

Witness Name: Jamie Njoku-Goodwin

Statement No.: 1

Exhibits: JNG/1 – JNG/2

Dated: 13<sup>th</sup> September 2023

## **UK COVID-19 INQUIRY**

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### **WITNESS STATEMENT OF JAMIE NJOKU-GOODWIN**

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I, Jamie Njoku-Goodwin, will say as follows: -

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

#### **A. INTRODUCTION**

2. I graduated from the University of Nottingham in 2012 with a First-Class degree in Music. I then completed a Masters in International Relations in 2013, also at the University of Nottingham.
3. I then moved back to London to work in the Press Team at Conservative Campaign Headquarters (“CCHQ”) from 2013-16. I then went to work on Theresa May’s Conservative Party leadership campaign in summer 2016 before going to work for Lynton Crosby at his political research and campaigns consultancy firm called CT

Group from August 2016 to January 2018. I worked on political and corporate campaigns in the UK and internationally during my time at CT Group.

4. I was then hired as a Special Advisor ("SPAD") to Matt Hancock when he was appointed as Culture Secretary in January 2018. I was a SPAD at the Department for Digital, Culture, Media and Sport until Matt Hancock was appointed Secretary of State for Health and Social Care ("SoS") in July 2018 when he asked me to go with him to DHSC.
5. I worked in this role until September 2020 when I left DHSC to take up the position of Chief Executive at UK Music. I started this new job in October 2020 and worked in that role on a full-time basis for the remaining part of the Specified Period.
6. After leaving DHSC in September 2020, I remained in touch with SoS. We had several exchanges over WhatsApp on a personal and social level. I also periodically offered him strategic and political advice. This advice was informal and not based on any official briefings from DHSC, and I was not party to any privileged or sensitive information. Rather, it was my reflections from my vantage point as someone now outside of Westminster and having a fresh perspective. These conversations continued throughout the Specified Period.

## **B. ROLE WITHIN DHSC DURING COVID-19**

### Role as Media SPAD

7. I provided the SoS with media and political advice in my role as a SPAD at DHSC from January 2020 until I left DHSC in September 2020. My role was, in essence, to support the SoS in his work responding to the pandemic. If he wanted to do something, I would provide advice and practical support on day-to-day media management issues as well as on broader strategic and political matters.
8. There was a team of SPADs supporting the SoS during the pandemic. Allan Nixon was advising on parliamentary matters whilst Emma Deans was advising on policy. Ed Taylor was also brought in to advise the SoS on data. My focus though, as noted above, was media management and strategic advice.

9. The role of a SPAD can be quite undefined. The type of activity undertaken is varied and can range from sitting in on a meeting with the Prime Minister and SoS to helping the SoS carry his bag, and a range of things in between. However, as noted above, the role is primarily one of providing advice and support to the SoS. The whole team of SPADs were there to support the SoS, and we all reported to him, but my overall role was to bring my media and campaigns experience to bear by providing the type of advice noted above.
10. I also supported the wider ministerial team at DHSC. They didn't have their own SPADs, but I made clear to them that I was there to support them as well as the SoS. I would periodically assist ministers in terms of briefing and media advice and would work with them to ensure their individual portfolios were aligned with the SoS's priorities, so the Department was going in the same direction. Ministers had their own private offices, and they were also able to rely on the DHSC Press Team.
11. There were also times when civil servants from DHSC, senior officials from Arm's Length Bodies (such as NHS England ("NHSE") or Public Health England ("PHE")), or scientific advisers came to me before approaching the SoS on a particular issue. I would provide officials with 'steers' – in other words, guidance as to how I thought the SoS might respond to certain issues or advice. This was generally seen by the Department as one of the ways SPADs can be most helpful to the Department and the day-to-day work of civil servants. While I would frequently give steers to officials, I endeavored to avoid giving steers to the scientific advisers. They had their own departmental support teams, and I did not want to blur the line between political and scientific advice. This was all in keeping with the overall tone and message we had decided on, which was to be guided by the science.

#### Press teams and internal meetings

12. I worked alongside press and communications teams in DHSC, No. 10 and across government during the pandemic. There was a daily comms 'forward look' at 1030 for 15 minutes which was led by Max Blain, Head of News in DHSC. I tried to attend this most days to give some helpful steers but didn't attend every day. This meeting went on-line when we went into the first lockdown.

13. I also attended regular informal press meetings with people in the DHSC Communications Teams to discuss lines and media enquiries as well as a weekly 1-hour DHSC communications meeting. The SoS attended this weekly meeting where he would feed in and sign off on approaches to departmental communications.
14. There was also a fortnightly meeting of SPADs across all government departments, which was instituted when Theresa May was Prime Minister. This was often chaired by Dominic Cummings who would check in with SPADs and talk about the central mission of government in responding to the pandemic. These weren't decision making meetings – more of an opportunity for No.10 to reinforce core messages. There was no agenda for these meetings or documents distributed. They were political meetings at No.10, not DHSC meetings, so I don't believe minutes were taken. These meetings had always been in person before the pandemic but became virtual meetings after lockdown.
15. There were no formal, regular meetings of the SPAD team in DHSC during the pandemic – we all worked in the same four-person office, so would just speak to each other when needed. We would sometimes informally meet with SoS on a Friday afternoon to go through the week and discuss pressing issues. We started to get into the habit of having a morning call with the SoS and his Private Office first thing in the morning, which was an opportunity to horizon-scan for potential pandemic response issues we were worried about. Some government ministers like to formalize a SPAD meeting before and after every key meeting but that was not the SoS's style. He might have a conversation with one or more SPADs during the day, but no formal, regular meeting was convened before or after every official meeting.
16. I regularly attended the daily No.10 press conferences with the SoS and briefed him beforehand. While I would frequently brief SoS or other ministers doing the press conferences, I did not brief the scientific advisers. As I have set out above, I took the strong view that they were not elected politicians but were operating in their capacity as expert scientists, and so were at the press conferences to provide factual answers not political responses. For this reason, my engagement with the

scientific advisers was limited. I mentioned to Chris Whitty once that a journalist was doing a profile of him, but he didn't want to know or be involved in any way. I sometimes briefed think tanks and third parties but not the scientific voices – and I never briefed the media on their behalf, as I did not consider that appropriate.

#### Key responsibilities

17. The nature of my role meant I spent a lot of time on the phone briefing journalists. I would be asked by the SoS to speak to a specific journalist, either to provide clarification or background on an announcement or to provide a quote. Journalists would go to the factual briefing provided by the DHSC Press Team but would also sometimes need further background or an 'on the record' quote before filing. This might be from the SoS, or from a departmental spokesperson, which I would formulate and agree with the DHSC Press Team.
18. Attending meetings where the SoS was present was also a key feature of my role as a media SPAD. My diary basically mirrored the SoS's. I could attend any meetings where he was present, but given he spent lots of his time in meetings and I had various duties to attend to, I only attended meetings I considered relevant to me, or the ones that he wanted me to be at.
19. My role as a media SPAD was not to make key operational or policy decisions myself, but to advise SoS on the decisions he had to make. I tended to listen in meetings and then provide advice to the SoS directly, having understood the context in which he was making decisions. I was not therefore involved in any decision-making capacity in any policy committees, groups or forums.
20. When I was in policy meetings, I tended to ask questions or elicit information from officials rather than give answers or opinions on areas that were not my specific area of expertise. I was not an epidemiologist or a policy expert. My role was focused on media and political advice. In those meetings I would clarify the information we were being provided with for the purpose of advising the SoS on the wider communications and strategic approach.

21. An important aspect of my job as the media SPAD was to act as a kind of early warning system to others within government by giving a steer or indication as to how the SoS might view things or might act. Given my close working relationship with the SoS, I was able to give these early steers to the No.10 press operation, other departmental SPADs or those working in CCHQ, as well as civil servants within DHSC at the initial stages of policy submission development, for example.

#### Public communications and messaging

22. Maintaining public confidence in the government's handling of the response was considered paramount from the start, both from a communications perspective and in terms of the broader pandemic response. The government did not want to unnecessarily cause public panic or trigger irrational behaviour, especially in the very early days when the full extent of the situation was unclear. However, we considered it equally important to be open and honest with the public about the situation as it was, and so we endeavored to be transparent. As such, we ended up being one of the most transparent countries in terms of metrics such as daily case rates, daily test rates, daily death figures, regular updates on PPE procurement, etc.
23. In terms of our messaging about preparedness, it was made clear to us in briefings from the Department before the pandemic hit that the UK was one of the best-prepared countries for a pandemic. This assessment was reaffirmed in briefings given to the SoS in January and February 2020, and therefore formed a key part of our communications lines in the early weeks of the pandemic. However, it increasingly became clear that this assessment was based on an assumption that we would be faced with a flu pandemic, not a novel coronavirus.
24. We had to maintain public confidence whilst at the same time giving the public necessary information in a clear and concise manner. That was the approach we took to the important public health messages that were going out and making sure people were safe. The campaign that stands out in terms of public messaging was around protecting the NHS. That was incredibly powerful and effective. We also used the language of a national effort which became a running theme on vaccines,

testing, PPE, etc. I was involved in some of the initial discussions about messaging at the start of the pandemic, but the messaging was increasingly driven from No.10 as the pandemic went on.

#### Relationship between DHSC and other government departments, including No.10

25. There was a strong and constructive working relationship between all the big government departments and decision-making bodies, from the start of the pandemic, in my view. We were one big team. My personal relationships across the government were good. As with any workplace environment, there might sometimes have been differences of opinion on certain issues, and I'm sure I may have expressed exasperation / frustration in some private communications on the odd occasion. However, overall I had a positive working relationship with my colleagues across government.

26. The media often wanted to look for stories about departmental disagreements, and while there were understandable tensions at times between different departments, these rarely surfaced as major public rows. There were mostly good personal relationships between the different principal actors as well. While there was sometimes anonymous briefing against the SoS from different parts of government, the SoS maintained good working relationships with his Cabinet colleagues.

One thing that SPADs do well is to make sure there are strong professional relationships where there could be tensions between senior departmental figures. Fundamentally, everyone recognized the pandemic was a unique and once in a lifetime event where it was important for everyone to cooperate.

27. From late January we started having daily meetings in No.10, which started as communications meetings. Lee Cain, Director of Communications wanted an 8.30am meeting every day with various media SPADS and officials. Those morning meetings turned into a larger cast list in the first few weeks of the pandemic and morphed from being communications meetings into more

operationally focused meetings. Dominic Cummings started to attend, and the meetings moved to the Cabinet Room.

#### Lead Government Department

28. Before the pandemic, DHSC was focused on pandemic preparedness and response and was looking at outbreaks all the time. It was common for the SoS to be briefed on an infectious disease outbreak in the UK, such as Monkeypox, where DHSC would be the lead government department in responding to these. Naturally, given the nature of Covid-19 as a communicable virus, DHSC became the lead government department for responding to it as the institutional purpose for DHSC is the health of the nation.
29. We led by bringing in and coordinating other government departments and agencies as part of the initial response to Covid-19. Whether that was working with DCMS for cancelling large events, the MoD for army support, the FCDO for flying citizens home from abroad, the Home Office for protecting our borders, the list went on. As the pandemic progressed, individual departments had specific responsibilities and the role of DHSC as lead government department developed and adapted depending on the issues and areas of focus at the time. There were times when other departments led on certain issues.
30. The SoS chaired the early Covid-19 COBRA meetings with junior ministers in attendance. Interest and involvement from No.10 intensified in late January 2020, with Dominic Cummings starting to attend these COBRA meetings and then the Prime Minister chairing them.
31. I attended most of those early COBRA meetings with the SoS. The cast list became bigger at each one so I sat in on the first few but there was then a side room at the later meetings. My role was not to speak in those meetings, rather to listen, try and understand what was going on, think about the potential press implications and then give advice to the SoS after those meetings. If there was a discussion in those meetings on media and communications, then I may have contributed but I preferred to not talk too much as there were plenty of contributors and the SoS was there in any case so could present his own views.

### Relationship between DHSC and Arms-Length Bodies ("ALBs")

32. I worked with NHSE, PHE and several other ALBs during the pandemic. In terms of the formal governance relationship between DHSC and the various ALBs, I would refer to the DHSC Corporate statement, which sets out the formal relationship.
33. There was a good working relationship between DHSC and the various ALBs. I personally had a good working relationship with Duncan Selbie, Chief Executive at PHE in the early days of the pandemic until he moved on in August 2020. I also had good working relationships with Simon Enright, Director of Communications at NHSE, and James Lyons, Head of Media at NHSE.
34. I had a huge amount of respect for those working at PHE, but it faced difficulties as an organisation in responding to the pandemic. A key challenge for PHE was that it had always been torn between two roles: one was improving the day-to-day public health, by focusing on things like reducing smoking and obesity; the other was how to prevent and respond to low-probability, high-consequence events such as a pandemic. Most of my engagement with PHE in 2018 and 2019 was focused on the former, not the latter.
35. As time went on, there became a sense within DHSC that while there were some brilliant people in PHE, as an organisation it had limited ability to respond to the strategic and operational requirements of the pandemic. It was described to me by Sir Chris Wormald KCB (Permanent Secretary, DHSC) that PHE *"is very good at fighting lots of small battles, but not very good at fighting one big war"*. The work PHE did around the Salisbury poisoning incident and Novichok was superb, and it performed very well when dealing with small, isolated outbreaks of communicable diseases before the pandemic (like Monkeypox). PHE had a great amount of expertise as an organisation, but it was stretched and did not seem to have the strategic ambition to deliver what was required to respond at a national level once we entered the pandemic.

36. PHE developed a test for Covid-19 in a matter of weeks, faster than almost any other country. This was hugely impressive and deserves credit. However, PHE failed to scale its testing infrastructure to ensure we could have mass testing capacity. The SoS became increasingly frustrated that PHE was refusing to engage the private sector when we were trying to boost testing capacity – so much so that he eventually took responsibility for testing away from PHE and brought it into DHSC.
37. PHE had huge expertise and effectiveness at conducting contact tracing when there were a handful of cases. However, once you got to cases in the thousands, PHE just didn't have the capacity to continue tracing cases. The focus seemed to be on stopping mass transmission, but without a clear plan for what to do once you get to community transmission stage. This reinforced a sense that PHE had been designed to prevent pandemics, but not to respond to them once you were in one.
38. At the very start of the pandemic, the Government did not have the capacity to see case data at a granular level. By comparison, countries like Singapore were reported to have a sophisticated system where they could see exactly where positive cases were popping up – which will have helped their policymakers understand the spread of the virus, and which was available to be viewed by the public.
39. I highlighted this within government because I believed that having granular data was critical from a strategic and operational point of view, and I believed that having that sort of data would better inform the pandemic response. I also noted this as a political issue because at the time the media were making lots of international comparisons and I wanted to flag that the reports about Singapore could lead to media asking, *"if Singapore is doing this, why isn't the UK?"*.
40. PHE eventually developed a dashboard which meant you could clearly see what was happening with ongoing case rates and where. There was also the ONS survey, which was nationally representative and enabled us to have a reliable estimate of how the virus was spreading. This data proved very helpful to

policymaking discussions, especially when we got to having localised restrictions based on case rates in specific regional areas.

41. There were also major frustrations within DHSC at what were seen as operational blunders by PHE. For instance, in July 2020, it emerged that PHE were counting people who hadn't died from Covid-19 in the daily death figures. They were including people who had tested positive for Covid-19 at any point and who had subsequently died, regardless of the cause of death.
42. Upon questioning PHE about this, I was told: *"There is no time limit defined by the World Health Organisation for a death being related to Covid-19. PHE continues to keep this under review as more information becomes available. We currently define Covid-19 deaths as any death that occurs in a person who has had a positive Covid-19 test. We know that the vast majority of Covid-19 deaths are linked to records that include Covid-19 on death registrations."*
43. Defining a Covid-19 death as any death that occurred in someone who had tested positive for Covid-19 was clearly absurd. It created a situation where if someone contracted Covid-19 in March, recovered, but was then hit by a bus six months later they would be counted as a Covid-19 death, thereby inflating the daily deaths numbers.
44. Experiences like this were extremely frustrating and reinforced a sense within DHSC that while there were some brilliant people in PHE, as an organisation it had limited ability to respond to some of the strategic and operational requirements of the pandemic. PHE was ultimately superseded by the UK Health and Security Agency, but this happened after I left DHSC.

#### First awareness of Covid-19 and initial response

45. I think the first time I became aware of Covid-19 was in early to mid-January when I attended a departmental meeting about winter flu in the NHS. The main discussion was about winter flu, but at the end of the meeting someone raised the

news of a potential flu outbreak in Wuhan. However, very little was known about it at this point.

46. It only became a significant issue on my radar on the evening of Tuesday 21 January 2020, when the SoS called me to discuss it. DHSC was about to change its threat level from 'very low' to 'low'. The SoS was already engaged on the issue, and had been for several days, but I only became aware of the potential seriousness at this point.

47. There was then a whole series of departmental meetings over the next few days, for which I will refer to the DHSC Corporate Statement. We had a briefing from Chris Whitty on the nature of pandemics in general terms and the response options. The immediate focus though was on containing the virus on the flight back from Wuhan. We were told that the flight was coming so all sorts of checks were being carried out and liaison with PHE on the media and communications around this. A lot of the media attention was spent on how other countries were dealing with this.

48. From 21 January 2020 onwards, lots of meetings started going out of the SoS's diary for other issues and meetings about Covid-19 started going in. Soon enough the only meetings in SoS's diary were about Covid-19. We got into the habit early on of having daily departmental meetings which were attended by the SoS, CMO, CSA and representatives from PHE and other ALBs. No.10 also started holding their own daily morning meetings, sometimes with the same key representatives (including myself and the other DHSC SPADs at the request of the SoS). My role in all these meetings was as previously described - to listen and support the SoS on actions arising from those meetings.

#### Devolved administrations and local authorities

49. Engagement with the devolved administrations on media and communications issues broadly took place at an official level, and I was not overly involved in this area. There was significant frustration within government at how the Scottish First Minister, Nicola Sturgeon, would leave COBRA meetings and then immediately announce what had just been decided in the meeting, without any prior agreement

with the other nations. This was very frustrating from the point of view of trying to coordinate a national response.

50. My direct engagements with local authorities were limited. Most of the engagements were conducted by DHSC at the official level. I did offer the SoS political advice and support when there were disagreements between the DHSC and a local authority, for example in the Leicester lockdown.

#### Emergency response measures

51. The emergency response measures were drafted at speed by DHSC in very difficult circumstances. Policy teams and lawyers usually spend months consulting with stakeholders and going through a lengthy scrutiny process in parliament, but the urgency of the situation meant the time for getting legislation through was limited. The DHSC lawyers did an impressive job to get it through as quickly as they did.
52. My role was to offer communications advice to the SoS on publication of the emergency measures – many of which were deemed sensitive and at times controversial.

#### **C. ROLE IN RELATION TO NON-PHARMACEUTICAL INTERVENTIONS (“NPIs”)**

53. My overall role in relation to all NPIs was the same in that I didn't have a major part to play in policy formulation. My primary role was rather to advise the SoS on the media and press management aspects arising out of the decision to implement these measures.

#### National lockdown

54. I wasn't working the week before the first national lockdown was imposed because I got Covid-19 so I can't comment on the decision-making that was made at that point in time or comment on the views of core decision makers at that point in time. I was quite ill so not able to contribute in any meaningful way, and I was not involved in any discussions. Until the point when I went off with illness (on 19

March), the scientific advice I was reading had been that we shouldn't lock down because doing so would cause a huge second peak once measures were relaxed. I refer specifically to the minutes of the 15<sup>th</sup> SAGE meeting held on 13 March 2020 ("Exhibit JNG/1 - INQ000109142") which state as follows at point 24:

*"SAGE was unanimous that measures seeking to completely suppress spread of Covid-19 will cause a second peak. SAGE advises that it is a near certainty that countries such as China, where heavy suppression is underway, will experience a second peak once measures are relaxed."*

55. There was also a view that there was only a certain amount of time people would accept the NPIs being imposed, particularly a lockdown, so much of the discussion was about making sure the necessary measures were imposed at the right time. I got Covid-19 exactly one week before the SoS and the Prime Minister tested positive on the same day. While I was ill, things moved very quickly. When I came round from my illness, we were in a national lockdown.
56. Once we were in lockdown, it was the strong view of the SoS and DHSC that without a vaccine we should not open up too sharply. Opening too soon would risk a second wave that could force us back into another lockdown – and so the firm view of the SoS was that we should reopen cautiously and not too fast. That position was set out in various meetings and discussions with No.10 as part of the overall decision-making process. I would feed into that from a communications and media perspective.
57. During the first lockdown, the Prime Minister was still recovering from Covid-19 so was not playing as active a role in policy discussions. The Prime Minister's views tended to be conveyed through his advisers, like Dominic Cummings and Lee Cain. When it came to loosening restrictions, No. 10 exercised caution and backed the DHSC view that we should not reopen in a way that caused a surge of cases and meant we would have to lock down again. Government therefore took a gradualist approach to loosening restrictions in the summer of 2020. In terms of the other two national lockdowns, I had left DHSC by that point so can't comment on those.

### SAGE and NERVTAG

58. I never went to a SAGE or NERVTAG meeting, but I had to go through all the minutes and clear them for publication. This consisted of reading through the minutes, identifying the various communications stories that could come from them, and alerting the DHSC Press Team so they could work out lines and messaging around that.

59. For example, when clearing the release of the minutes of the Ninth NERVTAG meeting on 13 March 2020 (“Exhibit JNG/2 - INQ000130525”), I identified several potential media stories that could come from the minutes (in my capacity as the communications special adviser). I set out what I thought the media angle might be – in this case, stories about reinfection rates, Covid-19 symptoms definitions, and isolation length) – and asked the departmental comms team to pre-emptively work up defensive lines or explanations for when the minutes were released and they were approached by journalists.

### Local and regional restrictions (including tiered system)

60. As stated earlier, lots of engagements with local authorities happened at official levels. However, the issue of local lockdowns was very politically controversial and so I gave the SoS communications and political support on many of the local restrictions that were introduced. The general narrative around local lockdowns was that we were “*locking down locally so we don’t have to lock down nationally*”.

### Circuit breakers

61. I left DHSC in September 2020 before these were introduced so I didn’t have any involvement in that. I can’t recall any conversations with the SoS on this topic either.

### Working from home

62. I did not engage in any policy discussions around working from home and as previously stated, I was off work with illness when the ‘stay at home’ order (first lockdown) was issued in March 2020. I was not involved in those deliberations.

### Impact of decision-making regarding NPIs

63. Throughout the pandemic, the main priority was to protect lives. The impact of NPIs on vulnerable and 'at risk' groups was of course a key consideration from the start of the decision-making process. This is one of the reasons why shielding (originally called 'cocooning') was not immediately announced after it was decided that it would be introduced. Whilst the advice was that vulnerable older people would need to shield, it was also clear that asking millions of people to stay at home could have knock-on impacts and consequences in terms of how they would get food, medicine, exercise, etc. Policy options were therefore explored to mitigate the potential negative effects that might stem from asking a large number of people to shield.
64. We were also keenly aware from the start of the pandemic that interventions could have a wider health, social and economic impact. In an early meeting before the first case in the UK, there was discussion about stopping flights and closing borders. Chris Whitty made the point that when we considered actions like closing borders, it was important we recognized there had to be a balance between protecting people's health and the economic harm an action could cause. Economic harm can itself result in worse health outcomes and a negative impact on society.
65. The potential negative impact of NPIs was therefore recognized from the start. It is important to stress that throughout the pandemic, it was not just a case of assessing the pros and cons of a certain course of action – policymakers had to constantly weigh up the potential impacts of any action we might take to slow the spread of Covid 19 against the consequences of inaction.

### Herd immunity

66. I have read the DHSC Corporate Statement on this topic and agree with what has been stated there. To be clear, there was never a herd immunity strategy in place or policy development work that I was aware of. It would also have run counter to the efforts that were being made to shield vulnerable groups. The public debate

and speculation around herd immunity was therefore an unhelpful distraction in my view, and not reflective of conversations that were happening internally.

#### Covid-19 Action Plan

67. Action plans are a helpful well of getting things moving and driving cross-Whitehall collaboration on issues. DHSC did some good work at getting this plan together quickly. They usually take a long time to develop and DHSC did well to get this action plan out extremely quickly in early March 2020. I would have been involved in the communications around that.

68. The plan itself is quite factual, and again, I refer to the content of the DHSC Corporate Statement in that regard. The plan will have been guided by the science. I would have looked through drafts and advised on how the plan was to be communicated but I wasn't involved in any major policy development or the actual content of the plan as that was not my role.

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

69. I did not provide medical or scientific expertise or advice on the actual data or modelling to the SoS or any other key decision-makers. I'm not a trained medical professional or scientist. My role was primarily in relation to the messaging arising out of that, so I would have worked with the DHSC Press Teams on that to clear lines and shape messaging. The SoS may have said to me that he needed information on a certain issue, and I would have then put a request into his Private Office. I may therefore have facilitated advice, but I did not actually provide scientific and medical advice or modelling.

70. Neither was I providing advice to the SoS on the content of the risk assessment and daily situation reports he was provided with. Again, that is not my area of expertise. Sometimes, I would help to coordinate this by making sure the data was getting put out on time and I would make calls around that with the DHSC Press Team, but I wasn't providing any actual medical or scientific advice. I would, however, comment on the advice itself, and feed into discussions about situation

reports – for example, flagging a particularly high case rate on a certain day and asking if it required action, pointing out that there were reported spikes in other countries and asking whether we needed to respond in a certain way.

#### Testing, vaccines and therapeutics

71. My first recollection on the topic of vaccines was on 23 January 2020 when I commissioned advice from DHSC on what we could and should be doing to develop a vaccine.
72. I then had a conversation on 25 January 2020 on WhatsApp with the SoS and senior civil servants after hearing a professor from ICL, Robin Shattock, say on the Today programme that vaccine researchers could rapidly move from animal studies to human studies “*if someone wants us to respond*”. I argued that even though we were not sure if this would be a full-blown pandemic yet, we should push forward with a vaccine now rather than waiting to see whether we needed it before doing the work on it. The SoS concurred.
73. I had several further exchanges with the SoS about the need to prioritise work on a vaccine, including an extensive WhatsApp discussion on 17 April 2020. The SoS felt there was a lack of urgency from within DHSC, and I set out reasons on public health, economic and political grounds why it was important we pushed ahead with work on a vaccine.
74. Similarly, I had several conversations with the SoS about the importance of testing. It became clear early in the pandemic that testing was vitally important, and while we were one of the first countries to develop a test our testing capacity was too small. The SoS was determined to boost our testing capacity, and in an effort to galvanize the system into action, set a target of 100,000 tests by the end of April.
75. The 100,000 target was reached, but hitting an arbitrary number of tests was not the main purpose of the target. Rather, it was about ramping up capacity and ensuring there were enough tests to meet the increasing demands being placed on the testing infrastructure. That success was a combined effort of civil servants, epidemiologists, health professionals and the private sector. The increased

capacity to test at scale saved countless lives and everyone who worked on it should be proud.

#### Project Moonshot

76. I was not involved in Project Moonshot, as it took shape after I left DHSC.

#### Scientific and advisory groups

77. I didn't have a formal role in any of these groups. I reviewed the minutes and provided a political lens prior to publication. I remember reviewing and approving the release of NERVTAG minutes, and I believe I went through SAGE minutes as well before their release.

78. This was not with a view to holding back or amending the minutes in any way, it was more to get ahead of any potential stories. My private secretary would print the minutes for me into a pack and I would go through these late at night to identify any issues and consider the lines to be put out by the DHSC Press Team.

79. DHSC required minutes from these groups to have political sign-off before they could be released. Again, this was not a question of them not being released or held back, but this was me having an opportunity to be an early warning system to DHSC and the SoS.

#### Joint Committee on Vaccination and Immunisation ("JCVI")

80. Prior to the pandemic, the SoS had been increasingly concerned about the rise in anti-vax sentiment. We knew one of the most effective ways to counter anti-vax messaging is to rely on the expertise of clinical experts – so when we were working on the Covid-19 vaccine, we were very conscious of the need to follow the clinical advice of the JCVI right from the start in our communications. JCVI was an expert and evidence-led body, and it was important that it was independent, so I had very little direct engagement with the work of that group. I would regularly talk to Jonathan Van Tam about the position to be adopted and would get briefing from him and his team to assist with communications lines.

## **E. ROLE IN COVID-19 PUBLIC HEALTH COMMUNICATIONS**

81. My role was primarily related to the development of DHSC communications in response to the pandemic. I refer to the content of my statement above regarding my role and responsibilities in this regard.

### Disinformation and monitoring communications

82. I refer to the content of the DHSC Corporate Statement on these matters and with which I agree. Throughout the pandemic there were baseless scare stories and unfounded speculation about various things – the impact of Covid on pregnant women, the efficacy of drinking bleach to protect against Covid, etc. There was a need therefore to monitor this sort of misinformation and disinformation and respond appropriately. Our approach was to push out positive, factual messaging from credible and expert voices, rather than directly rebutting misinformation and risking giving the false claims more prominence, especially on social media.

83. In terms of monitoring the success of our public communications, we had an Insights Team and departmental communications teams for that. They would commission polling to track public opinion and would provide regular reports. They also reviewed all forms of media output to check whether our messaging was landing.

84. The form of communication that was a proven success during the pandemic was press conferences, in terms of the reach and role they had to get across information to the public. Scientific experts are generally trusted more than politicians, so Chris Whitty, Patrick Vallance and Jonathan Van Tam were used a lot to communicate key messages to the public. Other clinicians were also fronting our response and actions including Andrew McClean, Jenny Harries and Ruth May.

### Behavioral Management

85. I didn't commission any work relating to this and was not involved in behavioral management.

### Effectiveness of communications

86. In my view, the way information was disseminated and communicated to the public by DHSC during the pandemic was done professionally and largely effectively. Everyone was working under high pressure and in difficult circumstances. The reality of the pandemic was that we were mainly dealing in a reactive manner to negative and sometimes traumatic news stories - death, lockdowns and restrictions at short notice. I was, and remain, proud of the hard work that dedicated communications professionals across government carried out during the pandemic, particularly in DHSC and at No.10.

### **F. ROLE IN PUBLIC HEALTH AND CORONAVIRUS LEGISLATION AND REGULATIONS**

87. I didn't have any role in advising or briefing the Prime Minister, Office of the Prime Minister, Cabinet or Cabinet committees on the coronavirus legislation and regulations that were introduced. My role was to provide political and media related advice to the SoS. I had informal discussions with SPADs in No.10, but I wasn't providing any formal advice on this legislation or regulations.

88. With regards to the transfer of responsibility from DLHUC to DHSC for preparing submissions and advice on the coronavirus legislation and regulations, I refer to the content of the DHSC Corporate Statement in this regard.

89. I had a very limited role though in the preparation of submissions and formal written advice to ministers when that responsibility was transferred to DHSC. This was led by policy teams in the civil service. There were some instances where I would advise on the communications aspects of the policy being proposed. That might have led to me being involved at the start during commissioning. I would have kicked off the commission by saying what we wanted and why. I would also be there at the end when putting some notes in the box or putting some views on the front of the submission, but I didn't have any substantive input into the drafting of the actual advice on legislation and regulations.

### Proportionality

90. Given the seriousness of the threat from the pandemic, and the huge risk to lives and to the NHS, it was right that precautionary measures to combat Covid-19 were put in place. The proportionality of these measures was always at the forefront of our minds and was weighed up by policymakers. As set out in the DHSC Corporate Statement, government as a whole was continually balancing the available evidence about the evolving risks, impacts and benefits of introducing particular measures.
91. It is also important to remember that some of the legislation that was put in place ultimately did not need to be used – but the nature of legislation was that if we waited until it was needed, then it would be too late. And so, some of the legislation (especially the emergency legislation that went through in March 2020) was introduced as a precaution, so it could be used only if necessary.

### Issues / obstacles

92. There was a persistent tension when it came to communicating the rules of the coronavirus legislation: namely, should the rules be as simple and basic as possible, so everyone understood and could remember the rules, or should we be specific about certain exemptions and situations (which would make the guidance more complex, but would make sure the rules were clear for different situations that might require flexibility). For example, saying six people could meet outside but not inside was in essence clear, but there were then questions about this that followed: If you were in someone's garden, were you allowed inside to go to the toilet? Were you allowed inside if you were going through a house to get into someone's garden? Did a baby count as one of the six? Etc.
93. This was compounded by the fact that whenever a minister went on TV or radio, they would be presented with various complex hypothetical situations about different rules by journalists and presenters, often trying to catch them out. The minister would have two options: either say they weren't sure what you should do in that specific situation (which was a reasonable answer, especially if it was not a

minister who had been involved in every detail of formulating the rules), or they would set out what they believed someone should do in that situation. When the former happened, there would be unhelpful stories about ministers not knowing the rules, which undermined public confidence in the rules themselves. When the latter happened, it meant the rules were being constantly interpreted and reinterpreted, and they increasingly became more complex in the eyes of the public. This proved a major challenge when it came to communicating the various rules and regulations.

## **G. KEY CHALLENGES AND LESSONS LEARNED**

94. I am not an epidemiologist, nor a public health policy expert. However, as someone who was involved in many stages of the pandemic response, who had close proximity to decision makers, and was party to many of the internal debates and deliberations in the first nine months of the pandemic, I do have a view on some of the key challenges we faced and the lessons that should be learned.
95. One of the biggest challenges from the very start was that it was extremely difficult to get reliable and accurate information about the virus from China when it first emerged. This meant that we did not have an accurate understanding of Covid-19 and so certain assumptions were made about the virus (partly based on how other coronaviruses acted in the past).
96. Three key assumptions were made about Covid-19, and which formed the basis of many of the policy responses. It was initially assumed a) that Covid-19 could not spread asymptotically; b) that it was spread by respiratory droplets only and was not airborne; and c) that once infected, you were very unlikely to be infected again. The UK was not alone in operating under these premises – these assumptions were shared by many other countries, and some were even promoted by the WHO.
97. However, each of these assumptions was wrong – and these flawed assumptions skewed many policy decisions. For example, hospital patients were discharged to care homes based on the understanding that if they didn't have symptoms, they would not be infectious to others. Meanwhile, a large amount of time and resources

were spent procuring antibody tests, which at one point were seen as the silver bullet and the route to freedom (on the grounds that a positive antibody test meant you weren't going to be infected again and you could mingle with others without fear of infection). The assumption that Covid was not airborne also had a few implications, from the types of PPE that were procured through to the types of social distancing that were mandated.

98. To be clear, I do not criticise or blame the brilliant scientific advisers we had – they were acting on the basis of the available evidence and information that we had, and in the early stages of the pandemic that information was severely lacking. And these assumptions were shared globally, including by the WHO.
99. However, I believe that had the true nature of Covid-19 been fully understood at the very start of the pandemic, policymakers would have made several decisions differently. It is therefore critical that when the next pandemic strikes, early research and rapid data gathering is prioritised. It will be vital to properly understand how the virus works and spreads, as this will have a significant impact on the policy responses proposed.
100. Data gathering in general improved hugely over the pandemic. At the start of the pandemic, the availability and quality of information was very poor, both domestically and internationally. It was difficult for decision-makers to find out things like what the available bed capacity within the NHS was, where PPE demand was most acute in hospitals and care homes, what case rates were in other countries. No. 10 wanted to create an information hub, where relevant data could be updated and monitored in real time. Through the hard work of officials and partnerships with some brilliant companies such as Palantir and Faculty, Government revolutionised how data was used and monitored and ensured there was a dashboard of information that policymakers could have access to in real time.
101. This capability was critical, and it is important that these processes and systems are maintained – not just for future pandemics and public health crises, but for good and effective decision making across Whitehall in general.

102. Ultimately, I believe the UK adopted the right overall approach for dealing with a highly transmissible deadly virus – suppress the virus until you have natural immunity through a vaccine.
103. Suppression does not always mean locking down – mass testing and contact tracing offer a way to slow the spread of the virus, especially at the very start of a pandemic. The exponential rate of increase of cases means that the fewer the cases, the more important testing and contact tracing is. The earlier you can implement mass testing, the more effective it will be. Scaling testing capacity to 100,000 tests a day, and then more than 1 million tests a day, was a huge achievement – but to get there the UK had to essentially build a diagnostics system from scratch, and this took several months. I do not believe it could have been done faster, but the fact it took three months from the first case to get to a testing capacity of 100,000 tests, and then months longer to get to a full rapid mass testing capability, means that testing could not have the impact on the initial spread that it would have had otherwise. Therefore, in a future pandemic, the UK needs to have the capability to immediately scale a mass testing operation. Our testing capabilities should be maintained and kept in a state of readiness.
104. Meanwhile, developing a vaccine as soon as safely possible is critical. The speed of the Covid-19 vaccine development and procurement was impressive and faster than many people expected, but we should consider whether there are ways that process could be sped up even more in future pandemic situations (without compromising the safety or efficacy of the vaccine). For example, optimising the regulatory process, building manufacturing capacity, considering what point to start the manufacturing the vaccine, etc.
105. The more you can slow the spread of the virus in the early stages, and quickly achieve mass population immunity the less likely you make it that you need to lockdown. Effective mass testing means you can enter a lockdown later, only as a last resort. Rapid development of vaccines means you can leave a lockdown sooner and prevent your healthcare system being overwhelmed. I do not believe there was a viable alternative to introducing the restrictions that we did in 2020. However, as we continue to see today, lockdown came at a huge cost. When the next pandemic strikes, ensuring we lockdown for the least amount of time possible

(or not at all) will be key. That means continuing to maintain testing capacity and funding vaccine research to ensure we can successfully distribute a vaccine as soon as possible.

106. Finally, while it is important to learn the lessons of this pandemic and take steps to improve the systems and structures of government, it is crucial that we do not simply copy those learnings exactly and apply them off the shelf to the next pandemic. One of the criticisms that has been levelled against the government's Covid-19 response is that it prepared for a flu pandemic and so applied a preparedness plan that was designed for a flu pandemic to a coronavirus pandemic. If the next pandemic is a flu pandemic, or a different communicable disease, while many of the lessons learned from what happened in 2020-2021 will be relevant, some may not be. The next pandemic may be very different from the last one – so while there are important lessons to be learned from the Covid-19 response, it is important that any future pandemic response is tailored to the situation at hand and the government of the day fights the pandemic that is facing it, not the previous one.

## **H. GENERAL**

107. During my time in DHSC, I witnessed ministers, officials and advisers across government working day and night, often having to make extremely difficult choices under huge amounts of pressure. These people were dedicated public servants who were focused on saving lives and protecting the NHS, and it was a privilege to work with them. This was especially true of the health and care staff and other key workers who put themselves at risk on a daily basis to protect others.
108. I would not wish to pick out individuals, but I would like to pay particular tribute to Paul Cosford, the Emeritus Medical Director at PHE. Paul was diagnosed with terminal cancer before the pandemic and given his circumstances it would not have been unreasonable for him to be absent or detached from what was going on. However, he worked tirelessly on the pandemic response, attending meeting after meeting in DHSC and providing his invaluable experience and expertise to ministers and other decision-makers. Even after vulnerable people were advised

to shield, he continued to throw himself into his work, attending meetings remotely and making a huge contribution to the pandemic response. Paul tragically passed away in April 2021. His commitment to protecting lives and the health of the nation was hugely inspiring, and he was just one example of the dedication and professionalism that I saw on a daily basis from those working on the pandemic response.

109. There has been plenty of criticism of the pandemic response, and of many of the individuals involved. Mistakes were of course made and there are certainly lessons to learn, some which I have set out above. But my overwhelming experience of the pandemic was witnessing countless people – ministers, civil servants, scientists – working flat out to save lives, and millions more members of the public making huge personal sacrifices to protect their fellows. There is little to celebrate in a pandemic, and the focus on this inquiry should rightly be on learnings the lessons from Covid 19 – but I hope the dedication and the huge contribution of those people will be in part recognised.

### **Statement of Truth**

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

**Personal Data**

**Signed:** \_\_\_\_\_

**Dated:** 13<sup>th</sup> September 2023