

UK COVID-19 PUBLIC INQUIRY

WITNESS STATEMENT OF HENRY COOK

I, HENRY COOK, former Special Adviser to the Prime Minister, 10 Downing Street, London, SW1A 2AA, WILL STATE, as follows: -

1. I provide this statement to the Inquiry in response to a "Rule 9" Request (issued pursuant to the Inquiry Rules 2006) dated 12 December 2022. I am keen to assist the Inquiry and am conscious of the importance of meeting its deadlines. It should be noted that I left government on 23 February 2022 and did not have any access to my government emails or other documentation until 20 January 2023. The initial deadline to submit the statement in draft form was 7 February 2023 and, following an extension, this statement was served in draft form on 1 March 2023.
2. Given these timelines, and the fact that I am in full-time employment in the private sector, in the course of drafting this statement I was not able to carry out a methodical or comprehensive review of my email archive or other documentation held in the Cabinet Office. There are many thousands of emails in the archive, the vast majority of which relate to the Covid-19 response given the nature of my role at the time. I was able to review a small proportion of these. This sample was somewhat better than random, as I looked for emails with subject titles that seemed particularly interesting or relevant. For most of the emails I did open, I was only able to skim their content.
3. Following this necessarily limited review, I have submitted a selection of emails and documents to the Inquiry. I selected some because they are good examples of the types of work I was doing at the time (but are otherwise of no particular significance compared to other emails) and others because I believe they are significant in and of themselves. I have also been assisted by a small team of lawyers in locating a number

of relevant emails and documents which, from memory, struck me as being relevant and / or significant.

4. I am also disclosing relevant private communications, including WhatsApp messages, in accordance with the Rule 9 request. Given the quantity of material and the timelines set out above, in the course of preparing this statement I have only been able to review a small proportion of the private communications I am disclosing.
5. I have used my best endeavours to address the issues raised in the Inquiry's request for evidence on the basis of my recollection of events and the process which I have described above. However, should further documents be disclosed to me following the preparation of this draft statement, it might be necessary for me to clarify, expand or amend this statement.
6. This statement has been prepared based on matters within my own knowledge, unless otherwise stated.

Background, Qualifications & Roles

7. I graduated from the University of Cambridge in 2007 with a BA (Hons) in History, and in 2008 with an MPhil in Historical Studies.
8. After leaving university, I worked as a parliamentary researcher for David Willetts MP, a Political Analyst at the British Broadcasting Corporation (BBC), and a Political Adviser at Conservative Campaign Headquarters (CCHQ).
9. I subsequently became a Special Adviser to the Rt. Hon. Michael Gove in several Governmental departments (Department for Education (2012-2014), Chief Whip (2014-15), Ministry of Justice (2015-16), Department for the Environment, Food and Rural Affairs (2017-2019), and the Cabinet Office (2019)).
10. Following the General Election in December 2019, I joined the No 10 communications team as a Special Adviser to cover a colleague's maternity leave. In this role, I was responsible for the Government "grid" (strategic communications planning). As the crisis phase of Covid-19 emerged during March 2020, my role shifted to coordinating communications relating to Covid-19 and supporting the Director of Communications on Covid-19 as required.
11. In September 2020, I was appointed as one of three Deputy Chiefs of Staff in the Prime Minister's Private Office, with the Covid-19 response as part of my brief. In January 2021, I was appointed as one of three Senior Advisers in the Prime Minister's Private Office, in which role my responsibilities relating to Covid-19 continued. I remained in this role until 23 February 2022, at which point I left Government to take a six-month sabbatical and pursue a new career. I have been employed in the private sector since September 2022.

December 2019 - February 2020

12. From December 2019, I worked as a Special Adviser in the No 10 communications team, covering a period of maternity leave for a colleague. I reported into the No 10 Director of Communications as one of a team of around six media Special Advisers and approximately twenty civil service press officers.
13. Prior to the Covid-19 outbreak, my role related to strategic (i.e. planned) communications, as opposed to crisis or reactive communications. As such, I was responsible for coordinating Government announcements and other public-facing activity. I worked with a small team of civil servants within the No 10 press office to populate the Government “grid”, which is a two-week detailed look-ahead, and to undertake more high-level planning for the months and year ahead. My work was overseen by the Director of Communications, with final decisions over the grid being the result of iterative discussions during the week, particularly for headline announcements.
14. This weekly process resulted in: (a) a full two-week grid circulated within No 10; (b) an abridged two-week grid circulated to Whitehall departments with sensitive items removed; and (c) a note for the Prime Minister’s Friday red box setting out the main Government communications for the following week. These notes would effectively provide a précis of pro-active Government announcements.
15. As a member of the No 10 communications team, I constantly consumed news, whether on broadcast, in print or online, and also received regular monitoring updates by email from the press office as well as the Media Monitoring Unit (MMU). I cannot recall exactly when I first became aware of Covid-19 though it is likely to have been via one of these channels.
16. At this stage, my involvement in the Covid-19 response was limited to providing grid slots for planned government communications – such as an opinion piece (‘OpEd’) for the Sunday Telegraph by the Rt. Hon. Dominic Raab on 16 February 2020 and the publication of the “Coronavirus Action Plan” on 3 March 2020. Given my responsibility was for strategic rather than reactive or crisis communications, I did not attend decision-making meetings relating to Covid-19 (such as COBR). It is likely I would have been aware these meetings were taking place but others in the No 10 communications team would have led on this issue (in the same way that my role would not involve

leading on reactive communications to other major events, such as terrorist attacks or flooding). In this period, I was not involved in any “key” decisions or discussions, strategy meetings or decision-making in respect of Covid-19; nor did I provide any advice, at this stage, to the Prime Minister, Cabinet Committees and/or its advisers in relation to how the UK should respond to Covid-19 (besides the normal grid process described above).

March 2020 – August 2020

17. As the Covid-19 outbreak grew in the UK during March 2020, my work shifted to supporting the Director of Communications and working with other members of the team in handling communications around Covid-19.
18. During March it became impossible to conduct strategic communications planning in the normal way, due to the changing epidemiological situation and the consequent rapid nature of decision-making. Non-Covid-19 Government communications activity largely came to a halt and the focus of my role shifted to coordinating Covid-19 communications, which occurred with shorter notice and at a significantly faster pace than usual.
19. By way of example, [Exhibit HC/1 - INQ000128563], [Exhibit HC/2 - INQ000128564] and [Exhibit HC/3 - INQ000128597] show the weekly grid notes I submitted to the Prime Minister on 28 February 2020, 6 March 2020 and 13 March 2020. The notes of 6 March and 13 March were caveated to explain that there would be additional government activity related to coronavirus. The weekly grid notes were then suspended as they were being overtaken by events (for example, the note written on 13 March 2020 could not have foreseen the announcements described in paragraph 21 below).
20. Around this time, the Director of Communications set up a daily, cross-Whitehall communications meeting on Covid-19 which I attended. My electronic diary from the time indicates these meetings occurred from 9 March until 6 April 2020. Other attendees included *inter alia* the Department of Health & Social Care, NHS England and the Foreign & Commonwealth Office. These meetings were unique to Covid-19 in that we did not hold daily communications meetings on any other specific subject matter at that time. My recollection is that these meetings were useful for coordinating cross-Whitehall communications, by providing a regular forum in which to share information and updates.
21. There was a step change from 9 March, with Covid-19 now dominating the work of the No 10 communications team, and then again from 16 March as the Government began to make decisions on a daily basis which were unprecedented in peace time. Decisions were made and then announced at a rapid pace – such as guidance to avoid social contact and to work from home on 16 March, the closure of schools on 18 March, the closure of hospitality and other venues on 20 March, and full lockdown on 23 March.

22. My recollection is that in making these decisions, the Prime Minister would receive communications advice from the Director of Communications, who would himself frequently seek views from his team (including me). My primary role during this period was to work alongside the rest of the No 10 communications team to communicate decisions once they had been made. From time to time, members of the No 10 communications team other than the Director of Communications would also observe decision-making meetings in order to inform media handling. On those occasions, this tended to be remotely and as observers rather than as participants. At this stage, I did not participate in key strategy or decision-making meetings – for instance, my electronic diary indicates that I did not routinely attend the 0915 strategy meetings that were introduced.
23. There was also a need for members of the No 10 Communications team to pick up tasks which did not naturally fall to anyone as they were highly unusual. For example, I took the lead in No 10 on coordinating with the mobile phone operators to issue an SMS to every mobile phone in the country to inform the public about the lockdown announcement and provide a link to guidance on gov.uk [*Exhibit HC/4 - INQ000128565*]. The UK had to use SMS as, unlike some other countries, it did not have an “emergency alert” system in place. Following this experience at the start of the pandemic, later in my time in No 10 I monitored and encouraged plans to set up such a system and am glad it is now close to launch.
24. After the lockdown announcement on 23 March, I took the lead on planning daily Covid-19 communications activity under the oversight of the Director of Communications. Working with the No 10 grid team and the Covid-19 communications “hub” in the Cabinet Office, my role was to scrutinise, prioritise and sequence the announcements Departments wished or needed to make. This was similar to how the grid operated in normal times but on shorter timescales. It was a necessary process to bring a degree of order and coherence to the Government’s public-facing Covid-19 activity.
25. This included planning announcements and speakers for the No 10 press conferences, which became daily events. Our objectives were to reassure the public at a time of significant uncertainty and provide a high-profile platform for public health messaging as well as announcements relating to the Covid-19 response. Decisions on which ministers led press conferences each day were based on the relevance of their briefs, the importance of their announcements and our assessment of their strengths as

- communicators. As the national restrictions started to lift from May, the press conferences reduced in frequency.
26. From 25 May 2020 onwards, I wrote first drafts of the Prime Minister's press conference statements (having previously written speeches for him during the 2019 General Election campaign). Until then, I believe this had been done by the Prime Minister himself or other senior No 10 advisers. In carrying out this task, I would circulate drafts around No 10 and the Cabinet Office, as well as to the Government's Chief Scientific Advisor ("CSA") and Chief Medical Officer ("CMO"), for comments. The Prime Minister would then edit statements during press conference preparatory sessions – sometimes he made extensive changes, sometimes none.
 27. I continued to draft press conference statements into the autumn (including after my broader role in No 10 changed – see paragraph 34 below), until I handed over the task to the No 10 speechwriting team in November 2020, freeing up time for me to focus on policy. I continued to join the Prime Minister's preparatory sessions for press conferences, which involved refining his statement and preparing for media questions. On occasion, I stepped back in to write first drafts of some of the more difficult statements – such as the cancelling of Christmas relaxations in tier 4 areas on 19 December 2020 and the announcement of the third national lockdown on 4 January 2021.
 28. I also led within the No 10 communications team on suggesting and commenting on the slides for the press conferences, with final clearance provided by whichever expert was presenting the data that day. During the early phase of the pandemic, it was extremely difficult to get hold of reliable data due to problems with data flows in the DHSC. Press conferences occasionally started late due to delays in the provision of data, meaning slides had to be scrambled together at the last minute. (Contrary to media speculation at the time, delays to press conferences were not usually due to ministers themselves being late.) The process was much improved after a team was seconded from the Office for National Statistics (ONS) to help produce the slides.
 29. There was an internal government dashboard which made a significant amount of data available to ministers and officials and some of us, including the CSA, believed much of it should be made public [*Exhibit HC/5 - INQ000128591*]. The aim was to provide a better means for the public to access and scrutinise Covid-19 data and, in doing so, to de-risk the production of press conference slides. In May, we asked a team in Public Health England (PHE), working with the secondees from the ONS, to develop their existing England-only dashboard into a UK-wide public dashboard which could be

- updated with the latest data at the same time every day. The public dashboard went live in a beta format in June 2020 and was developed over the course of the pandemic, releasing granular data on cases, hospitalisations, deaths and (later) vaccinations at a local level. This initiative was a leap forward in Government data transparency and visualisation and is a credit to the PHE team behind it.
30. Part of the No 10 communications team's role is to clear the content and language of government announcements. This continued during the pandemic and I contributed to this alongside the other media Special Advisers [*Exhibit HC/6 - INQ000128590*]. I also came to be responsible for clearing Covid-19 guidance on behalf of the No 10 communications team (others in government, such as the Deputy Chief Medical Officers ("DCMOs"), also signed off guidance ahead of publication). I sought to ensure guidance was understandable to the public, remove jargon, check for consistency between different pieces of guidance, and flag any anomalies or concerns around how policy decisions had translated into what was intended to be practical advice for the public. See, for example [*Exhibit HC/7 - INQ000128592*], and [*Exhibit HC/8 - INQ000128593*].
31. Ahead of its publication on 11 May 2020, I was asked to review the document setting out the Government's strategy for exiting lockdown (eventually titled: *Our plan to rebuild: The UK Government's COVID-19 recovery strategy*). On 6 May, I made comments on the document from a communications perspective and suggested drafting changes. I also provided a degree of challenge to the policy substance, as someone who had not been involved in developing it – see [*Exhibit HC/9 - INQ000128566*]. The team who had produced the document then worked through my comments. I fulfilled a similar function in relation to the additional chapter to the document, published in July 2020.
32. When my colleague returned from maternity leave in June 2020, I remained part of the No 10 communications team and continued to provide support on Covid-19 communications over the summer. By this point I had started discussions with the Prime Minister's Senior Adviser and the Director of Communications *inter alia* about the potential for a new role for me in the No 10 Private Office.

Autumn 2020

33. In September 2020, I was appointed as one of three Deputy Chiefs of Staff within the Prime Minister's Private Office. In this role, I initially reported to the Prime Minister's Senior Adviser Dominic Cummings and then to Sir Edward Lister when he became Acting Chief of Staff.
34. When I was first appointed, my role was envisaged to be broad, covering domestic policy and delivery of the Prime Minister's priorities, as well as the Covid-19 response. However, as the autumn wave grew, the Covid-19 response soon took up most of my time. I was effectively the Special Adviser point of contact to the Prime Minister's private secretary on Covid-19 and the Covid-19 Taskforce in the Cabinet Office ("the Taskforce"). This involved working with the Taskforce on developing strategy and policy, providing comment and challenge (usually by email, occasionally in meetings), agreeing cast lists for meetings, continuing to clear Covid-19 guidance, and helping to coordinate Covid-19 activity between No 10, the Cabinet Office, the Department of Health & Social Care, and other Government departments. Examples of this work include: [Exhibit HC/10 - INQ000128568] and [Exhibit HC/11 - INQ000128569].
35. From memory and from reviewing my diary and emails records, the general cadence of meetings and decision-making from autumn 2020 onwards *tended* to be:
- Dashboard meetings on Mondays, Wednesdays and Fridays. These were chaired by the Prime Minister and attended (mostly remotely) by a large number of people, including the CSA, the CMO, the Health Secretary, No 10 and Taskforce staff and a number of other officials, advisers and, occasionally, ministers from across government. This was primarily an opportunity to review the latest data. Occasionally, the potential for policy changes (such as the imposition or lifting of restrictions) was raised, which sometimes led to further discussion, but in general these were not decision-making meetings. The default cadence was three times a week but the frequency varied depending on the epidemiological situation.
 - Strategy meetings. When the data indicated that action was required or as a set decision point approached (such as the expiry of lockdown regulations or a step in the Roadmap), the Taskforce would prepare advice and options for the Prime Minister. These tended to be discussed in strategy meetings involving the Prime Minister, CSA, CMO, the Taskforce and the No 10 team. These

meetings would give the Prime Minister the opportunity to assess the situation with his senior scientific, official and political advisers and to provide early steers on what should be done (if anything). Ahead of these meetings, the Taskforce would generally engage with the CSA, CMO and the No 10 team, including me, to prepare a presentation with options.

- Senior ministerial (or “quad”) meetings to discuss strategy. If action was deemed necessary, the next stage was to bring together the most senior ministers with the Prime Minister. From October 2020, the quad tended to consist of the Prime Minister, the Chancellor of the Exchequer (“CX”), the Chancellor of the Duchy of Lancaster (“CDL”) and the Health Secretary. Also in attendance would be the CSA, CMO and members of the 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.
- Covid-S, Covid-O or Cabinet meetings to make decisions. At the point decisions were needed, formal collective-decision making meetings would be convened. These would be attended by ministers on the relevant committees, CSA, CMO, members of the Taskforce and the No 10 team.
- In addition, the Prime Minister would chair “deep dives” into specific issues which required attention – such as testing, care homes and (latterly) weekly meetings on vaccines.
- Covid O would also meet regularly – at points daily – chaired by the CDL to make collective decisions on Covid-19 at the level below which Prime Ministerial involvement was required. Besides occasional calls where the Prime Minister briefed leaders of the Devolved Administrations (“DAs”) on major decisions, the CDL led on relations with DAs, from time to time chairing COBR meetings or holding less formal meetings. Members of the No 10 team, myself included, would often provide CDL with the Prime Minister’s steers, both on issues under discussion in Covid Os and on issues relating to the DAs.

36. Throughout this period, significant policy decisions would generally be identified, escalated and resolved through the pattern of meetings (or a variation of it) which I have described above. I have not sought to recount or describe each of these meetings

in the account which follows but I have sought to give my best recollection of the basis on which major decisions were reached.

37. From autumn 2020 onwards, I attended the above meetings by default (apart from some CDL-chaired Covid-O's and meetings with the DAs). My recollection is that while Dominic Cummings and Lee Cain were in post, my participation in ministerial strategy and decision-making meetings was relatively limited, as I often agreed with their points of view and deferred to them as more senior and longstanding members of the Prime Minister's team. I worked closely with the Taskforce on preparing options and materials for those meetings and on working through details after steers had been given and decisions reached. After Dominic Cummings and Lee Cain departed No 10 in the week commencing 9 November 2020, I became effectively the Prime Minister's most senior Special Adviser working on Covid-19. As a result, my active participation in ministerial meetings increased and I advised the Prime Minister directly on a daily basis.
38. From Autumn 2020, I helped the Taskforce translate ministerial policy decisions into Regulations made under the Public Health Act [*Exhibit HC/12 - INQ000128567*]. The legislation itself was drafted by lawyers in the Government Legal Department / the Department of Health & Social Care, having received policy instructions from the Taskforce. Each set of Regulations gave rise to potential anomalies and "edge cases" (such as how the rule of 6 should apply to amateur choirs or orchestras, how the definition of "self-contained accommodation" was to apply in practice, and what types of childcare were covered by exemptions). On these occasions, the Taskforce would convene a meeting with myself and others in No 10 to work through edge cases and provide steers. This could be likened to a "triage" process. As appropriate, recommendations would then go back to the ministers ahead of regulations being finalised.
39. I also provided steers to the Taskforce on the six-monthly reviews of the Coronavirus Act 2020. Reflecting ministerial preferences, my general steer was to expire temporary provisions within the Act wherever possible, given the extraordinary powers that had been taken, while maintaining those provisions which were still necessary (for example, to enable the furlough scheme). Recommendations would then go to ministers for collective decision. At each Review point, a significant number of temporary provisions were expired, culminating in the commitment to expire all temporary provisions as part of the Living With Covid Strategy in February 2022. The Coronavirus Act 2020 received much criticism, particularly from parliamentarians. Sometimes this criticism was based on a misunderstanding that the Act was used to

- enforce lockdowns, gatherings limits and business closures – in fact these measures were implemented under the Thatcher Government’s Public Health (Control of Disease) Act 1984. See for example [*Exhibit HC/13 - INQ000128586*].
40. The first lockdown and ongoing measures had reduced Covid-19 cases to a low level over summer 2020 but by September they were rising again. A common criticism at that time was that the rules and guidance were too complicated: guidance stated that you should not gather in groups of more than six people or two households, yet the law prohibited gatherings of more than 30 people. Feedback from the police suggested officers were finding it hard to enforce the rules, while opinion research suggested the public were confused.
 41. For these reasons the “rule of 6” was created – aligning guidance and law into a simple rule – and announced by the Prime Minister on 9 September 2020. As is inevitable when drafting regulations which interfere in normal life to such an extent, there were edge cases and anomalies which provided grounds for continued criticism. Overall however, the rule of 6 brought welcome clarity.
 42. On 21 September, SAGE recommended further action and included “a circuit breaker (a short period of lockdown)” on a shortlist of options [*Exhibit HC/14 - INQ000128562*]. Mindful of the social and economic damage caused by lockdowns, ministers decided that other less damaging measures should be tried first. As a result, on 22 September, the Prime Minister announced a return to guidance to work from home (also on SAGE’s shortlist of options), early closing time for hospitality venues (which had been tried in Belgium with some apparent success), and continued local restrictions in “hotspots”. The Prime Minister’s statement acknowledged further action may be necessary if the package did not prove to be sufficient (“we must reserve the right to go further”).

Tiers and the second lockdown

43. Since the summer, consistent with the approach set out in *Our plan to rebuild*, some areas in England had been under local restrictions due to ongoing high prevalence (most notably Leicester). This was preferred to tougher national measures, as it seemed neither rational nor fair to impose restrictions in parts of the country where prevalence was low in order to address pockets of high prevalence elsewhere. As prevalence rose generally, more areas entered a patchwork of different restrictions across the country. The DHSC proposed a formalized system of “tiers”, intended to bring consistency to rules in different parts of the country and regularize the process

for escalating and de-escalating local restrictions. Ministers agreed to the proposal for tiers and the Prime Minister announced the new approach on 12 October.

44. Local politicians frequently criticised what they saw as a lack of consultation over the imposition of local restrictions. Alive to this criticism, ministers decided that measures in the highest tier 3 would be subject to consultation with local leaders rather than imposed. The intention was to win buy-in from local politicians by involving them in decision-making, increasing the likelihood of strong local voices on the ground advocating compliance with local restrictions.
45. Some local leaders, such as Steve Rotheram in Liverpool, approached this in a constructive spirit, with measures agreed for Liverpool on 11 October in advance of the Prime Minister's announcement on tiers the following day. Others resisted, such as Andy Burnham in Greater Manchester, where negotiations proved fruitless and tier 3 measures were eventually imposed on 20 October. In this case and elsewhere, the attempt to include local leaders in decision-making delayed the introduction of restrictions. In November, the Prime Minister gave a direction that when tiers returned the following month, there should be a uniform tier 3 and no element of negotiation.
46. By late October, it became clear that the combination of tiers and the national measures announced at the end of September had not brought R below 1 nationally and that, without action, the NHS would be overwhelmed. On 29 October, SAGE advised that "a substantial reduction in prevalence is required... measures to achieve this would need to be put in place as soon as possible" [*Exhibit HC/15 - INQ000128574*]. The Taskforce prepared the option of a second national lockdown. This was a difficult decision, not least as there was no clear route back to normality. At the time, no vaccine had been shown to work (this soon changed with the release of Pfizer's Phase 3 trial results on 11 November). Mass testing showed promise but was not ready to be rolled out at a large scale. Having weighed up the decision, the Prime Minister concluded a second lockdown was necessary, announcing this on 31 October. I supported this decision on the basis that it had been reasonable earlier in the autumn to see whether less intrusive measures were enough, but now the evidence was clear further action was necessary.

The Winter Plan, the Kent variant and Christmas

47. During the second lockdown, work began on a new strategy to get through winter (which became known as the *Covid-19 Winter Plan*). Ministerial steers were given through a series of meetings in November. I worked closely with the Taskforce who

provided drafts which I edited and commented on. This was an iterative process – the Taskforce would return new versions, also incorporating comments from others such as CSA, CMO, CX, CDL and the Health Secretary, and I would then provide a further set of comments. My role could be likened to being the document's "editor". See for example: [*Exhibit HC/16 - INQ000128570, INQ000128571*] & [*Exhibit HC/17 - INQ000128572, INQ000128573*]. I subsequently took up the same role for the *Covid-19 Response: Spring 2021* (the "Roadmap"), the *Covid-19 Response: Autumn and Winter Plan* ("Plan B"), and the *Covid-19 Response: Living with Covid-19* (the "Living with Covid Strategy").

48. In undertaking this task for each of these documents, my objectives were to ensure that the documents reflected the Prime Minister's steers and set out our strategy clearly with various audiences in mind: the Cabinet (who would need to agree to it); the media (who would report on it); MPs (who would vote on it); and the public (who would want to understand it).
49. The "Winter Plan" relied on the introduction of "tougher" Tiers, while vaccinations, treatments, and mass testing were rolled out as new tools designed to reduce the need for restrictions.
50. This approach might have worked but for the emergence of the Kent variant. The November lockdown had halted and in most places reversed virus growth, but not in Kent. At the start of December, Kent was placed in tier 3, but again virus growth continued. The reasons for this were unclear until the week commencing 14 December, when scientists raised concerns about a variant with an unusually high number of mutations which may have been contributing to higher-than-expected growth in Kent and the wider South East. On 18 December, NERVTAG (the New and Emerging Respiratory Virus Threats Advisory Group) advised that the new variant was 71% more transmissible than "wild type" Covid-19 and that it increased R by between 0.4 and 0.9 [*Exhibit HC18 - INQ000128575*].
51. In response to this information, one day later on 19 December the Prime Minister announced large parts of London, the South East and the East of England would enter a new tier 4 (with similar rules to those which applied during the November national restrictions). The planned Christmas relaxation was cancelled in those parts of the country and curtailed elsewhere.
52. I remember this being a particularly difficult moment for everyone – those working on the pandemic response and the country at large. The plan published less than a month

earlier had been overcome by a new threat which was not anticipated. The World Health Organisation subsequently named the variant “Alpha”, because it was the first significant Variant of Concern to emerge globally since the start of the pandemic - in that sense, the UK was unlucky. Research published subsequently suggested that, prior to the emergence of the Kent variant, more stringent regional restrictions in England were effective at reducing infection rates [*Exhibit HC/19 - INQ000128587*].

The third lockdown

53. In January 2021, the senior team in No 10 was restructured with Dan Rosenfield appointed Chief of Staff. He asked me to step aside as Deputy Chief of Staff but to remain in the Prime Minister’s Private Office as one of three Senior Advisers, continuing to work on the Covid-19 response. In practice my role continued largely as it had been since the departure of Dominic Cummings and Lee Cain in November 2020. I reported to the new Chief of Staff while continuing to participate in Covid-19 meetings and providing advice directly to the Prime Minister.
54. Over the Christmas period, further areas were escalated into tier 4 and the return of most secondary school pupils was delayed until mid-January. By the start of January there were almost 27,000 Covid-19 patients in hospitals in England, 40% more than in the first peak. As the Kent variant continued to spread, the trajectory of the virus indicated the whole country would need to enter tier 4 sooner or later. There was uncertainty over whether tier 4 – with schools still open – was enough to bring R below 1. I was of the view that we should immediately move to a national lockdown, including school closures, and advised the Prime Minister accordingly [*Exhibit HC/20 - INQ000128576*]. I felt the clarity of message and urgency around “national lockdown” would maximise our chances of reducing human-to-human contact to the extent necessary to prevent the NHS from being overwhelmed. On 4 January, meetings were expedited which led to the decision to enter a third national lockdown, announced by the Prime Minister that evening.
55. It is noteworthy that the regulations introducing the third lockdown were passed by a majority of 524 to 16 votes in the House of Commons and were not opposed by the convenors of the “Covid Recovery Group”. This contrasted with the second lockdown regulations, opposed by 40 MPs (including tellers), and the “tougher tiers” regulations, opposed by 80 MPs. At this late stage, the rebel group established to oppose government measures to reduce the spread of Covid-19 did not oppose lockdown. To my mind, the logic requiring lockdown in January 2021 – that without intervention

exponential virus growth would overwhelm the NHS – was the same logic which had required restrictions in the preceding months.

The vaccine rollout

56. As the third lockdown began, there was a clearer route out of the pandemic than previously, thanks to the vaccination programme. The Medicines & Healthcare and products Regulation Authority (MHRA) provided their approval for the use of Pfizer vaccinations on 2nd December 2020. The first Pfizer vaccination was administered in the UK on 8th December 2020. The MHRA gave their approval for AstraZeneca's vaccine on 30th December 2020. Thanks to the MHRA's rapid approval process and the Vaccine Taskforce's (VTF) early deals with vaccine manufacturers, the UK became the first nation in the world to commence a vaccine rollout programme and maintained its "head start" well into the spring and summer.
57. Following the approval of the Pfizer vaccine, the Prime Minister chaired regular meetings on the vaccination programme, in which the DHSC and NHSE would update on distribution and the VTF would update on supplies. The Chief of Staff and I worked with the Taskforce to review the papers submitted and advise the Prime Minister on key points for scrutiny, as well as ourselves providing challenge during the meetings. They provided a useful battle rhythm in which "the centre" (No 10, CO and occasionally HMT) could scrutinise the rollout without micromanaging it. NHSE's head of the vaccination programme, Emily Lawson, and the VTF's Director General, Madeleine McTernan, both provided reassurance that the rollout was on track.
58. The Prime Minister set targets for the vaccine rollout, the first of which was announced alongside the third national lockdown on 4 January (the offer of a first dose to everyone in JCVI groups 1-4 by mid-February). Subsequent targets were set as the rollout proceeded. The Prime Minister set these targets based on information provided by NHSE and the VTF, and advice from the Taskforce. They were designed to be stretching but achievable and enabled the public and the media to hold the government to account.
59. In 2020, the CSA among others had helped to broker the partnership between Oxford and AstraZeneca. The deal ensured there would a UK-based supply chain (Oxford Biomedica, and Wockhardt in Wrexham) and gave the UK exclusivity over the first 100 million doses produced by that supply chain.

60. By contrast, the vaccine rollout in the European Union was hampered by slower approval from the European Medicines Agency compared to the MHRA, later deals with vaccine manufacturers and, in particular, an inferior contract with AstraZeneca. Because the EU had reached agreement with AstraZeneca far later than the UK, there was less time to establish its supply chain leading to delays in the production and delivery of doses to the EU. Unaware of the UK's exclusivity clause over the UK supply chain, the EU questioned why the UK was receiving millions of doses while they were receiving none.
61. At the end of January 2021, the EU triggered Article 16 of the Northern Ireland protocol, effectively erecting a hard border between Northern Ireland and the Republic, in order to prevent vaccines being exported to the UK. The EU swiftly reversed its decision.
62. Tensions resurfaced in March 2021 when statements indicated the EU could block the export of the UK's Pfizer doses from Belgium (even though there was no dispute between the EU and Pfizer and no question that the doses belonged to the UK under UK and EU law). The Prime Minister sought assurances from the President of the European Commission that the Pfizer doses would not be blocked. He explained this would mean the UK could not give second Pfizer doses to those who had already received their first doses and that millions of elderly and vulnerable people (including many EU citizens resident in the UK) would be unable to complete their course of vaccination. He also sought assurances over AstraZeneca doses produced at the Halix plant in the Netherlands which were contractually owed to the UK. I exhibit the following emails and documents relating to this matter: [*Exhibit HC/21 - INQ000128577*] & [*Exhibit HC/22 - INQ000128578*], [*Exhibit HC/23 - INQ000128579*], [*Exhibit HC/24 - INQ000128580*], [*Exhibit HC/25 - INQ000128581*], [*Exhibit HC/26 - INQ000128582*], [*Exhibit HC/27 - INQ000128583*], [*Exhibit HC/28 - INQ000128584*], [*Exhibit HC/29 - INQ000128588*], [*Exhibit HC/30 - INQ000128594*].

The "Roadmap"

63. On 27 January, the Prime Minister committed to publishing a roadmap out of lockdown after the half-term parliamentary recess. A series of meetings were held through February to determine the Government's approach, culminating in the publication of the Roadmap on 22 February 2021. I both advised the Prime Minister on substance of the Roadmap and worked with the Taskforce to draft the document, again fulfilling the "editor" role described above in paragraph 48. See exhibits [*Exhibit HC/31 -*

INQ000128595] & [*Exhibit HC/32 - INQ000128596*] for my comments on various drafts of the Roadmap.

64. To inform the Roadmap, SAGE and SPI-M modelled the number of infections, hospitalisations and deaths that would occur as restrictions were lifted at different speeds, and as the population's immunity increased due to administration of vaccines. The Taskforce and HMT worked together to scrutinise the data and modelling. This was an improvement on previous occasions, where HMT felt they had not been able to scrutinise the modelling and therefore often disputed the evidence base on which ministers were being asked to make decisions.
65. The Prime Minister wanted the Roadmap to be "cautious but irreversible" – which meant not opening up too much too soon before the vaccines had provided the necessary immunity in the population. It was hoped that vaccines would break the link between infections and hospitalisations, so it was no longer necessary to control simply for R – the Roadmap stated that infections would increase as the country unlocked, but vaccines meant this would not lead to the surge in hospitalisations which would previously have been expected.
66. SAGE, the CSA and the CMO advised that there should be sufficient gaps between the steps out of lockdown in order to allow assessment of the impact of the previous step before ministers had to decide on moving to the next step. Therefore the Roadmap built in 5-week gaps between the steps – 4 weeks to assess the impact of the previous step and an additional week's notice for business to ensure an orderly reopening.
67. Progress through the roadmap would be based on "data not dates" following assessment against 4 tests. Given the interactions between the various data, it was not possible to come up with a "magic formula" or to set fixed thresholds for whether the 4 tests had been met. The tests therefore gave a clear indication of the criteria Ministers would consider while providing for a degree of flexibility. Ultimately - and as it proved - decisions to proceed through the steps would need to involve judgement calls for Ministers.
68. The Roadmap incorporated some clear principles: (i) schools should reopen first; (ii) outdoor settings should reopen before indoor settings, where the virus found it easier to spread; and (iii) social and economic "unlocking" should happen concurrently (for example, the public would not understand if shops were opened before people could

- meet friends and family, despite the theoretical advantages to the economy of doing so).
69. No 10 and the Taskforce together assessed which previous approaches had not worked well and recommended adjustments to ministers - for example, the “substantial meal” rule, the hospitality “curfew” and tiers. Each case demonstrates a willingness to learn from previous experiences:
- The “substantial meal” rule originated from a desire the previous autumn to allow restaurants to stay open even as “wet-led” pubs (where the CMO in particular was concerned about transmission) closed. There is no distinction in law between pubs and restaurants, so to achieve this policy goal, it was necessary to rely on an established concept in licensing rules (the “substantial meal”). This led to much ridicule and a debate over whether scotch eggs constituted a substantial meal. In designing the Roadmap, the decision was taken not to split the difference between pubs and restaurants and instead treat the whole hospitality sector in the same way.
 - The hospitality “curfew” (or early closing time) had been intended to reduce the time spent in hospitality settings late at night when social distancing was less likely to be practiced. However, this led to surges in the use of public transport immediately after closing, also limiting the possibility to practice social distancing.
 - The original intention had been to “move regions down the Tiers” (as stated in the Prime Minister’s announcement of the third lockdown) but this was revisited following the challenges the Government had previously faced with tiers [*Exhibit HC/33 - INQ000128599*].
70. At this time, I felt the machinery of Government was working well. There was a good working relationship between No 10 and the Taskforce, SAGE and the scientific community, and in turn the Department of Health and Social Care and other Government departments. The Roadmap was broadly well received, and was a working example of a productive two-way conversation between policy makers and scientific advisers.
71. Progress through the Roadmap was steady until the emergence of a new variant which had originated in India (subsequently named Delta by the WHO). In the week

commencing 10 May, there was some debate about whether to halt step 3 on 17 May even after the decision to progress had been announced, due to new information that was emerging about Delta. I and others felt that there wasn't sufficient evidence to justify a sudden departure from the Roadmap, and that doing so could harm public confidence in the vaccination programme. The Prime Minister decided to proceed with Step 3 but, with Delta growing rapidly, the decision was later made to delay Step 4 by four weeks in order to allow time for more vaccinations to be administered.

72. The decision to proceed to step 4 on 19 July 2021 was controversial. At this time the Delta variant was growing and the scientific community was "split", with some advising for further delay and others advocating a reverse to step 2 [*Exhibit HC/34 - INQ000128601*]. The Prime Minister's view could be summarised as "if not now, when?" With high immunity in the population off the back of vaccination programme and in the heat of summer, he thought it would be better to open up now before immunity waned and the weather became colder. The CMO advised that this was a reasonable position, with summer a better time than winter for an exit wave, but also cautioned that the Government should be prepared to reimpose restrictions if necessary.
73. I consider that it was the right decision to proceed. The exit wave proved manageable and other countries which did not open up in Summer 2021 (due to slower vaccination campaigns) faced difficult Delta "waves" in the Autumn/Winter of 2021 and, consequently, more restrictions. Our approach at step 4 was consistent with a note I had written in April 2021 (prior to the emergence of Delta), which set out a "minimalist" option in terms of remaining restrictions, while not ruling out the possibility of reimposing measures in the autumn and winter [*Exhibit HC/35 - INQ000128589*]. This later evolved into "Plan B" (see below).
74. After step 4, "test, trace and isolate" (TTI) was one of the few remaining controls. The number of cases and contacts spiked in July and August – which became known as the "pingdemic". This was TTI working as intended – removing positive cases and their contacts (who were much more likely to have Covid-19 than non-contacts) from circulation, rather than applying universal restrictions to the economy and society. Subsequent analysis suggested that the "pingdemic" curbed the summer wave, thereby helping avoid the continuation of universal restrictions. See [*Exhibit HC/36 - INQ000128600*], [*Exhibit HC37 - INQ000128598*] & [*Exhibit HC38 - INQ000128585*].

"Plan B" and Omicron

75. In No 10 and the Taskforce, we believed there was a case for setting out a contingency plan in case there was a winter wave or new variant of concern emerging in 2021/2022. This became known as “Plan B” and was intended to give businesses and the wider population advance warning of what to expect if the epidemiological situation deteriorated. Ministers agreed the approach, which was outlined on 14 September 2021 in a policy document entitled “Covid-19 Response: Autumn and Winter Plan”. I again became “editor” for the document, as described in paragraph 47 above.
76. The vaccination rollout had put the UK in a much better position going into winter than the previous year, meaning that measures in Plan B could be relatively “light touch”. SAGE advised that “small interventions can be effective to bring rates back down. This is particularly true in the presence of high levels of population immunity.” [*Exhibit - HC/39 - INQ000061603*]
77. The measures in Plan B were: communications urging the public to reduce their social contacts, requirements to wear face coverings in enclosed public spaces, guidance to work from home, and the introduction of Covid-19 “certification” in certain settings. The hope was that in the event of an autumn or winter surge, Plan B could help avoid the need for the introduction of harsher restrictions of the kind previously imposed. Even the act of triggering Plan B could “jolt” the public into adjusting behaviours, reducing the chances further measures would be required. As SAGE advised, “early, ‘low-cost’ interventions may forestall need for more disruptive measures and avoid an unacceptable level of hospitalisations.” [*Exhibit HC/40 - INQ000061603*]
78. There had consistently been significant opposition in Parliament to the introduction of Covid-19 “certification”. My view was that while certification should not be introduced for the sake of it, it was a potentially valuable tool which *might* enable settings to remain open that would otherwise have to close, or see social distancing reimposed, in a winter wave. In crude terms, it would be better to keep pubs fully open for those who were vaccinated or had a negative Covid-19 test result, rather than close pubs for everyone. Plan B applied Covid-19 certification to a narrow number of settings, namely nightclubs and venues for large crowds, though applying it more widely was not “entirely ruled out”.
79. In late November 2021, a new variant of the virus emerged from South Africa, soon named Omicron by the WHO. No 10 first learned of the new variant and what appeared to be its very high transmissibility on the morning of 25 November. Covid O met later that day to agree to close the border with South Africa. Regulations were in force by

midday on 26 November and hotel quarantine for returning UK citizens was in place from 4am on 28 November.

80. On 8 December, Ministers agreed to trigger Plan B on the basis of information about the spread of Omicron in the UK. At this time, there were discussions between No 10, the Covid-19 Taskforce and ministers as to whether to retain the plan for Covid-19 certification as set out within Plan B. This was the most controversial aspect of the Plan with MPs and required a Parliamentary vote.
81. I took the view that it was important to maintain certification in Plan B as originally envisaged. I was concerned that the situation might deteriorate further over the winter and that if we didn't introduce certification to some settings at this point, we would remove our ability to roll it out to more settings (e.g. bars and pubs) later on. I worried we could end up regretting taking this option off the table, and therefore having to resort to more damaging measures, such as social distancing or closures.
82. The Prime Minister's view was that we should not "drop" certification simply in order to avoid an embarrassing parliamentary rebellion and that such an overtly "political" decision would undermine public confidence. In hindsight, given how the Omicron wave panned out, it was probably not necessary to introduce certification – but we did not know that at the time.
83. Another tool at this time was mass testing. By now, members of the public could order Covid-19 Lateral Flow Tests for free online (via the gov.uk website) and test themselves before seeing family and friends. This was especially valuable before relatives gathered for Christmas.
84. There was a debate over whether further restrictions, even a fourth lockdown, was required to deal with the Omicron wave. The Government was monitoring data from South Africa, and whilst it was clear that Omicron was more transmissible than previous known strains of the virus, there was also evidence to suggest its effects were less severe. There was incorrect media speculation that the Prime Minister planned to introduce a fourth lockdown but was prevented from doing so by the Cabinet. While he monitored the data closely and ruled nothing out, the Prime Minister was never convinced there was sufficient evidence to justify another lockdown.
85. Instead ministers agreed to accelerate the rollout of booster vaccinations through the "Get Boosted Now" campaign announced by the Prime Minister on 12 December. Other NHS appointments were deprioritised in order to offer all eligible adults a booster

by the end of the year, a month earlier than previously planned. At peak, 900,000 vaccine doses were administered in a single day, significantly more than the best day of the original vaccine rollout.

86. The Omicron wave peaked and subsided – a combination of boosters, mass testing, Plan B and voluntary behaviour change by the public had been enough without the need for further restrictions.

Living with Covid-19 – February 2022

87. On 19 January 2022, the Prime Minister announced that England would return to Plan A and the government would set out a plan for living with the virus and removing the remaining restrictions. He wished to strip away the remaining Covid-19 apparatus and return to “normal” life.
88. This set in train a programme of work which culminated in the “Living with Covid-19 Strategy” which I “edited” as described at paragraph 47 above. This strategy set a timetable for ending the last Covid-19 restrictions (relating to the self-isolation of positive cases and international travel), phased out widespread “free” Covid-19 testing, and set out plans to maintain resilience and surveillance.
89. I felt it was important to retain the ONS Infection survey as well as capacity for genomic sequencing (which allows insight into the evolution of the virus).
90. It should be noted that the preparation of the Living with Covid Strategy was my last material involvement in the Covid-19 response prior to my departure from No 10 on 23 February 2022.

Government Strategy

91. I have been asked whether “herd immunity” was a strategy adopted by the Government for responding to Covid-19 in the period January – March 2020. As set out above, I was not involved in decision-making during this period as I was working on strategic (rather than crisis) communications and, from early March, supporting the Director of Communications on sequencing and executing Covid-19 communications. I believe that I first heard the phrase “herd immunity” once it became a media controversy and do not recall prior discussion of it.

92. Later in the pandemic, once there was a vaccination programme, it became the Government's objective to increase the level of population immunity through vaccination such that that Non-Pharmaceutical Interventions could be relaxed without the subsequent rise in cases leading to unsustainable pressure on the NHS.
93. This was the aim of the Roadmap which was introduced in February 2021. The reason the country can live without restrictions today is because there is sufficient immunity in the general population, from both vaccination and past infection.
94. I would describe the Government's consistent objective in response to Covid-19 as being to intervene when necessary to prevent so many people getting sick at the same time that the NHS might be overwhelmed. This remained the objective from the Coronavirus Action Plan published on 3 March 2020 through the Roadmap and Plan B. In a narrow sense, this objective was met – while there were periods of significant pressure, at no stage did the NHS enter a Lombardy-style situation.
95. At times this necessitated the introduction of lockdowns and other Non-Pharmaceutical Interventions. On three occasions lockdowns became necessary in order to achieve this objective of preventing the NHS from becoming overwhelmed due to too many people being sick at the same time.
96. Ministers were mindful that, even though lockdowns were effective in controlling the virus, they were immensely damaging in other ways; to children's education, to the economy, to people's mental and physical health (as waiting lists due to Covid backlogs now attest). Consequently, lockdowns were not a main or preferred strategy, rather they were a last resort when other interventions had failed to control the virus.

Protecting the vulnerable

97. At major decision points, ministers considered what support was needed for the most vulnerable. "Shielding" had been introduced during the first wave in order to protect those defined as the "clinically extremely vulnerable". By the time I moved into the No 10 private office, there was a clear principle that ministers would follow clinical advice from the DCMO on whether shielding or other measures were required to protect this group.
98. The concept of "segmentation", whereby the vulnerable would be segregated so that the rest of society could remain open, was occasionally raised as a potential alternative to lockdown. Besides ethical concerns about this approach, the Cabinet Office

consistently advised that it would not work, as it would be impossible to create the “impermeable walls” necessary to keep the vulnerable entirely separate. (For example, those caring for the vulnerable in hospitals and care homes would also need to be segregated.)

Care Homes

99. While I was a member of the communications team, significant criticism had been directed at the Government for its handling of care homes. By the time I joined private office in September 2020, my perception was that across government, particular attention was paid to reducing the risk of infection spreading within care homes.
100. To this end, care homes were afforded priority in the provision of personal protective equipment (“PPE”) and testing. Analysis suggested that staff movements had contributed to spread within and between care homes, so proposals were drawn up to restrict the movement of staff between different care homes. In addition, restrictions were placed upon visits into care homes. This meant elderly people near the end of their lives could not see family and friends, which was a source of great anguish to many people. Ministers were seeking to balance the need to reduce Covid-19 infections in care homes, thereby saving the lives of many residents, with the desire to allow people to see their loved ones.

Face coverings

101. By Autumn 2020, the scientific view was that face coverings were effective in reducing the transmission of Covid-19, and might also provide some protection to the wearer. Face coverings thus became central to the Government’s “hands, face, space” communications campaign.
102. When considering the range of possibly NPIs, face coverings were a relatively low-cost intervention (compared, for example, to business closures or social distancing). As a result, requirements to wear face coverings were one of the last measures to be lifted when relaxing restrictions and one of the first measures to be reimposed (as part of Plan B).

Borders & Travel

103. Various measures were adopted at the border during the pandemic, including travel corridors, a red list, the “stay in the UK” regulation and the “traffic light system”. I took the view that border controls could help to reduce incursion of the virus into the UK and prevent or slow the “seeding” of new variants of concern (once this threat was understood from December 2020).
104. When the Omicron variant emerged, the UK reacted very quickly to impose border controls and did so more rapidly than most other countries. However, this did not prevent or delay the variant’s seeding and rapid spread in the UK.
105. Furthermore, throughout the pandemic, there were doubts regarding the quality of the data which was provided by other countries on which the Joint Biosecurity Centre had to rely for its recommendations to ministers.
106. Therefore, while I agreed with the logic of introducing border controls and still do, I am unclear as to the optimal design of such measures. As part of the UK’s preparedness for future pandemics, I believe there would be a significant benefit in commissioning research into what effective pandemic border protocols, both domestic and international, would be. Clarity about which border controls are effective would be especially useful at the start of an outbreak, whether of Influenza, Coronavirus or another novel infectious disease.

Schools & Education

107. By the time I joined the No 10 Private Office in September 2020, there was broad agreement (among Ministers, scientists, health professionals and advisers) that if Covid-19 restrictions were required, schools should be the last to close and the first to open, due to the importance of keeping children in education. For that reason, schools remained open during the second lockdown in November 2020 and in tier 4 areas in December 2020.
108. The motivation to keep children in school if at all possible also led to the opening of primary schools for a single day on 4 January 2021. This was clearly regrettable, as acknowledged by the Prime Minister in his statement announcing the third lockdown that evening.
109. Consistent with the principle that schools should be the last to close and the first to reopen, reopening schools was part of “step 1a” in the Roadmap out of the third lockdown in early March 2021.

Impact of rule breaches on public confidence

110. I have been asked whether I consider breaches of rules and standards by Ministers, officials and advisers had an impact on public confidence in the UK Government's response to Covid-19.
111. The first reports of rule-breaking within No 10 were on 30 November 2021, near the end of the period under consideration by the Inquiry. It seems to me the impact on public confidence following those reports could be measured in two ways: public approval for the government and public adherence to Covid-19 guidance and rules. Published opinion research indicated a fall in government approval ratings following "partygate" reports. On the other hand, metrics showed the public responded positively in December 2021 to public health recommendations – to get vaccinated, take regular tests and reduce social contacts. The latter is arguably more important than the former when it comes to public health.

Final reflections

112. Covid-19 was the biggest challenge to face the UK since the Second World War. The nation owes its gratitude to the staff in the NHS and care homes who served on the frontline. I have set out above examples of how I perceived the Government sought to learn from mistakes and adjust its approach as new information emerged. Tragically, many lost their lives long before their time. I sincerely hope the bereaved can find some solace from this Inquiry process.

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 in its truth.

Signed: Henry Cook

Dated: 19 May 2023

Annex – Indexed List of Exhibits

Exhibit ID	Document ID
HC/1	INQ000128563
HC/2	INQ000128564
HC/3	INQ000128597
HC/4	INQ000128565
HC/5	INQ000128591
HC/6	INQ000128590
HC/7	INQ000128592
HC/8	INQ000128593
HC/9	INQ000128566
HC/10	INQ000128568
HC/11	INQ0000128569
HC/12	INQ000128567
HC/13	INQ000128586
HC/14	INQ000128562
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