

Witness Name: Allan Nixon

Statement No.: 1

Dated: 28 July 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF ALLAN NIXON

I, Allan Nixon, will say as follows:

1. I make this statement in response to a request from the UK Covid-19 Public Inquiry ("the Inquiry") dated 12 April 2023 made under Rule 9 of The Inquiry Rules 2006 ("the Request") asking me to provide a witness statement setting out the key aspects of my involvement in core political and administrative decision making relating to the UK's response to the Covid-19 pandemic. The Inquiry wishes to understand the role I played in relation to the Department of Health and Social Care ("DHSC") to support that decision making process from 1 January 2020 until 24 February 2022 ("the Specified Period") with a particular focus on the period 1 January 2020 to 26 March 2020.

A. INTRODUCTION

2. I graduated from the University of Dundee in 2014 with a degree in Law. I then moved to Japan to complete a Masters in International Relations from 2014-2016 at the International University of Japan.
3. I then moved back to the UK. In January 2017, I took on the role of Caseworker at the constituency office of Rt Hon Matthew Hancock MP ("Matt Hancock") before becoming a Parliamentary Researcher in the same office in April 2017.
4. In October 2018, I joined the Department of Health and Social Care ("DHSC") as a Parliamentary Special Adviser ("SPAD") to the Secretary of State for Health and Social Care ("SoS"), Matt Hancock.
5. I left DHSC in October 2021 to work for The Conservative Party as a Political Adviser. I was based in No.10 working for Boris Johnson in his capacity as Leader of the Conservative Party. I then worked as a SPAD in No.10 from May to September 2022.

6. I currently work at Onward, a think tank, as its Head of Science and Technology.

B. ROLE WITHIN DHSC DURING COVID-19

Role as a Parliamentary SPAD

7. As a Parliamentary SPAD, I was primarily responsible for advising the SoS on parliamentary considerations relating to primary and secondary legislation, typically MPs' concerns on DHSC sponsored bills that were before, or *en route* to, Parliament. This required me to be aware of, and manage the smooth passing of, specific aspects of bills that were likely to be subject to challenge by MPs, as well as advising the SoS on any concession strategies that DHSC may deploy to increase a bill's likelihood of being passed by Parliament.
8. I was regularly required to be the point of contact for the SoS where MPs had local concerns affecting their constituencies. I would ensure that these concerns were noted and shared with the SoS. I would also undertake an initial review of any submissions to ensure that the SoS was aware of any parliamentary considerations before he reviewed the submission.
9. Another aspect of my role as a Parliamentary SPAD included operating as a link between DHSC, No.10 and the Chief Whip's Office. This would often amount to ensuring SPAD colleagues were aware of our plans relating to legislation or handling MPs so they could ensure their ministers were suitably aware of the situation, and for them to support DHSC in relation to MP handling or legislation. I also helped DHSC Ministers prepare their speeches to Parliament to identify any parliamentary or political considerations that the Ministers may wish to take into account before delivering their speech.
10. I was also responsible for advising the SoS on political and parliamentary considerations regarding public appointments, as well as on considerations relating to DHSC capital building expenditure such as hospital upgrades and the New Hospital Programme.

Key responsibilities during Covid-19

11. Alongside my general responsibilities noted above, Covid-19 had a significant impact on my day-to-day responsibilities as a Parliamentary SPAD.

12. I was regularly required to advise the SoS on parliamentary matters concerning the creation and passage of the Coronavirus Act 2020 in March 2020, and on the implementation of legislation bringing in local restrictions. The local restriction regulations were politically charged, which resulted in MPs raising concerns about the impact of these measures on their local constituencies. As such, I was often responsible for explaining to MPs the impact of these measures and why they were necessary, as well as ensuring the SoS was aware of these specific local concerns from MPs.
13. There were also a number of additional meetings that I was required to attend that arose as a result of the pandemic. I have provided further details of these Covid-19 related meetings below, but I would regularly attend alongside the SoS, as it was important that I was aware of the SoS's view on key issues at the time. I did not attend every Covid-19 related meeting with the SoS.
14. For meetings on Covid-19 policy, I generally attended the ones that I thought would be particularly relevant to my role as a Parliamentary SPAD or where I knew the SoS was planning to make a significant announcement or decision. I often sat in on these meetings without actively participating. Sometimes I would contribute by querying advice from officials where perhaps I thought more exploration was needed, or to provide advice to the SoS. This advice was sometimes political in nature, but it would often be practical advice regarding proposed government action.

Reporting Lines

15. As a Parliamentary SPAD, much of my communication with the SoS and DHSC took place either face to face (we very rarely worked from home throughout the course of the pandemic) or on WhatsApp. Email was not the ideal form of communication given the need to move quickly, so I rarely used that in my communications with SoS.
16. I was a member of various WhatsApp groups during my time as a Parliamentary SPAD. The main WhatsApp group we would use to coordinate across the SoS's core team was "MH Top Team" which included both the SoS and his Principal Private Secretary ("PPS"). Another important WhatsApp group I was a member of, where action was often coordinated, was "No10/DHSC COVID-19". In both these groups, the PPS was always very clear that these groups were to facilitate rapid discussions and that where formal steers were given, these would be reflected on government email (by the PPS or another Private Secretary) in accordance with the usual government process.

17. For the first few months of the pandemic, the DHSC political team and private office were inundated with requests from senior individuals in government, mostly No.10. Yet it was often unclear where certain requests had originated, and they would often run counter to other requests from other individuals in the same department. The first clear attempt at improving cross-government coordination that I can recall was to establish the Ministerial Interdepartmental Groups ("MIGs"), although they did not function as well as hoped in my opinion. It was not until the early summer when cross-government coordination began to markedly improve. A key contributor to this was the Covid-19 Operations ("Covid-O") meetings and structures becoming much smoother and better run, and the creation of the Local Action Committee ("LAC") process later that summer.

Lead Government Department

18. I understand that DHSC's role as Lead Government Department was a formal designation of responsibilities.

19. My understanding of DHSC's role as Lead Government Department can be best summarised by being split into two phases. Initially, (before the virus was widespread in the UK), I understood that DHSC were predominantly responsible for monitoring the latest developments of Covid-19 in China and observing how the spread of Covid-19 was being managed overseas, preparing for the eventuality that it came to the UK (such as working with NHS England to prepare the NHS), and preventing it from doing so as far as possible. This was DHSC's focus during this time. DHSC was also responsible for ensuring that No.10 and other parts of government were kept aware of the developing situation, including issues such as the public health concerns around flights that were returning from China to the UK, as well as planning for what would happen in the event of a Covid-19 global pandemic.

20. Once the virus was widespread in the UK, DHSC's role was to stop the spread of the virus and save lives. This meant ensuring care homes, NHS and the various other areas within DHSC's remit were geared towards saving lives and ensuring the health and care system worked as best as it could under immense pressures of the pandemic. DHSC was also the lead department for other key areas like testing, ventilators and vaccine preparation.

21. In January and February, it took a while for the rest of government to see Covid-19 as a cross-government issue in my opinion, and instead evidently took the view that this was limited to a public health matter. During this time, decisions were more often taken very quickly in No.10 between the Prime Minister, SoS and other key advisers – more commonly via ad hoc bilateral meetings between SoS and the Prime Minister, minuted by a No.10 Private Secretary, rather than taking place in a more formal decision-making forum, like Cabinet or a Cabinet Sub-Committee meeting. There was often other ministerial representation in these meetings, but this was not as formalised as it then became under Covid-O, which eventually became the standard decision-making forum for important governmental decisions. A key reason why, in my view, there was less ministerial representation in decision-making early on in response to the pandemic was because much of the government's focus at this time was on preventing the virus spreading and preparing the health and care services for Covid-19. These were all responsibilities of DHSC. When Covid-19 became more widespread, the government had to undertake broader activities, such as managing the closure of sporting or cultural facilities, which led to more departments (DCMS in this example) becoming involved in a cross-governmental response to the pandemic. Over time and following the establishment of governmental structures such as the Covid-O and LAC meetings, cross-governmental decision making became more structured and broader to include more ministers.

Relationship between DHSC and Public Health England (“PHE”)

22. Due to my role, I did not have extensive interaction with PHE. However, I understand that it was an executive arm of the government, who undertook a significant amount of work on the ground by supporting with the delivery of public health measures. PHE ensured that the SoS was regularly kept up to date in respect of changing public health challenges.

23. I recall there was a prevailing view amongst MPs during the period April – June 2022 that PHE was a failing organisation, especially when it came to ramping up testing. I can recall two examples where PHE's responses were, in my view, not up to standard. On one occasion, I recall PHE proposed that leaflets should be handed out to travelers coming to the UK from China advising that they stay at home. The common view shared by the SoS, my SPAD colleagues and I was that this approach was not firm enough, and the SoS overruled the proposal. Another example related to PHE's inability to implement a sufficiently robust testing programme. This subsequently led to the creation and implementation of the NHS Test and Trace service.

First awareness of Covid-19 and initial response

24. I first read about Covid-19 while on holiday in the USA on 1 January 2020. On my return to work in early January 2020, there were a few meetings about Covid-19. At some point towards middle or late January 2020, a Private Secretary shifted to solely work on Covid-19 given the volume of work for the SoS's office this was producing.
25. Towards the end of January 2020, I had to take time off work due to illness. However, the day before I returned the SoS informed me that during the time that I was away from the office, the departmental focus had shifted to matters relating to Covid-19.
26. I returned to work in early February 2020. The Permanent Secretary Sir Chris Wormald turned his focus to matters relating to Covid-19 and a second Permanent Secretary was appointed to oversee normal DHSC matters. I also noticed that there was an increased number of meetings about Covid-19 than there had been previously. I recall there was an internal DHSC meeting to discuss the "reasonable worst-case scenario" if Covid-19 reached the UK and became widespread with a high mortality rate. The meeting looked at various contingency plans, such as what the government could do to help local councils manage if they ran out of morgue space. This meeting also assessed what primary legislation would be needed in these scenarios. Off the back of this meeting, plans to bring in these necessary changes in case such scenarios happened began to be ramped up. This meeting formed a substantial part of my awareness as to the seriousness of Covid-19. It was attended by both the SoS and the Chief Medical Officer ("CMO") and led by the Cabinet Office "Civil Contingencies Secretariat".
27. As noted above, there was an increasing number of departmental meetings towards the middle of January and early February. The SoS's meetings became more frequent and had a growing list of attendees. Due to the increased traction of concerns relating to Covid-19, the SoS's meetings with the health leadership (e.g. CMO, the heads of various bodies such as NHS England and PHE as well as public health experts) soon became a daily meeting.

Decision-making committees, groups or forums

28. As I mentioned above there were lots of meetings around February and March 2020, including the daily departmental with SoS and the health leadership. Throughout most of February and early March, I also attended daily meetings in No.10 with my DHSC SPAD colleagues and the No.10 Communications Director. These meetings were

originally commenced to help coordinate government communications regarding Covid-19. However, much like the departmental meetings, these No.10 meetings soon became a daily meeting with an increased list of attendees across various departments. They became twice daily later in February.

29. By early or mid-March, they were led by Dominic Cummings (No.10 Chief of Staff), with a much broader cross-government cast list (and I then began joining these remotely). When they were taken over by Dominic Cummings, these meetings explicitly became decision-making meetings under his authority. I remember there were not just SPAD's and Political Advisers present but also officials and Private Secretaries. An example I recall was when someone — I believe from the FCDO — said they needed to charter a flight to deal with a particular issue but that this would need ministerial approval. I cannot recall exactly what the issue was but I do remember Dominic Cummings saying to the official that they didn't need to wait and that they had authority from him to charter the flight. That led me to conclude that this was becoming a decision-making forum. I expect minutes of this meeting will have been taken by the No.10 Private Secretary who was present.

30. There were also various other decision-making groups, including MIGs for Health, the Economy, and International around late March 2020. These MIGs operated as cross-government cabinet meetings and Simon Ridley was the leading official. However, these groups did not function very well and were eventually replaced by the Covid-O meetings. I would attend the Health MIG meetings, as well as morning meetings with the Prime Minister (that would follow the daily cross-government meeting led by the No.10 Chief of Staff), in an observational capacity.

31. Covid-O meetings were more effective than the MIG meetings and these were managed by the Covid Taskforce. DHSC SPADS would receive the Covid-O papers alongside the SoS. I rarely contributed to these meetings but as a Parliamentary SPAD it was important to know what was going on. There were Covid Strategy ("Covid-S") meetings. These meetings were less frequent than Covid-O meetings and the content of the Covid-S was eventually amalgamated into the Covid-O meetings.

32. There were LAC Silver and LAC Gold meetings that happened weekly. LAC Silver meetings were not attended by Ministers. They would be pre-meetings to work out what the officials' recommendations to the SoS would be ahead of a LAC Gold meeting. As I have noted above, I attended most of these LAC Gold meetings alongside the SoS. I

would ensure that the SoS would know about local political views (particularly in relation to the local MPs) before taking decisions relating to specific areas. After decisions were taken it was my responsibility to ensure that relevant MPs were informed of the outcome of these decisions. This was normally shortly before the decisions were formally announced to give them the chance to understand the reasoning and to ask questions. This was an effort to mitigate any parliamentary challenge by ensuring that MPs were aware of the reasons underpinning the decision.

33. My role in these LAC Gold meetings was important to ensure that the public health communications were lined up across national and local spheres. There was a clear public health rationale behind building consensus with MPs, mayors, councillors and other regional representatives with a public platform locally. On occasions where this was not effectively built, having local figures saying different things to the national government messaging had a material impact on the extent to which the local public adhered to the messaging, guidance and rules. Making efforts to ensure local figures were aligned with national government therefore had a direct impact on the effectiveness of the measures on the ground.
34. There were also the weekly Four Nations Devolved Administration meetings. These meetings were often not decision-making meetings but were important to ensure there was collaboration on public health messaging. I would work with SoS's Private Office to coordinate these meetings and identify what should be on the agenda. I would rarely directly contribute to the meetings.
35. I did not attend any of the early COBR meetings in January to March 2020. There were also Quad meetings which were attended by the SoS, Michael Gove, Dominic Raab and Rishi Sunak during the brief period of time when the PM was in hospital due to Covid-19. I did not attend these meetings in person but would, on occasion, dial into them remotely.

Devolved administrations and local authorities

36. Beyond the LAC and Four Nations meetings described above, I would regularly facilitate meetings for the SoS with local mayors. These discussions were largely focused on communication matters and keeping localities aware of government decisions.

37. I did not speak directly with local authorities very often. If I needed to understand what a local authority's views were generally on a particular issue, I would usually speak to the local MP.

Emergency response measures

38. I spent a significant proportion of my time in February and March 2020 working on the Coronavirus Bill. My main role was to manage its progress, facilitating decisions from ministers across government by coordinating with their SPADs and ensuring timelines were stuck to. Bills normally require a matter of months or even years to be developed by a department and passed by Parliament. In this case it was a matter of weeks due to the pressing need to make arrangements urgently to prepare for the virus were it to become widespread and cause death and disruption akin to the scenarios planned for in our "reasonable worst-case scenario" planning. One of the key benefits of the SPAD role is to expedite processes by communicating quickly with other departments via the SPAD network, rather than decisions being communicated via the normal departmental hierarchy.
39. As the Coronavirus Bill was time sensitive, I would regularly communicate with SPADs from other departments, such as the Home Office and Ministry of Justice, to identify potential issues and discuss any concerns. It is important to note that I did not make decisions relating to the content of the Bill – my role was simply to facilitate decisions by or between ministers for what would be included in the bill. I proactively identified potential issues and discussed concerns with other SPADs, who were able to ensure that their respective Ministers gave these matters prompt consideration. This ensured that the Coronavirus Bill was able to pass through Parliament without any unnecessary delay considering the public health need.

Relationship between DHSC and other government departments, agencies and decision-makers

40. My general view of the relationship between the SoS, DHSC and No.10 was that it was largely healthy and functional. The SoS spoke regularly with the PM. However, the SoS did not speak with Dominic Cummings that often. I do not believe this was due to any specific personal rift, but simply because Dominic Cummings was not that responsive to the SoS. This changed when Daniel Rosenfield was appointed No.10 Chief of Staff, as the SoS and Daniel had more frequent dialogue.

C. ROLE IN RELATION TO NON-PHARMACEUTICAL INTERVENTIONS ("NPIs")

Role in relation to NPIs

41. Regarding local and regional restrictions, it was my responsibility to ensure that the SoS was aware of the views of local MPs and to try to ensure that they were supportive of the government's actions. To maintain this support, I would often call the local MPs to discuss with them the data and reasoning behind the government decision to implement the local measures and sometimes explain the impact that openly not supporting a decision would have upon the overall effectiveness of the restrictions. Very often I would facilitate calls (either one-to-one or group calls) by DHSC ministers and MPs and Peers (of all parties) to allow ministers to update parliamentarians on the latest government action and thinking.
42. The local measures system was eventually replaced by the tiered system. I would often receive calls from local MPs, who would put forward their concerns about their constituency's proposed tier based on their specific local knowledge.

Vulnerable and at-risk groups

43. As I have noted above, I would regularly review submissions that had been sent to the SoS and advise him on any parliamentary considerations. Many of these submissions contained impact assessments. Therefore, it was common for the impact of NPIs on vulnerable and at-risk persons to be considered as part of the submissions process.
44. Also, I would often be contacted by MPs to clarify a specific DHSC announcement. For example, I recall having to clarify the SoS's decision to move people out of hospital and into social care.

Herd immunity

45. I do not recall being involved in discussions directly relating to the imposition of a 'herd immunity' policy.

Covid-19 Action Plan

46. As a Parliamentary SPAD, my responsibility was mostly to ensure that MPs were supportive of the Covid-19 Action Plan, and I would deal with any concerns that arose from MPs as a result. Any action I took in relation to policy inclusion in this action plan was in a facilitatory capacity, ensuring the department was actioning the SoS (or other DHSC ministers') decisions.

Wider impact of NPIs

47. The wider health, social and economic impact of NPIs were discussed in the cross-governmental Covid-O and LAC meetings. As such, any decision taken as a result would have considered the competing priorities of the different government departments. For example, DHSC's primary interest was to focus on preserving public health, whereas the Treasury may have had more of a significant interest in finance.

D. ROLE IN RELATION TO MEDICAL & SCIENTIFIC EXPERTISE, DATA & MODELLING

48. As a Parliamentary SPAD, the SoS did not turn to me for advice on science or data. I was responsible for providing the SoS with advice relating to the views of Parliamentarians. If the SoS needed advice on data or science, he would seek it from others.

Risk assessments and daily situation reports

49. I had no role in the construction of risk assessments or the daily situation reports. However, I was a member of a WhatsApp group ("Daily Data") where this data, such as the daily testing numbers, was shared by SoS's private office to the SoS. This would be the first time that this data would be shared with me. This data was then passed onto No.10 by private secretaries in the SoS's office or, on occasion by myself and other DHSC SPADS to the No.10 SPADS.

Development of testing, vaccines and therapeutics

50. As a Parliamentary SPAD, I was not actively involved in the development of testing, vaccines, or therapeutics. However, I did sit on some of the relevant meetings with the SoS. My general assessment of vaccine meetings was that the Vaccine Taskforce, once it was set up, was well run, and did a good job but there were times where it lacked ambition. One occasion I recall, the SoS challenged Kate Bingham, Head of the Vaccine Taskforce, on its plans to purchase vaccines that would have only allowed for half the population to be vaccinated. This was some time in the summer of 2020 and long before the vaccine was proven to work. However, the SoS stated it was important to make sure enough vaccines were ordered for the whole population because if a successful vaccine was found the Government's job was to make sure that every person in the country was able to have access to a vaccine if they wished.

51. Several people contacted me to alert me to potentially significant innovations regarding various novel methods of testing. When I received this information, I would share it with the department to be followed up. I would often chase this up with the private secretary to find out where assessment of this novel testing technique had got to.

Project Moonshot

52. I did not have much involvement in Project Moonshot. I am aware that it was a programme focused on mass testing, and I occasionally sat in on meetings where Project Moonshot was discussed. I was also responsible for ensuring that on the day the pilots were launched, the information regarding the pilot stage of this programme was communicated effectively to those MPs whose constituencies were going to form part of the pilot programme. This programme was well intentioned as, if it worked as envisioned, it could allow people to not have to self-isolate if they'd been in touch with people who had contracted the virus, as they would be able to test themselves regularly.

Expert scientific and analysis advisory groups

53. These expert groups provided analysis of Covid-19 data and modelling to facilitate science-based decision making. Due to the nature of my role, I was not required to have direct contact with expert scientific and analysis advisory groups. I also do not recall the SoS having much direct contact with these expert groups, as the CMO or Deputy CMO were the main departmental interlocutors with these groups.

Joint Committee on Vaccination and Immunisation ("JCVI")

54. I had limited involvement with the JCVI. I sat on one call that the SoS had with the chair of the JCVI, which was to discuss public activity of JCVI members. There had been some members who were actively championing policies (especially in relation to the vaccination of children) which was at odds with the collective JCVI position at the time. Their activity led to confusion and concern with the public which the SoS was keen to mitigate to ensure the credibility of the JCVI and that the Government's vaccination policy was protected.

E. ROLE IN COVID-19 IN PUBLIC HEALTH COMMUNICATIONS

DHSC communications

55. DHSC's communications was led first and foremost by the SoS. Our SPAD team, particularly our Communications SPAD, Jamie Njoku-Goodwin who was succeeded by Damon Poole.
55. Early in my time as a Parliamentary SPAD, I managed the SoS's Twitter feed (though this was not the case by 2020). I had experience of recognized communications via social media, so I would be regularly involved in discussions around this subject. For example, I was actively involved in DHSC's rapid rebuttal of misinformation. This was a proactive decision by DHSC to correct information on social media that was either misleading or inaccurate. DHSC recognized that misleading or inaccurate information had a damaging effect on public health, and the 'rapid rebuttal group' was created. This group was comprised of various people concerned with DHSC communications, including me. When a member of the group came across misleading or inaccurate information on social media, this would be rapidly rebutted by DHSC.
56. As I mentioned above, it was an important part of my role to ensure that MPs were supportive of the government course of action and to mitigate any MP dissent. For example, if an MP had said something that was inaccurate, I would often get in touch with them to discuss this with them, correct any misgivings and put forward the Government's position. As part of my role, I would also ensure that MPs were informed of key government messaging, so that MPs were able to communicate this information accurately at a local level when they returned to their constituencies.
57. DHSC communications had traditionally been quite reactive, whereas given the public health impact that confusion and misinformation can have during a pandemic, DHSC recognized that it needed to be more proactive.
58. DHSC also had a specific strategy to use leading scientists to maximise the perceived credibility of communications. For example, medical professionals and scientists were identified to convey vaccine data with a view to promoting vaccination uptake.
59. I believe the overall effectiveness of DHSC's steps to drive proactive positive communication and combat misinformation was ultimately borne out by the level of vaccine uptake.

Behavioral management

60. I understand that DHSC may have sought advice from a scientific advisor, David Halpern. However, I was not involved in any specific work streams relating to behavioral management.

Effectiveness of DHSC's communications

61. In my view, I feel information was generally communicated effectively and communications were never an issue taken lightly by DHSC. DHSC used a mix of non-politicians and politicians, as well as actively trying to rebut as much misinformation as possible.

62. In relation to the local lockdowns, prior to the implementation of the tier system, communications were extremely difficult due to the bespoke nature of the measures to each individual area. This meant that there was often a great deal of confusion as to what the rules in each local area were. I would lead on communicating this with MPs (and would often try to do so ahead of time to build consensus). DHSC recognised that there were advantages of communicating public health information substantially ahead of time, and advantages and disadvantages with communicating public health messages at short notice. Ultimately, a balance was needed and DHSC learned from this experience during the implementation of the tiered system which brought forward a much more discernible collection of rules to be followed.

F. ROLE IN PUBLIC HEALTH & CORONAVIRUS LEGISLATION & REGULATIONS

Role in relation public health and coronavirus legislation and regulations

63. Decisions regarding legislation and regulations were largely taken by Ministers at Covid-O meetings. However, I was actively involved in communications with the No.10 legislation team regarding managing the legislation through Parliament and discussing the relevant timeframes. I would also advise the SoS on the relevant deadlines and timeframes that needed to be worked towards to ensure that the Coronavirus Bill was able to proceed through Parliament as efficiently as possible.

64. In the first few months of the pandemic, there was very little Parliamentary challenge regarding Covid-19 legislation introduced to Parliament. However, noticeable concern among MPs began to develop regarding the way that government was passing legislation extremely quickly which did not afford MPs the opportunity to debate or vote on these measures ahead of coming into force. I was involved in brokering an

agreement between backbench MPs (cross-party) and the Government that entailed Government agreeing to give MPs a vote on “made-affirmative” regulations of national Covid-19 significance ahead of them coming into force.

65. I led efforts from DHSC to ensure our department’s legislation went through as smoothly as possible. I did this predominantly by managing the communications with MPs. One specific example relates to legislation that imposed the tiered system in late November 2020. On this occasion, I was responsible for generating as much MP agreement as possible and ensuring that those MPs who were going to be subject to restrictions, were fully informed of the reasons that the government felt it was necessary to take that course of action. I would also liaise with the Whips Office where necessary.

Proportionality of the legislation and regulations

66. My understanding was that the SoS tended to favour more stringent rules, including greater fines for breaches of Covid-19 regulations, and increased restrictions due to the seriousness of the public health crisis. However, I recall the SoS faced significant political pushback on this point from other MPs and some political journalists, particularly in relation to the £10,000 limit that was imposed for breaking lockdown.

Successes and obstacles

67. In relation to the legislation, the measures were strict due to the SoS’s robustness in this area, as I mentioned above. In my view this was justified considering the severity and unprecedented nature of the public health crisis we faced.
68. Regarding the alignment of legislation and guidance, there was at times confusion between what was guidance and what was legislation. I recognised that if rules were created, they needed to be clear to ensure compliance. However, it was a fast-moving situation and there was a need for flexibility in relation to more complex and intricate situations. It would have been disproportionate to place all the guidance into legislation and retaining a mix of guidance and legislation provided for a level of flexibility. It was also not detrimental to public health for people to form the view that guidance was legislation. This is my personal view and is not an issue that I recall discussing with the SoS or other core decision-makers. However, it would have been beneficial to make guidance more straightforward and easier to understand.

69. In relation to the implementation of the tiered system, I recognise that this made the picture more complicated for local areas. However, it brought about a degree of improved compliance, as it was easier for local businesses and people to understand what tier they were in.

G. KEY CHALLENGES AND LESSONS LEARNED

70. The biggest challenge at the time related to the information that was available. There were lots of supposed experts producing material that was contradictory. It was also a very fast-moving situation and there were many gaps in knowledge of the nature of the virus and how it spread. This made it hard to discern reliable information and insight from that which was less so.
71. The government has shown that it has historically been poor at preparing for very low likelihood but high impact situations, such as a pandemic of this nature and scale. This was borne out in the race for PPE, as the PPE that was stockpiled was not appropriate for a coronavirus pandemic response, but it was appropriate for a more likely flu pandemic. Given the scale of the pandemic urgent procurement would of course have been necessary, but I recall that stocks of the PPE which was more appropriate for a flu pandemic than a coronavirus one (i.e. gowns) ran out quicker than other kinds which could be used for either kind of pandemic (masks, for instance).
72. One successful aspect relating to information sharing was that, in the face of a national challenge, it brought a lot of people together in the national interest. I note on one occasion there was a conference call with all the living former Prime Ministers, the SoS and the CMO. This provided an opportunity for the CMO to brief the former PMs on the latest technical data, which would be relevant for their appearances in the media. This also provided an opportunity for the former PMs to share their experience in handling similar situations historically. The SoS was in regular contact with his fellow Health Secretaries in other countries.
73. In relation to matters of coordination, as I mentioned above, the Four Nations meetings, brought the respective nations of the UK together to coordinate their responses and share their learning. As well as this, the SPAD network was effectively utilised to break down the silos across the various government departments and facilitate quick decision-making by ministers. This allowed for the prompt sharing of information and spontaneous feedback on developing issues.

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

8/8/2023

Dated: _____