes for these meetings. I assumed that minutes were taken when important discussions were taking place but I was not party to who was taking the minutes or how they were being finalised, circulated and stored. I do not recall seeing minutes at the time and it would have been rare for me to see the minutes after any meetings – everything was moving very fast and we were always looking ahead to the next issue.

Formal Structures

721. From memory and from reviewing my diary, these are the formal structures dealing with the UK Government's response to Covid-19 which existed for core decision-making and which I chaired during the Covid-19 pandemic:

- a. **Cabinet:** Cabinet is the ultimate decision-making body in the UK Government. The publicly available Cabinet Manual explains: 'The purpose of Cabinet and its committees is to provide a framework for Ministers to consider and make collective decisions on policy issues...The Cabinet system of government is based on the principle of collective responsibility' **BJ/460 - [INQ000086861]**. As Prime Minister, I determined the membership of the Cabinet, regulated its procedures and decided where and when meetings took place. Cabinet meetings would be chaired by me and attended by the whole of Cabinet and the Cabinet Secretary. Generally,

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they took place in 10 Downing Street ('No.10') and people could dial in if they could not attend in person. On 31 January 2020, we held the first Cabinet meeting out of London up in Sunderland (which I describe in more detail at paragraph 35 above). During the pandemic, Cabinet meetings were held on a weekly basis and the Cabinet took numerous key decisions in response to Covid-19. I was clear that any major decisions on the Covid response would be discussed and agreed at full Cabinet (see for example **BJ/461** - [**INQ000320683**]). I would be briefed ahead of each Cabinet meeting – usually the evening before – and an Agenda would be circulated in advance. Minutes would be taken by the Secretariat.

- b. **Cabinet Update Calls:** these are less formal meetings of Cabinet, usually held by conference call and at relatively short notice in order to update Cabinet Ministers about pressing issues, certain decisions or evolving situations. They do not usually have formal updates or agendas but notes of the call would be taken.
- c. **COBR:** COBR famously stands for Cabinet Office Briefing Room which is the location in which the meetings tend to be held. COBR is shorthand for the Civil Contingencies Committee which is convened to handle matters of national emergency or major disruption. COBR coordinates different government departments and agencies as well as the Devolved Administrations ('DAs'). The first COBR to consider Covid-19 was held on 24 January 2020. These meetings were designed to respond to major incidents or catastrophic emergencies requiring intervention from the UK Government where collective ministerial decisions are required, rather than decisions to be made by a single department. The Cabinet Manual states, '*in general the chair will be taken by the secretary of state of the government department with lead responsibility for the particular issue being considered*'. Accordingly, in the early days of Covid-19, COBR meetings were chaired by the Health Secretary (DHSC having lead responsibility for infectious diseases). Initially, I would receive an update from officials on the key issues discussed at the meeting, received either by way of a written daily update box note (see paragraph 737 below where I explain box notes) or orally at my daily morning meeting. As the seriousness of the situation became clear, I took over the role of Chair for many of the meetings from 2 March 2020 onwards. During the early stages of the pandemic, these meetings provided the focal point for our initial

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emergency response, as well as being an authoritative source of advice for me, my Ministers and Officials, local responders, and relevant Departments and agencies. These meetings were a forum to take strategic decisions on issues such as Non-Pharmaceutical Interventions ('NPIs'), to review overall progress, and make other important decisions. The First Ministers of Scotland, Wales and Northern Ireland and their respective Health Ministers and Chief Medical Officers ('CMOs') were invited to all Ministerial COBR meetings on Covid-19. I think it is correct to say that either their First Ministers or a senior representative such as a CMO or health minister attended all – or almost all – of those meetings. Some of the COBR meetings sought UK-wide consensus on measures (for example the first lockdown) while others were more focused on sharing developing plans where the powers to take action were devolved (such as some of the social distancing measures). I understand that there were 14 COBR meetings on Covid-19 during the period 24 January to 26 March 2020 but after the national lockdown, meetings reduced in frequency (as other meeting structures were implemented). While Ministerial COBR meetings continued to review overall progress and make important decisions, we also introduced Ministerial Implementation Groups ('MIGs') described below. I would be briefed ahead of each COBR meeting that I chaired – again usually the evening before – and an Agenda would be circulated in advance. Minutes would be taken by the Secretariat. Where I did not attend, I would be updated on what had been discussed and decided.

- d. **Ministerial 'quad' committee:** these were senior ministerial meetings which I chaired to discuss strategy, set UK Government direction and to prepare for – and align – our approach to key strategic decisions in response to the pandemic. The name referred to the four most senior ministers that would commonly attend these meetings namely the Chancellor, the CDL, the Health Secretary and me. Where officials thought action was necessary, they would organise a meeting for the Quad. Sometimes other Ministers were also present depending on who was most closely involved in the strategic response. Also occasionally in attendance would be the CSA, CMO and members of the Covid-19 taskforce and the No.10 team. These meetings were a forum for discussion and debate on the way ahead before firm options were tabled for final decision.

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- e. **Covid-19 Cabinet Subcommittees:** The UK Government's initial response to Covid-19 was managed through the COBR and MIG fora. This changed in May 2020 when the MIGs (discussed below from paragraph 724 below) were stood down in favour of two new Cabinet committees, Covid-O and Covid-S. Again, as with the implementation of the MIGs, I do not think that I was the driving force behind the creation of the Covid-O or Covid-S committees and I think that they were established as a result of work done by my private office. Unlike the MIGs which were chaired by senior Ministers, I would sometimes chair these committees:
- f. **The Covid Strategy Committee ('Covid-S')**: established 'to drive government's strategic response to Covid-19, considering the impact of both the virus and the response to it, and setting the direction for the recovery strategy' as set out in its published ToR **BJ/462 - [INQ000089916]**. I was the Chair of the Covid-S committee and members included the Chancellor of the Exchequer, Foreign Secretary, Secretary of State for the Home Department, the CDL, the Health Secretary and the Secretary of State for Business, Energy and Industrial Strategy. The committee's official Secretariat was the 'Covid-19 Taskforce'. The Secretariat commissioned all papers, agendas, Chair's briefs, actions and decisions as well as preparing and clearing all minutes. The secretariat also convened meetings of departmental officials across the UK Government prior to meetings of Ministers. These would be chaired by a senior official in the Secretariat. The committee's meetings commenced in June 2020 and ended in February 2021.
- g. **The Covid Operations Committee ('Covid-O')**: established '*to deliver the policy and operational response to Covid-19*' as set out in its published ToR **BJ/462 - [INQ000089916]**. Members of the committee included the Chancellor of the Exchequer and the Secretary of State for Health and Social Care. Other departments would be invited according to the agenda and in circumstances where a wider set of Ministers were required to take decisions. Where a Four Nations response was deemed beneficial, the DAs would be invited. The committee's meetings were usually chaired by the Chancellor of the Duchy of Lancaster but on occasions I would Chair them, particularly ahead of key decisions. By way of summary overview, in 2020, I was Chair of meetings on: local restrictions (29 June, 16 July, 30 July, 19 October); readiness for the return to schools (27 August); national

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lockdown (30 October); test and release regimes (3 November); Christmas planning (17 November); a review of local 'tiers' (25 November and 29 December); and the approach to the Alpha variant (18 December). In 2021, I was Chair of meetings on: national intervention (4 January); options for response (10 January); travel and borders options (15 and 26 January); education (27 January); Step 2 of the Roadmap (5 April); and, the decisions to move to Steps 3 and 4 (10 May, and 13 June and 5 July respectively). Later in 2021, these included meetings on: the move to the Plan B contingency plan in response to the Omicron variant (8 December); and planning for disruption to critical workforces and the delivery of services (17 December). The committee's Secretariat was also the 'Covid-19 Taskforce'. The Secretariat commissioned all papers, agendas, Chair's briefs, actions and decisions; and prepared and cleared all minutes. The Secretariat also convened pre-meetings of departmental officials across the UK Government before the main meetings. These would be chaired by a senior official in the Secretariat. The committees' meetings commenced in May 2020 and ended in March 2022. Michael Gove would keep me updated on the work of Covid-O and would send me helpful Covid Operations Updates that would be included in my box (see for example a weekly report at: **BJ/463 - [INQ000183998]**).

Ad Hoc and Informal Meetings

722. In addition to those formal and/or regular meetings described above, I would hold a range of other meetings as and when required, sometimes at weekends. Such meetings would enable me to prepare ahead of wider collective meetings, taking stock informally of the strategy, plans and approach, in light of the data. I cannot say for certain whether all these meetings would have been minuted because, as described above, I was not a party to the minutes being taken, circulated, approved or retained. These meetings included:

- a. **Four Nations meetings:** these were regular meetings with the DAs organised as required to ensure responses to Covid-19 impacts were managed coherently across all Four Nations of the United Kingdom. These were mostly attended by Michael Gove but I did attend occasionally. I cover this in more detail from paragraph 186 above.
- b. **Strategy meetings:** these meetings involved me, the CSA, the CMO, the Covid-19 Taskforce, and Officials from No.10. As we approached core key

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decision making junctures or when the data indicated that immediate action was required (such as the expiry of lockdown regulations or a step in the Roadmap), the Covid-19 Taskforce would prepare advice and options for my consideration. These meetings would give me the opportunity to make an assessment of a given situation with my senior scientific, official and political advisers present and to provide early steers on what should be done (if anything).

- c. **No.10 Roundtable Meetings:** roundtable meetings would be scheduled to bring relevant external individuals – such as local authority leaders, experts and business leaders – around a table to focus on particular issues. By way of example, on the evening of 11 March 2020, I chaired a No.10 Roundtable on Covid-19 and Tech in order to focus on how the data and technology section could support the NHS's Covid-19 response **BJ/464 - [INQ000183881]** and on 18 March 2020, I met with local authority leaders to discuss their concerns about Covid-19 **BJ/465 - [INQ000183900]**.
- d. **Bilateral ministerial meetings:** I routinely met with my key Ministers. These meetings enabled me to hold key Ministers to account and explore topics related to their portfolios in depth with them to inform ongoing policy development. For example, I would meet with the Chancellor of the Exchequer to discuss Covid-19 implications for the economy and the UK Government response, and the Education Secretary when considering measures on schools. The exact pattern of these meetings varied and took place at a high frequency with the relevant Ministers involved in delivering the Covid-19 response. I would not expect that these meetings would be routinely minuted.
- e. **'Deep dive' meetings:** these were meetings on specific policy and operational issues which required attention such as personal protective equipment (PPE), health and social care, testing and vaccines. Attendance would vary depending on the specific issues being discussed. In these meetings I would consider – and occasionally make decisions on – the policy approach or implementation of operational matters. I would not expect that these meetings would be routinely minuted.
- f. **International meetings and calls:** I also carried out a range of meetings with my international counterparts and within government to support international engagement on Covid-19. These meetings would, I think,

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Annex A: Core Decision Making Structures

always have been minuted. After telephone calls with international leaders, it was common for letters to have recorded a summary of the conversations (and I give an example of this in paragraph 176 above).

- g. **Prep sessions:** Between 16 March 2020 and 23 June 2020 as I describe below, we held daily press conferences, often at 5pm. These were question and answer sessions which I usually led alongside Chris Whitty, the Chief Medical Officer ('CMO') and Sir Patrick Vallance, the Chief Scientific Adviser ('CSA'). Before these meetings, we would have prep sessions but I think it is unlikely that decisions would have been made during these sessions, nor would I expect them to have been minuted.
- h. **'Wash-up' meetings:** these were general afternoon meetings with select invitees for feedback on progress. These meetings occurred most days, but not every day.
- i. **Meetings with my core team,** which would take place as and when needed, often at relatively short notice.

723. Inevitably, because of the pace and urgent nature of the work that we were doing at this time, there were also impromptu conversations. Although those would not necessarily have been minuted, any decisions made in this way would be communicated in writing shortly thereafter. This would include WhatsApp Groups (which I discuss further from paragraph 727 below).

Ministerial Implementation Groups ('MIGs')

724. As I have described at paragraph 218 above, on 16 March 2020, the Cabinet Office announced the introduction of four Ministerial Implementation Groups ('MIGs') to lead the Government's key lines of operation and support decision-making in response to Covid-19. There were formal structures which I did not generally chair or attend. These Implementation Groups had the status of Cabinet Committees and took collective decisions. Relevant Ministers from the DAs were invited to the HMIG, GPSMIG and EBRMIG meetings as required, but typically not IMIG meetings (see paragraph 725 below for a description of the four MIGs), consistent with international relations being reserved to the UK Government. I have described the background as to how these groups came to be from paragraph 181 above but, as I describe, I think that the impetus behind it came from my private office staff.

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Annex A: Core Decision Making Structures

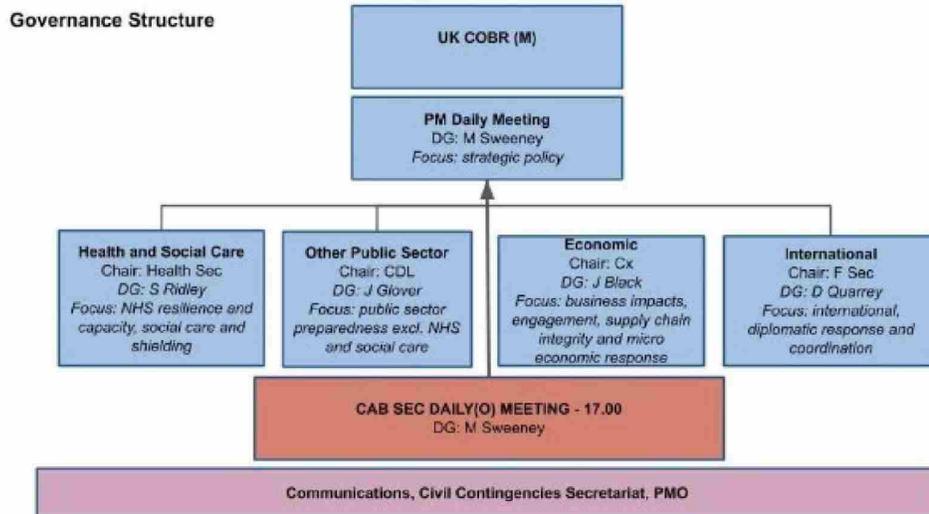
725. The terms of reference (ToR) of the four MIGs are available at **BJ/466 - [INQ000087167]**. Each MIG focused on a specific element of the Covid-19 response and was supported by the Cabinet Secretariat, with a Director-General providing the Senior Secretariat function for each:
- a. **Healthcare Ministerial Implementation Group ('HMIG')**: chaired by Matt Hancock, the Health Secretary and the Deputy Chair was Robert Jenrick, the Secretary of State for Housing, Communities, and Local Government, to focus on NHS preparedness, especially ensuring capacity in the critical care system for those worst affected. As the ToR set out, this MIG was created to *'focus on: policy interventions to protect public health, including monitoring and implementation of current interventions, and consideration of any future interventions; oversight of NHS capacity; social care preparedness, notably ensuring capacity in the critical care system for those worst affected; and medical and social support for those to whom we will be providing the shielding intervention'* **BJ/466 - [INQ000087167]**. The HMIG met as required between 18 March 2020 and 26 May 2020.
 - b. **General Public Sector Ministerial Implementation Group ('GPSMIG')**: chaired by Michael Gove, the Chancellor of the Duchy of Lancaster, to focus on preparedness across the rest of the public sector and critical national infrastructure. As the ToR set out, this MIG was created to *'coordinate and advise on public sector issues relating to the C-19 pandemic across the UK, excluding the NHS and social care'* **BJ/466 - [INQ000087167]**. The GPSMIG met as required between 17 March 2020 and 21 May 2020.
 - c. **Economic and Business Ministerial Implementation Group ('EBRMIG')**: chaired by Rishi Sunak, the Chancellor of the Exchequer and the Deputy Chair was Alok Sharma, the Secretary of State for Business, to focus on economic and business impact and response, including supply chain resilience. As the ToR set out, this MIG was created to *'coordinate and advise on business-related regional, sectoral and corporate-level issues relating to the C-19 pandemic'* **BJ/466 - [INQ000087167]**. The GPSMIG met as required between 16 March 2020 and 21 May 2020.
 - d. **International Ministerial Implementation Group ('IMIG')**: chaired by Dominic Raab, the Foreign Secretary, to focus on international coordination through, among others, the G7 and G20, as well as the UK five-point plan.

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Annex A: Core Decision Making Structures

As the ToR set out, this MIG was created to *'coordinate and advise on UK's role in the coordination and delivery of the international health and economic response to the C-19 pandemic, bilaterally and through multilateral (e.g. G7/20) and international (e.g. WHO, IMF, World Bank) organisations. Setting the UK's strategic approach to the threats and opportunities arising from the pandemic and setting the course for the longer term strategic national recovery'* **BJ/466** - [INQ000087167]. The IMIG met as required between 18 March 2020 and 7 May 2020.

726. The purpose of the MIGs was to support COBR and lead the various lines of operation. In a note sent from Mark Sedwill, the Cabinet Secretary, to all Heads of Departments sent to announce the introduction of the MIGs on 16 March 2020 **BJ/071** - [INQ000087163], the governance structure was set out as follows:



Annex B: WhatsApp Messaging

727. Throughout the period into which this Inquiry is investigating, I frequently used WhatsApp to communicate. I am providing all of the relevant WhatsApps to the Inquiry that are in my possession. I have also disclosed a small number of text messages which I have passed to the Cabinet Office.
728. I occasionally used Signal (although much less frequently than WhatsApp) and I am also providing the Inquiry with relevant Signal messages that have been retrieved.
729. At the end of April 2021, my phone number was leaked on the internet. As a result, I was bombarded with messages and the mobile phone I was using at the time (my 'old phone') was no longer usable. I followed the security advice that I was given at the time and stopped using the old phone. Since then, I have had one phone which I use for everything. I closely guard the new number and only share it with my closest friends, family and colleagues.
730. With the assistance of a technical team, we have been able to retrieve messages from the old phone. There is a period for which messages were not retrievable (from 31 January to 7 June 2020, inclusive). The technical team has been unable to determine the cause of this. I do, however, anticipate that the content of the messages I cannot access should be held by others and I would happily consider them further if they can be provided.
731. I am in the process of providing the Inquiry with all the relevant WhatsApp (and Signal) messages that have been retrieved from the old phone and all of those on my current phone from the period the Inquiry has requested (1 January 2020 to 24 February 2022). If I have missed any chats with individuals in which the Inquiry is interested, I would be happy to see what further messages I can locate.
732. WhatsApp was a useful tool for liaising in fast time with people who were in different locations and also for holding discussions between many individuals. This was especially the case during the pandemic when people were often working from home or self-isolating. While decisions may have crystallised through the use of WhatsApp, it is important to understand that this would not have been the 'place' where decisions were made, nor would it be the only place where decisions were recorded.

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Annex B: WhatsApp Messaging

733. At the time of writing much of this witness statement, The Telegraph was slowly publishing selected extracts of Matt Hancock's WhatsApp messages leaked to them by Isabel Oakeshott, to whom they had been provided in confidence. Matt has said that he has already provided these messages – in full – to this Inquiry. Like many others, I too have given my messages to the Inquiry. I do so willingly because I think that it is essential that the Inquiry can consider the fullest picture possible.
734. The messages have immortalised the same conversations that have always taken place in democracies, across governments and in the hallways of power. There have always been – and will always be – conversations in the margins. Before a meeting is called to order, colleagues will ask one another's view; as they pour a coffee, they will debate an article they read that morning, or question a figure that stood out to them in a briefing document. We have all, too, made ill-judged, hasty and unguarded comments to our closest confidantes. We have said things privately and in passing that, considered from any distance in time or before a new audience, we regret. Until now, those ephemeral conversations, thoughts, quips and questions have evaporated and remained unscrutinised.
735. During the Covid-19 pandemic, often physically separated from one another, many of these sorts of conversations moved from the water cooler to WhatsApp where they were frozen in time. To read those messages without context – as we all must – inevitably misleads. We can never recreate the circumstance in which they were said; we cannot reconstruct exactly what had been discussed in the meeting moments before, or resurrect the other questions that had been asked out loud. We can never truly know the tone in which they were intended – or assess how that tone was received and interpreted. We risk mistaking sarcasm or jest for serious analysis. Dark humour is lost or morphs into mockery.
736. What weight the Inquiry gives the WhatsApp material must, itself, be carefully considered. These retained WhatsApp messages capture just some of what was said in the side-lines. While the Inquiry can view the material recorded in documents, other things said in those side-lines have been lost forever. It is absolutely right that the Inquiry should have all these messages and should be able to consider them. But it is right too that there is a danger these messages could take on an inflated importance. They comprise a small piece of the larger jigsaw and were often nothing more than off-hand commentary. We used

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Annex B: WhatsApp Messaging

WhatsApp to confer before or after decisions were taken but over 99 per cent of the important conversations took place in meetings, face-to-face or on Zoom, such as in Cabinet, in the Covid-O meetings or at the 9.15 meetings. The WhatsApp messages do not represent government decision-making: this was not 'Government by WhatsApp'.

Annex C: PM Post, Daily Updates and Billet Doux

737. One further process that was in place and through which I would sometimes make decisions was known as 'PM Post'. Every weekday evening, my Private Office Support Team would provide me with a 'box' – a collection of papers that I needed to review overnight. There would often be a 'Daily Update' which summarised the big issues of the day. There would be other documents which were often referred to as 'box notes'. Occasionally there would also be notes from my Private Secretaries which were informally known as 'billet doux' or 'BDs'.
738. Generally speaking, I would read this material overnight and send it back with my comments and questions but sometimes things would take longer. My box was replenished on a rolling basis so I sometimes thought I had reached the end only to find that more material had been added. I would tick items to show that I had noted them. My Private Office would then scan my annotations and circulate them to those who needed to know or respond. This was known as the 'box return'.

Annex D: Advice

Special Advisers

739. Special Advisers (commonly known as 'SpAds') are political appointees hired to support ministers. They are appointed as temporary civil servants who give political advice and support. While Cabinet ministers hire their own SpAds, I would approve all appointments. I had large number of special advisors ('SpAds') and they were a critical part of my team. Some of them were policy experts, others were media advisers or had other areas of specialism. We tried to recruit a diverse range of SpAds to bring fresh talent and perspectives to No.10 In February 2020, the Conservative Party set up spadjobs.uk, a website inviting applications; we were keen to recruit around this time to deal with Covid-19-related issues.
740. SpAds have a code of conduct and must sign a contract and declare any conflicts of interest or any personal history that could detrimentally affect their ability to do the job. They must also pass security clearance depending on the level of vetting their particular role requires.
741. The Institute for Government (an independent think tank) lists the activities SpAds undertake under the Special Advisers' Code as follows:
- *give assistance on any aspect of departmental business, and give advice (including expert advice as a specialist in a particular field)*
 - *undertake long-term policy thinking and contribute to policy planning within the department*
 - *write speeches and undertake related research, including adding party political content to material prepared by permanent civil servants*
 - *liaise with the party, briefing party representatives and parliamentarians on issues of government policy*
 - *represent the views of their minister to the media (including a party viewpoint), where they have been authorised by the minister to do so*
 - *liaise with outside interest groups (including those with a political allegiance). BJ/467 - [INQ000248849]*

742. SpAds cannot exercise statutory powers or manage public funds.
743. In No.10 at this time, a SpAd's day-to-day role involved conveying my views, instructions and priorities to officials, requesting information and data from officials for me to review, attending meetings to discuss advice prepared for me by civil servants, and reviewing and commenting on such advice. In addition to this, SpAds would undertake policy work and contribute to policy development, as well as liaising with members of the party with respect to the Government's agenda. SpAds would attend the morning meetings to present me with the latest information and data, run through my diary for the day ahead and advise on political issues arising in the Parliament or the media.

External Advisers and Intelligence

744. There are two other sources of information which are worth mention. First, I received intelligence updates from the Joint Intelligence Organisation ('JIO') in the form of 'PM Intelligence Highlights' and 'Spotlights'. A Highlight would usually be a brief, classified (i.e. Secret or above) summary and initial view of recent intelligence reports. The JIO's assessment staff would capture the key essence of the intelligence and provide context. They would elucidate the significance of the material. Spotlights on the other hand tended to include some open source material and might be of lower classification. They were usually a one-page view on a current issue that the JIO felt was worth drawing to senior reader's attention. These commonly drew together several intelligence reports and information from a range of sources to provide insight on an issue. They would include comment on the significant and implications. Sometimes I would receive more detailed in-depth assessments of national security issues from the Joint Intelligence Committee.
745. Secondly, in around June 2020, the No.10 Data Science and Analytics team was set up by Ben Warner, a SpAd. The aim was to improve government decision-making by using data science. This was a team taken from different government departments, SpAds, external secondees and hires. The team – which still exists and is known as '10ds' – would work on numerous different projects but, during the pandemic, they worked closely with the Cabinet Office's Civil Contingencies Secretariat ('CCS') to help them build the capability of the Dashboard.

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Annex D: Advice

746. Other than this, I do not recall there being any other external advisers within No.10 and Cabinet Office other than SpAds and the scientific advisers such as NERVTAG and SAGE described below.

Medical and Scientific Expertise

NERVTAG

747. The New and Emerging Respiratory Virus Threats Advisory Group ('NERVTAG') was established in 2014. NERVTAG advises the CMO and, through the CMO, the Scientific Advisory Group for Emergencies ('SAGE'), Ministers, DHSC and other government departments. It is an expert committee of the Department of Health and Social Care (DHSC), which – as the name suggests – advises about new, emerging respiratory virus threats to the UK. NERVTAG provides scientific risk assessment and mitigation advice on the threat posed by new and emerging respiratory viruses and on options for their management.
748. In 2020, it was chaired by an epidemiologist, Peter Horby. On 13 January 2020, NERVTAG first met to assess the threat posed by the respiratory virus outbreak in China. During the pandemic, NERVTAG started reporting into SAGE and also supporting the DHSC.

Introduction to Scientific Advisory Group for Emergencies ('SAGE')

749. SAGE provides – and provided – scientific and technical advice to support government decision-makers during times of emergency or crisis. It is convened to provide independent scientific advice to support the decision-making of COBR (and, as required, other parts of government). It draws together experts from within government but also academics and experts from the public and private sectors. SAGE does not have standing members: the participants at each meeting vary according to the specific issues being considered. SAGE's Covid-19 participants included, among others, people from epidemiology, virology, public health, experts in transmission of virus in different environments, and ethicists.
750. On 22 January 2020, SAGE first met in response to Covid-19; it was described as a 'Precautionary SAGE meeting' and was chaired by the Government Chief Scientific Adviser, Sir Patrick Vallance, and the Chief Medical Officer, Professor Sir Chris Whitty. SAGE itself had only recently been founded at this time.

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Annex D: Advice

751. On 28 January 2020, at its second Covid-19 meeting, SAGE agreed that a Scientific Pandemic Influenza Group on Modelling ('SPI-M') was to be a formal sub-group of SAGE for the duration of the outbreak. On 13 February 2020, during its seventh meeting, SAGE agreed that a Scientific Pandemic Influenza – Behaviour ('SPI-B') sub-group was to be established to provide behavioural science advice via SAGE throughout this incident. I understand that further sub-groups were also set up during the pandemic.
752. At a SAGE meeting on 27 February 2020 **BJ/468 - [INQ000052204]**, the SAGE priorities for tackling Covid-19 (first drafted in a paper by Patrick Vallance and Chris Whitty on 26 February 2020: **BJ/469 - [INQ000248850]**) were formally agreed:
- *Detect & monitor any outbreak as effectively as possible*
 - *Understand effective actions to help contain a cluster*
 - *Understand measures to alter the shape of a UK epidemic*
 - *Model UK epidemic & identify key numbers for NHS planning*
 - *Understand risk factors around demographics, geographies and vulnerable groups (e.g. age)*
 - *Generate Behavioural Science insights for policymakers*
 - *Ensure NHS trials key interventions*
 - *Consider emerging therapeutic, diagnostic & other opportunities*
753. I am aware from documents that on 3 March 2020, the Scottish deputy Chief Medical Officer, Gregor Smith, attended SAGE and on 5 and 16 March 2020, the Welsh Health CSA, Rob Orford, attended although I doubt that I would have been paying close attention to the list of attendees at the time.
754. Up until 21 April 2020, names of junior officials and the secretariat were redacted from the SAGE meeting minutes and participants who were Observers and Government Officials at the meetings were not consistently recorded (see for example the minutes of the 28 January 2020 meeting where this is recorded on the first page: **BJ/470 - [INQ000051796]** From 21 April 2020 onwards, the meeting minutes include the list of these participants, however, certain names continue to be redacted.

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Annex D: Advice

755. Both the SAGE reports and its sub-group reports presented a consensus opinion rather than presenting individual contrasting or dissenting views. I discuss this further in my reflections from paragraph 706 above.

Annex E: Background and roles

- 756. I have been ask to summarise my career. My political career began in 2001, when, after running as the Conservative Party candidate, I was elected as the Member of Parliament ('MP') for Henley-on-Thames. I was the MP for Henley until 2008. Until 2005, I was also the editor of The Spectator.
- 757. In 2003, I was appointed as Vice-Chair of the Conservative Party. I was Vice-Chair for one year.
- 758. From 2004, I served as Shadow Minister in the following Departments: Arts (2004); Business, Innovation and Skills (2004-2007); and Higher Education (2005-2007).
- 759. In 2008, I was elected as Mayor of London for two consecutive terms, serving until 2016. When I was elected Mayor, I stepped down as MP for Henley.
- 760. In 2015, I was again elected as an MP, this time for Uxbridge and South Ruislip.
- 761. In 2016, I was appointed Foreign Secretary by Prime Minister Theresa May. I was Foreign Secretary until 2018.
- 762. In 2019, I was elected leader of the Conservative and from 24 July 2019 until 6 September 2022, I served as Prime Minister. On 7 July 2022, I announced my resignation from the role but I continued to serve until my successor was appointed.
- 763. On 9 June 2023, I resigned as MP for Uxbridge and South Ruislip.
- 764. Below is a summary of the public offices that I have held since becoming an MP in 2001:

Table 1 – Public Offices

Date	Position	Committee, Council or Agency
2001 - 2008	Member of Parliament	Henley
2003 - 2004	Vice-Chair	Conservative Party
2004	Shadow Minister	Arts

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2004 - 2007	Shadow Minister	Department for Business, Innovation and Skills
2005 - 2007	Shadow Minister	Higher Education
2008 – 2016 (two consecutive terms)	Mayor of London	
2015 – 9 June 2023	Member of Parliament	Uxbridge and South Ruislip
2016 - 2018	Secretary of State	Foreign and Commonwealth Affairs
2019 - 2022	Leader	Conservative Party
24 July 2019 - 6 September 2022	Prime Minister	

Annex F: Chronology

Date	Event/Announcement
11 Jan 2020	China announced first Covid death
30 Jan 2020	WHO declared Public Health Emergency of International Concern
31 Jan 2020	Health Secretary briefed Cabinet about coronavirus
11 Mar 2020	WHO declared pandemic
23 Mar 2020	I announced the first lockdown in the UK, ordering people to 'stay at home'
25 Mar 2020	<i>Coronavirus Act 2020</i> gets Royal Assent
26 Mar 2020	First lockdown measures legally come into force
27 Mar 2020	I tested positive for coronavirus and began self-isolating in Downing Street
5 – 12 Apr 2020	Admitted to hospital for COVID
6– 27 Apr 2020	Dominic Raab deputised as PM
16 Apr 2020	Lockdown extended for 'at least' three weeks. Government set out 5 tests that must be met before restrictions are eased
30 Apr 2020	I announced: 'we are past the peak' of the pandemic
10 May 2020	I announced a conditional plan for lifting lockdown, and says that people who cannot work from home should return to the workplace but avoid public transport
1 June 2020	Phased re-opening of schools
15 June 2020	Non-essential shops reopened in England
23 June 2020	I announced end of UK's 'national hibernation': relaxing of restrictions and 2m social distancing rule
4 July 2020	More restrictions were eased in England, including reopening of pubs, restaurants, hairdressers
18 July 2020	Local authorities in England gained additional powers to enforce social distancing (via regulations)
3 – 31 Aug 2020	Eat-Out to Help Out scheme
14 Aug 2020	Lockdown restrictions further eased: reopening of indoor theatres, bowling alleys and soft play
14 Sept 2020	'Rule of six' came into effect – indoor and outdoor social gatherings above six banned in England
22 Sept 2020	I announced new restrictions in England, including a return to working from home and 10pm curfew for hospitality sector
30 Sept 2020	I announced that UK at a 'critical moment' in the crisis and would 'not hesitate' to impose further restrictions if needed
14 Oct 2020	Three-tier system of COVID restrictions began

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Annex F: Chronology

Date	Event/Announcement
31 Oct 2020	I announced that a second lockdown will begin to prevent 'a medical and moral disaster' for the NHS
5 Nov – 2 Dec 2020	Second lockdown followed by a transition to three-tier system of COVID restrictions
23 Nov 2020	I announced up to three households will be able to meet up during a 5 day Christmas period of 23 to 27 December
16 Dec 2020	I announced Christmas rules will still be relaxed but urged the public to keep celebrations 'short' and 'small'
19 Dec 2020	I announced tougher restrictions for London and South East England, with new Tier 4 'Stay at Home' alert level. Christmas mixing rules tightened.
4 Jan 2021	I announced children should return to school after the Christmas break, but warned restrictions in England will get tougher
6 Jan – 29 March 2021	Third lockdown
22 Feb 2021	We published a roadmap for lifting the lockdown
8 March 2021	Schools in England reopened for primary and secondary school students (Step 1)
29 March 2021	'Stay at Home' order ended but people still encouraged to stay local (Step 1) . Outdoor gatherings of either six people or two households allowed, including in private gardens. Outdoor sports facilities also reopened (Step 1) .
12 Apr 2021	Non-essential retail, hairdressers, public buildings (e.g. libraries and museums) reopened. Outdoor venues, including pubs and restaurants, zoos and theme parks also opened, as well as indoor leisure (e.g. gyms) and self-contained holiday accommodation (Step 2) Wider social contact rules continued to apply in all settings – no indoor mixing between different households allowed (Step 2)
17 May 2021	Limit of 30 people allowed to mix outdoors. 'Rule of six' or two households allowed for indoor social gatherings. (Step 3) Indoor venues reopened, including pubs, restaurants, cinemas. Up to 10,000 spectators could attend the very largest outdoor-seated venues like football stadiums. (Step 3)
14 June 2021	I announced that step 4 of the roadmap would be delayed by four weeks, until 19 July, as the Government accelerated the vaccination programme. Restrictions on weddings and funerals abolished.
19 July 2021	Most legal limits on social contact removed in England and closed sectors of the economy reopened (e.g. nightclubs). (Step 4)
14 Sept 2021	I unveiled England's winter plan for Covid – 'Plan B' to be used if the NHS is coming under 'unsustainable pressure', and included measures such as face masks.
8 Dec 2021	I announced a move to 'Plan B' measures in England following the spread of the Omicron variant.
10 Dec 2021	Face masks became compulsory in most public indoor venues under Plan B.

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Statement of Truth

Statement of Truth

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

Signed... Personal Data

Dated... 31 August 2023