

Witness Name: Munira Mirza

Statement No. 1

Exhibits: 31

Dated:

UK COVID-19 INQUIRY

**WITNESS STATEMENT OF
MUNIRA MIRZA**

I, Munira Mirza, will say as follows:

1. I make this statement to address matters of relevance to the Government's core political and administrative decision-making on Covid-19 from 1 January 2020 to 24 February 2022.
2. I have been assisted in drafting this statement by the Government Legal Department and Pinsent Masons LLP. I would be happy to clarify or expand upon any aspects of the statement if that would assist the Inquiry.

Documents

3. I am aware that the Inquiry is interested in disclosure of any informal or private communications about the UK Government's response to Covid-19, including WhatsApps, text messages, and private emails that I may have been party to during my time in the Cabinet Office. I have retained my mobile phone from this period and have checked it for any such private communications. I have been able to identify a total of 33 relevant groups and 12 threads on WhatsApp and have provided those to the Inquiry. I

have also had access to emails I sent and received in the No. 10 mailbox I had during the relevant period.

4. Where possible, I have tried to provide written correspondence to evidence points made in this statement, but some of my interactions with colleagues were face-to-face in meetings or informal discussion inside No 10, as opposed to via email or WhatsApp.

Background, qualifications and Cabinet Office/No 10 role during Covid-19

5. From 24 July 2019 to 3 February 2022, I served as the Director of the Prime Minister's Policy Unit at No. 10. Prior to this, I was Deputy Mayor of London for Culture and Education in the Greater London Authority under Boris Johnson between 2008 and 2016. I completed my MA and PhD in Sociology in 2008 and have written and lectured on a range of social policy issues. During my career I have held various roles in think tanks, policymaking, business, academia, and the cultural sector.
6. As the Director of the Policy Unit, I was responsible for the team which provided regular policy advice to the PM on domestic policy matters and shaped longer term strategic thinking on policy across government in line with the 2019 manifesto which I helped to write. During my time, the team was split roughly equally between civil servants and special advisers. We enjoyed a good working relationship in the team – the civil servants at No. 10 are generally highly regarded for their intelligence, expertise, and political acuity.
7. Dominic Cummings acted as the *de facto* Chief of Staff although he preferred the title of Assistant to the PM. There was little formally defined hierarchy at No. 10 in relation to senior civil servants and special advisers, save that there was an understanding that Mr Cummings had to be broadly happy with any policy developments, and Martin Reynolds, the Principal Private Secretary to the PM, would make sure that systems ran according to routine.
8. My involvement in the response to Covid-19 during my time in Government was limited in comparison with other senior special advisers. It was agreed that between January and mid-March 2020, Dominic Cummings, would assume responsibility for overseeing the response to the pandemic at No. 10, whilst the Policy Unit, which I ran, would continue to focus as much as possible on non-Covid-19 domestic policy. It was felt important to deliver the Government's broader agenda in parallel to responding to the pandemic.

9. I do not recall attending any meetings in dedicated COBR rooms. As my WhatsApp thread with Tom Shinner shows it was possible for me to dial into at least one COBR meeting on 18 March 2020. [SHINNER WHATSAPP] I do not recall whether I attended any further such meetings and if I did it would have been in order to keep abreast of what was going on rather than to influence discussion, and I may not have even spoken. I do not recall whether I attended any of the Covid-O, Covid-S, MIG or Covid-19 Taskforce meetings which took place thereafter.
10. As Covid-19 started to occupy the centre of the Government's agenda from mid-March 2020, my team and I became more involved in the initial response and advised on specific policies and operational decisions, for example, pandemic plans in prisons and the NHS.
11. Our primary role was to ensure the PM was aware of the full range of policy decisions being made by ministers and express his view in the process. Many Covid-19-related decisions had long-term policy implications that needed to be raised with the PM. In some exceptional cases, members of my team became more actively involved in operational aspects of the Covid-19 response – for example, engaging pharmaceutical companies to support with testing, securing testing equipment, and being embedded within teams in departments.
12. Following the first wave of the pandemic, in May 2020, the Policy Unit's work largely moved back towards domestic policy and away from the immediate Covid-19 response. However, much of our advice did address the longer-term impact of Covid-19 on domestic policy and public services.
13. My personal involvement in the Covid-19 response between January 2020 and February 2022 can be summarised as follows:
 - i. Brief involvement in early discussions about the initial response within the No 10 team and between DHSC, the health agencies and Government departments from mid-March to June 2020, covering topics including procuring and manufacturing PPE and ventilators [MM/1 INQ000222033], offers of assistance from China [MM/2 INQ000222032], testing [MM/3 INQ000222029], legal enforcement [MM/4 INQ000222049], social care [MM/ 5 INQ000222041], pandemic policy in relation to the release of prisoners [MM/6 INQ000222035/ MM/7 INQ000222034/ MM/8 INQ000222036/ MM/9 INQ000222039/ MM/10 INQ000222038/ MM/11 INQ000222040]. I was also involved in discussions with the Home Office, within No.

10 and the Metropolitan Police about the policing of protests during lockdown [MM/12 INQ000222030]. In this early period, the Policy Unit also became a conduit for various requests for information or offers of help from stakeholders or individuals outside Government, which we passed on to relevant teams. Some of my involvement on these issues is clearly demonstrated in a number of the WhatsApp threads and groups provided.

- ii. Following the first wave, I turned to focusing on the impact of Covid-19 on domestic policy and non-Covid-19 related policy [MM/13 INQ000222048 and MM/14 INQ000222051]. I did not tend to get involved in discussions about NPIs or other Covid-19 focused responses, except for infrequent comment in PM daily meetings or the occasional PM-chaired Covid-19 meetings I attended. Certain members of the Policy Unit continued to be more deeply involved in Covid-19-related work in their policy areas (for example, the expansion and roll out of testing or vaccinations) and kept me abreast of issues. From time to time, I would raise questions on their behalf in PM meetings.
- iii. The Policy Unit overall worked with departments on their long-term policies to deal with the impact of Covid-19, including the education recovery plan for schools [NumberTen Action WhatsApp group + MM/15 INQ000222052], the NHS backlogs plan, life sciences sector and vaccinations manufacturing, the impact of cancelled exams on university places, and business recovery.

Initial understanding and response to Covid-19 - January - March 2020

- 14. I believe I first became aware of Covid-19 in January 2020, when the Chief Medical Officer gave a briefing to the PM. I also recall a separate meeting at which Dominic Cummings said the disease could lead to hundreds of thousands of deaths and a further meeting which the Health Secretary attended at which there was discussion on whether to stop flights from China.
- 15. At the initial stage, it seemed that there was insufficient information to judge whether the virus would cause serious harm to the UK, and it was agreed that an early over-reaction could be counterproductive. In subsequent meetings, I recall discussion about how banning flights from China would prevent imports of important medicines and supplies and could have a wider impact on international travel, business, and tourism. The PM was minded to wait for more evidence before acting, but it was agreed that careful planning would be needed.

16. Before March 2020, much of Government business appeared to continue as normal and my own recollection is that, apart from DHSC, the ministers and senior officials I dealt with were largely focused on planning for the Budget due on 11 March 2020. As I was not directly involved in early discussions about Covid, I did not have sight of briefings the departments were receiving so I cannot judge exactly whether pandemic planning was being treated as a high priority across Government and by all ministers at this time. By the time of early media reports of health system pressure in Italy, I recall seeing more energy directed to the response, but my recollection is that most Government departments and ministers focused more intently on the impact of non-pharmaceutical interventions in their sectors from late February and into March 2020.
17. Some of the variation in how the public sector prepared reflected existing structures in Government; for example, Public Health England explained in one meeting that it had been easier for them to develop a plan to deal with a Covid-19 outbreak in prisons, because there was only one Government agency to deal with, compared to social care, where there are several thousand private providers and limited oversight by DHSC.
18. Even after the first wave of the pandemic, I observed that departments were so immersed in current problems that it was difficult for them to anticipate future problems with variants. For example, in late 2020 after the first lockdown was eased, I recall members of the Covid-19 Taskforce discussing the possibility of future variants affecting public services and leading to more lockdowns, but I was not certain whether this information was being shared and that departments were considering or planning for this.

Decisions regarding the first lockdown – March 2020

19. I was not closely involved and did not contribute to the decision-making prior to the first 'national lockdown' in March 2020.
20. When I was present at relevant meetings, I observed robust discussions in the PM's senior team and within the Cabinet about the impact of imposing national lockdown measures, and - I believe - genuine consideration of both the public health impact and social and economic costs. It was argued by those with previous pandemic experience that whilst opinion polling showed the public was anxious, a full lockdown would only be sustainable

for a short period, and therefore delaying measures until the right moment would be crucial in dealing with the virus over the long run.

21. I recall that members of the health profession, and people with epidemiological knowledge, were expressing concern publicly and privately to individuals in No. 10 in early March 2020 about the Government's delay in imposing NPIs. In particular, there was concern that the Chief Medical Officer was not advising a ban on upcoming major sporting events during the first two weeks of March. Obviously, I was not in a position at the time to offer advice on epidemiological matters.
22. I do not specifically recall any discussions which may have taken place in the initial period about a 'herd immunity' strategy.
23. Those more intimately involved in the Covid-19 response and detailed preparations will be able to comment better than I can on the adequacy of the data and advice provided to the PM. I observed at the time that colleagues in the No. 10 Private Office and Policy Unit were concerned about delays in receiving information and the difficulty in interpreting information across different sources within government, the NHS, and Public Health England.
24. Firstly, there was – even prior to Covid-19 – long-standing concern that DHSC and the NHS data was sometimes incomplete and there were existing efforts to improve communication flow. A number of people inside No 10 and the Cabinet Office/Covid Team were concerned about the need to scrutinise better the operational plans for the health system in particular, because it was felt the PM-chaired meetings could not drill down into enough detail [MM/16 INQ000222031]. In relation to the availability of PPE, for example, there was sometimes a mismatch between the level of assurance DHSC was reporting and what people in frontline health services were saying on the ground. Where this was the case, people raised questions about their personal experiences, or those of contacts, to scrutinise what they were hearing at the official level.
25. Secondly, the NHS and other agencies or government departments suddenly had to deal with numerous requests for information from different teams within the Cabinet Office/No.10 and it was recognised that data flows needed to be better coordinated.
26. Eventually, with the creation of a Covid-19 Cabinet Secretariat group, a new Covid-19 dashboard was established which made it easier to present the data in discussions with

the PM. Where there remained a mismatch between some of the data and the reality on the ground, this was interrogated further in order to facilitate coordination and strategic planning from the centre in those areas.

27. There were occasionally times when multiple teams overlapped or did not remember to share information about new policy being developed. To an extent this is inevitable in such a fast-moving emergency with so many internal stakeholders. This sometimes led to people working in policy areas feeling blindsided by new announcements and spotting potential problems quite late on. In response to this, we tried to improve coordination between teams. (For example, my WhatsApp conversation with Tom Shinner at page 1 showed that we coordinated between our teams to identify workstreams. [SHINNER WHATSAPP] A further example of coordinating workstreams can be seen in various messages, including at page 1 of the No. 10 coordination WhatsApp group, where on 16 March 2020 I was asking whether there was a workstream on helping the elderly who were then required to stay at home. [No.10 COORDINATION WHATSAPP].

28. I am unable to recall extensive detail of those occasions where people working in policy areas felt blindsided by new announcements, nor can I locate significant further documentation in support of my recollection in this regard. Doing the best I can by way of my own recollection and through a consideration of documentation made available to me I recall:

(a) One issue relating to DLUHC/MHCLG, related to funding being provided to local authorities without any means to distribute the same. On 16 September 2020 I sent an email to Imran Shafi and Kate Josephs in the following terms [MM/16.1 INQ00000000]:

'The CLG SPADS have spoken to Jack in our team and say they have only just heard about a potential announcement on extra funding for those self-isolating. They are worried that local authorities will not manage this well (apparently there have been problems with business support funding). Jack doesn't know about this either. Can you help. In general it would be good if the relevant PU person could be kept in the loop about Covid policies that are in their area -they should be able to spot potential delivery problems.'

I cannot recall any particular further details in relation to this email or whether I received any response.

(b) An occasion at some stage in 2021 when the Taskforce and Covid-O decided whether certain sporting or cultural events could go ahead but the policy unit found out about the decision later. I cannot recall any further details in relation to this.

29. I do wish to make it clear that the Prime Minister always signed-off on decisions and the above points raised are examples of information management in No.10 as opposed to any intention on my part to criticise the decision-making process itself. I was also aware that scrutiny and questioning of government departments by Cabinet Office/No.10 could place an additional burden on teams already working under tremendous pressure and that it was important to judge the correct balance.

30. In the first few weeks of March 2020, there was considerable speculation in the media about how government would act, with various unsubstantiated rumours circulating about lockdowns, bans on London public transport, martial law, and school closures. I know that managing public communications during this period was very difficult and that the government needed to deal with inaccurate stories in the media. The confusion about changing rules also meant government had to develop clear, simple messages to communicate public health advice.

Role in relation to non-pharmaceutical interventions

31. My recollection is that the government was unified in its concern to mitigate the health impacts of the pandemic but was especially driven to act to prevent the NHS from being overwhelmed to a point that it would be unable to treat Covid-19 and non-Covid-19 patients. Ministers believed – and polling data showed - that the public was largely supportive of government action. This included measures that temporarily restricted civil liberties to contain the spread of the virus and maintain the ongoing functioning of the health service. The public had seen camera footage of overcrowded hospitals in Italy, and it was felt that such a scenario must be avoided in the UK if possible.

32. However, as I mention earlier, there was considerable debate about when to impose lockdown measures and for how long. This was largely guided by the scientific experts. To my (limited) recollection, the science was presented in meetings as a single, agreed, position but with the caveat that there was a degree of uncertainty. I became aware from those attending meetings of SAGE that there was often disagreement amongst members, although so far as I remember, these were not discussed in detail in the meetings I attended at No. 10. One lesson to learn is that SAGE advice and government contingency

plans in the midst of an emergency would benefit in the future from greater scrutiny by outside experts or earlier publication.

33. There was also discussion about whether legislation was needed to mandate lockdown measures or whether the government could just ask the public to comply with voluntary guidelines. It was clear from data that the public was already changing behaviour in response to the virus without legal restraints. By mid-March 2020 parents were withdrawing children from schools, and businesses such as retail, restaurants and bars were losing customers. By itself, some argued, this would moderate the transmission of the virus without legislation and would mean avoiding restrictions on civil liberties.
34. However, the PM was informed in meetings that business leaders and representative bodies were complaining vociferously that unless government imposed a legal mandate urgently, those businesses would be unable to claim compensation or insurance for their lost revenue – therefore, it was in their commercial interests for government to issue a clear instruction to the public. I recall that this argument was influential in the discussions and helped persuade the PM agreement to impose a legal mandate. Despite concerns about constraining civil liberties, it was argued that the government would have to take clear action if it was to reassure the public and provide urgent support to business. In my view, for the purpose of future contingency planning, the government should examine alternative ways to support businesses in similar emergency scenarios, so that statutory restrictions are not the only option.
35. Once the decision to impose restrictions was agreed, the communication to the public was swift and clear. I am not able to comment further on how quickly or effectively restrictions were implemented in businesses and workplaces. I only recall that plans for public services were already in train. I was involved in some discussions around the mitigation measures in prisons, social care, and schools, but largely in terms of the impact of those measures already agreed, rather than advising on which ones should be imposed (see above for reference to relevant emails).
36. I was not party to discussions about local and regional tiered restrictions, circuit breakers, 'working from home' policies, social distancing, self-isolation requirements, the closure of schools, and the use of border controls.
37. There were a number of instances where I, or my colleagues in the No. 10 Policy Unit, worked with departments and external stakeholders to support the initial response. In mid-

March 2020, I lent support to a special adviser colleague in the Policy Unit who had professional experience in the life sciences sector and believed that it was possible to work with the private sector to dramatically expand the existing PCR testing programme run by the NHS and PHE. At that point, the testing programme was relatively small scale (around 5,000-10,000 per day). We arranged for the PM to attend a roundtable in No. 10 with a range of pharmaceutical companies and subsequently, my colleague worked with the Office for Life Sciences to establish a 'Pillar 2' testing programme which operated across several national locations using industry owned machines and reagents. This collaborative approach drove testing numbers significantly to several hundred thousand per day.

38. I was involved in discussions in April 2020 about the Phase 2 clinical trials for the development of treatments for Covid-19. There was concern about the pace of the work inside UK Research and Innovation (UKRI), and how to ensure the process ran as efficiently as possible. Page 42 of my WhatsApp thread with Dominic Cummings demonstrates this. [CUMMINGS WHATSAPPS]
39. I was briefly involved in discussions with the PM about bringing in an external adviser – Lord Deighton – to lead on PPE manufacturing. As I knew him from previous work he had done on the London Olympics, I communicated this to him, but the final arrangement was made by the Cabinet Secretary. [MM/17 INQ000222044, MM/18 INQ000222045, MM/19 INQ000222046]
40. I was briefly involved in discussions with No. 10 and DfE officials about procuring laptops, recommending they work with Lord Agnew on the procurement and an education expert on the way the laptops would be used for home learning. [MM/20 INQ000222043, MM/21 INQ000222042]
41. In April 2020, I was briefly involved in internal discussions at No. 10 with epidemiologists and other experts about face masks. At the time, SAGE and PHE had advised against regular mask use by asymptomatic people. I was one of several people internally asking informal questions about this advice, citing conflicting views from scientists in the media [MM/22 INQ000222037]. However, I was not involved in the final decision.
42. I was involved in some discussions about the protection of vulnerable people during Covid-19, including on the need to create entirely from scratch the necessary digital and

supply infrastructure for the shielding programme, but I was not involved in its development [MM/23 INQ000222047].

43. In April 2020, I was involved in discussions with PHE and DHSC about their initial research into the disparities on Covid-19 impact. There was some occasionally speculative media discussion about why certain groups were disproportionately affected by Covid-19. I offered advice on ways to improve the research, and this work later helped inform the work on increasing vaccine take up amongst minority groups.
44. In February 2021, I became concerned about low take-up of the vaccine amongst some ethnic minority groups and met some of the key communications people involved to discuss ideas to address this. As an Asian woman, I was aware of social media content circulating in my own community, and wanted to explore how these could be countered through better information. [MM/24 INQ000222050]

Role in public health and coronavirus legislation and regulations

45. I was not involved in most of the discussion and planning around Covid-19 legislation and regulations. I expressed a view in an early Covid-19 meeting with the PM that if restrictions were needed, the enforcement by the police should be limited and proportionate. Heavy enforcement of unfamiliar rules could run counter to social norms and alienate the public. Whilst on balance, most police officers acted proportionately throughout the pandemic, the media did report some cases of apparently inconsistent and unreasonable action by the police. For understandable and legitimate reasons, governments are reluctant to discuss operational matters with the police. However, in hindsight, there could have been more detailed and regular discussion at Cabinet level over the enforcement of rules to uphold public confidence and accountability around the new legislative framework.

September – December 2020

46. Regarding the period of September 2020 to December 2020, I do not recall being involved in any meaningful way in the meetings about the epidemiological data and the early move to the tiered system of restrictions. I was not present at the PM's meeting with scientists on 20 September 2020 in relation to the possibility of a second national lockdown. Nor was I present at any relevant meetings the PM had with newspaper editors between 18

and 23 September 2020 – ordinarily, I was not involved in the PM's meetings with the media.

47. I cannot give comment on the efficacy of the tiered system of restrictions in October 2020, but at the time, it seemed to me to be a reasonable alternative to a national lockdown, reflecting the different rates of transmission within the country at that time and a desire to keep open the economy and public services where feasible.
48. In October 2020, I became aware of troubling data on NHS capacity and was involved in some discussions about this. I believe I attended some Covid meetings and raised concerns on this issue. For example, see page 2 of my WhatsApp conversation with Simon Case [SIMON CASE WHATSAPP]. I also recall raising this informally with Henry Cook.
49. Later, towards December 2020, a special adviser colleague in No. 10 flagged some concerning data he had been discussing with others in the Covid-19 Taskforce and asked if I could share their concerns with more senior people in No 10. I recall connecting him with Simon Case, who was heading the Covid-19 response at the time (see page 5 of my WhatsApp conversation with Simon Case [SIMON CASE WHATSAPP]. I was not involved in the conversation, but I am aware that the decision to tighten restrictions during the Christmas period was agreed by the PM shortly afterwards.
50. I do not recall being involved in the decision-making around the third lockdown in January 2021, although I do recall that there was much indecision about whether schools should remain closed after the Christmas period or reopen. I recall discussing in person the issue of schools reopening with my colleagues in the Policy Unit and Private Office. My concern was that the government might not have a sustainable position on school reopening if the data continued to get worse, and I wanted to ensure the PM did not box himself into a corner when giving media interviews. The Government did declare schools would be reopened but was forced to reverse its position soon afterwards.
51. I was made aware in early July 2021 of an analysis produced by the Covid-19 Taskforce on the risks of lifting restrictions too quickly. A colleague in the No 10 data science team told me that the PM had not been shown the note and she asked that I inform him of its existence. I did so, and he later raised it in discussion in a Covid-19 meeting at which I was not present. I also agreed to help the same colleague organise a 'pre-mortem' meeting to help plan for possible worst-case scenario, but there was nervousness within

No 10 about this going ahead and leaking, which might undermine public confidence. I cannot recall if it went ahead in another format. [MM/25 INQ000222054, MM/26 INQ000222053, MM/27 INQ000222056, MM/28 INQ000222057, MM/29 INQ000222058, MM/30 INQ000222055]

Emergence of the Omicron variant – December 2021–January 2022

52. I was not involved in discussions about the Omicron variant until colleagues in the Policy Unit raised the subject with me in early December 2021. They were in contact informally with junior officials in the Covid-19 Taskforce who were concerned that the variant had a remarkably fast doubling rate and wanted to ensure the PM and senior officials at No. 10 were aware of the data and repercussions. I must have become aware around this time that the CMO was also concerned about Omicron's doubling rate. [MM/31 INQ000222059, MM/32 INQ000222060 OMICRON MODELLING WHATSAPP OMICRONSEVERITY WHATSAPPS BORIS JOHNSON NEW WHATSAPPS]
53. I offered to attend meetings with the PM to help articulate these concerns to him. He was by this point facing significant political resistance from MPs against new restrictions because most of the population was vaccinated and the disease was far less severe. I recognised that the evidence was still uncertain, but based on the evidence presented by SAGE, it did appear there was considerable risk even in the best-case scenario.
54. Looking back, we now have data to show that despite the doubling rate, Omicron patients had relatively short hospital stays, which reduced its overall impact on the NHS that winter. This new evidence changed the calculation of impact but was not available at that time.
55. In the end, the PM discussed the situation with the Chancellor and Conservative MPs in the run-up to the vote on restrictions in that period. Crucially, he also instigated a major push on the NHS booster programme, driving take-up in the population over the Christmas period. This helped increase immunity and further reduce the impact of the virus.

Additional matters

56. I am asked whether I was present during conversations in which a number of comments were made and then reported in the media: (a) that the government's plan to combat

Covid-19 was akin to chickenpox parties, (b) the PM wanting to be injected with Covid-19 on television, (c) the Deputy Cabinet Secretary saying the country was heading for a disaster, (d) the PM saying he would rather “let the bodies pile high”, (e) the PM saying he had been pushed into imposing the first lockdown.

57. I do not recall being present or hearing these comments.

58. As is well-documented, there were a number of events held at No. 10 that were subsequently judged to be in breach of the rules. I cannot comment with detailed evidence on the effect these had on public confidence in the purpose or enforcement of lockdown rules at the time of the pandemic, and whether they affected levels of public compliance. It seems clear from general opinion polling and media coverage that it was a highly salient issue and may have resulted in a more negative perception overall of the government’s handling of the pandemic.

Lessons learned

59. Overall, whilst the UK government was able to achieve its primary objective throughout this period – preventing the NHS from being overwhelmed – it is widely accepted that there are lessons to be learned across the UK government and public sector.

60. The pandemic preparedness plan was limited in its scope and applicability to the pandemic we faced. Clearly, we need to ensure that current and future pandemic plans are treated as a priority and are subject to increased scrutiny and rigorous scenario planning. When I left government in early 2022, despite the enormous cost of Covid-19, there was still no fully resourced biosecurity strategy and the chain of command within government was not clear (the government has only recently announced a strategy in June 2023). We should now realise that pandemics are not that unusual, and that the risk presented by rogue actors is even greater than in the past. Government should prioritise longer term pandemic preparedness, health system planning, and biosecurity research.

61. Critical to this is understanding the causal factors behind the emergence of Covid-19, and whether these may yet exist elsewhere. It has become clear to many that the so-called “lab leak theory”, is increasingly seen as credible by various countries’ agencies and this should be factored into risk assessments going forward. It is also important for the science community in the UK to ask why the theory was disregarded so early on in 2020, what the implications were for pandemic planning, and what can be done to facilitate more critical challenge between scientists in the future.

62. It is important that government departments, not just DHSC, are ready for future pandemics and have learned the lessons from this time around. PHE, for example, likely initially overestimated the number of prisoners that would need to be released from the custodial estate in order to mitigate the impact of Covid-19 restrictions. They should examine why their predicted figures in March 2020 were not borne out and learn the lessons for next time.
63. I have stated above that transparency around SAGE papers and membership would be a great benefit in future, allowing more scrutiny and testing in the public domain. There is value in scientists being able to contest views and discuss data openly during such an emergency, so that politicians have access to a range of opinion and an understanding of uncertainty around the data to inform their decisions. My impression was that the Chief Scientific Adviser was also very supportive of the idea of transparency around SAGE.
64. The NHS overall does not run high surplus capacity in ICU compared to some other countries, so the pressure to mitigate and reduce virus transmission was especially acute in the UK. It has been argued that the NHS should retain much more ICU capacity in the future to allow for sufficient headroom in future emergency situations. Whilst some increased capacity would be desirable, it must be borne in mind that the cost of such an approach is likely to be prohibitive and draw resources away from other priorities. An alternative is to develop a strategy for standing up emergency capacity (e.g., Nightingale hospitals) and a volunteer workforce. Moreover, the most effective long-term strategy is to improve the overall health of the population, with more emphasis on prevention and primary care and increased capacity in the social care sector.
65. It is widely recognised that the early PHE response was not equipped to deal with the impact of Covid-19 or to scale up a national testing programme. The organisation has now been reformed into a separate body. One of the key components of success in this area will be the quality of leadership and decision-making. For this reason, I would argue that the government should be willing to pay commercially competitive salaries and recruit known leaders in the biosecurity field. The inability to recruit the best talent remains a fundamental roadblock to good government in all areas, not just public health. There are also lessons to be learned about the value of working collaboratively with industry in times of emergency.

66. The provision of data in the early stages of the pandemic was sometimes poor and confusing to people operating in No. 10 and the Cabinet Office. The creation of the No. 10 Data Science team and the Covid-19 Taskforce work on a unified dashboard was critical in supporting more effective planning and decision-making. This is an area the civil service and Cabinet Office could develop further for other critical areas of government.
67. There were many challenges throughout the pandemic which government officials, special advisers and ministerial teams worked hard to unblock on a day-to-day basis. The biggest challenges involved establishing nimble structures and clear data to allow for fast decision-making. The normal business of government revolves around ministerial boxes and write rounds which suit collective decision-making on policy in slower time but are ill-suited to decision-making on day-to-day operational matters in the context of a pandemic. Furthermore, the “correct” course of action was not often clear; often there were trade-offs between different objectives and values, and meetings worked best when these were aired fully. Eventually, the “Covid-O” meetings allowed for cross government discussion on a regular basis and speeded up decision-making. This approach felt strategic and operational in a way that more regular cabinet committees did not. This approach can be applied to other important areas of government.
68. In the initial period, there was some confusion and uncertainty about the best structure to manage the response to Covid-19 within No. 10 and the Cabinet Office, and who should lead in which areas. There were times when this uncertainty slowed things down and inevitably caused tension, including with government departments and public bodies. Over time, things improved with the creation of a new Covid-19 Taskforce and leadership, and a more regular rhythm to meetings. It became easier to know where responsibility lay, and to avoid duplication. It would be useful to think about how such an emergency structure could be replicated quickly if needed in the future.
69. More generally, it can be difficult to strike the right balance between scrutinising plans from the centre - and getting involved to support delivery - versus leaving qualified people to do their jobs and not micro-managing. It can be easier to blame than to look back and analyse what went wrong and what can be learned. A stronger system of training, education, and informal mentorship in good times – for both civil servants but also political advisers – would ensure more resilience in our system when bad times come.
70. After the first wave of Covid-19, the message to “stay at home” was replaced by more complex rules and government found itself under pressure from media outlets trying to

report information before it was fully agreed in Cabinet. The current leaks investigation system is not taken seriously within Whitehall and rarely enforced. As a result, government spends a large amount of time and bandwidth firefighting stories that distract from the important work to be done. There is a limit to what the Cabinet Office can realistically do to challenge the culture of leaking, but the imperative must be clear from the top.

71. The government benefited greatly from highly expert outsiders coming in to lead critical areas of delivery, for example, the vaccine taskforce. It should continue to draw on expert advice and have the tools to create temporary appointments quickly, that allow it to draw on the advice and skill of individuals on a short-term basis.
72. I would like to use this opportunity to pay tribute to the many hundreds of colleagues in No. 10, the Cabinet Office and other government departments and public institutions that I was privileged to work with during this period. They strived under enormous pressure, and at great personal sacrifice, to serve their country. I am grateful to them for their patience and responsiveness, and I am sure former colleagues in my team would feel the same. No doubt mistakes were made, and we should learn, with the benefit of hindsight, how to improve our system so that we are in a stronger position to face such challenges if they were to arise in the future. Regretfully, many people suffered during the pandemic, including those who lost loved ones and those who lost precious time and opportunity. I take full responsibility for any mistakes I may have made in my role within government and look forward to seeing the outcome of the Inquiry in due course.

Declaration of truth

73. I hereby declare the contents of this statement to be true and accurate to the best of my knowledge and belief.

Signed: _____

Personal Data

Dated: 11.08.23