

Witness Name: James Bowler

Statement Number: 002

Exhibits: Schedule 1

Dated: 14 June 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF JAMES BOWLER

I, James Bowler, Permanent Secretary of His Majesty's Treasury, 1 Horse Guards Road, London SW1A 2HQ, will state as follows:

Introduction

1. I am a Senior Civil Servant. Since 17 October 2022 I have served as Permanent Secretary to HM Treasury. Prior to my current role, between August 2021 and 17 October 2022, I was Permanent Secretary to the Department of International Trade.
2. Between 19 October 2020 and August 2021, I was Second Permanent Secretary at the Cabinet Office, leading the Covid Task force as set out below.
3. This witness statement is served in order to address the queries that have been put to me by the UK Covid-19 Inquiry (the '**Inquiry**') in an initial request for information pursuant to Rule 9 of the Inquiry Rules 2006 (the '**Rule 9**'). The initial deadline to submit the statement in draft form was 7 February 2023 and, following an extension, this statement was served in draft form on 10 March 2023. On 18

May 2020 this statement was served in final form and served again on 14 June 2023 following further clerical amendments requested by the Inquiry to the exhibit reference numbers.

4. The statement is divided into the following sections:
 - a. **Section A** provides a brief background on my career prior to the Covid pandemic.
 - b. **Section B** focuses on my role as head of the Covid-19 Taskforce. It provides a brief overview of its operational structure, and sets out what the structure of this taskforce was when I inherited it upon joining the Cabinet Office in October 2020.
 - c. In order to assist the Inquiry, at **section C** I have provided a chronological overview of my time within the Cabinet Office and as head of the Covid Taskforce. Notably, this section covers the period in the run up to the second and third national lockdowns, the decisions that were taken in respect of those lockdowns and the reasons that those decisions were taken in the manner that they were. I also provide an overview of the decisions that were taken to end those lockdowns and the work that was done by the Covid Taskforce in assisting the development of strategies which saw the gradual easing of restrictions, most notably the February 2021 Roadmap, and how that Roadmap reflected lessons that had been learnt and applied during my time.
 - d. At **section D**, I outline the role that I played and the advice that I assisted in providing in respect of a number of Non-Pharmaceutical Interventions including, social distancing, working from home, school closures, face coverings and border controls.
 - e. **Section E** looks at the consideration that was given to vulnerable persons and disproportionately impacted groups.
 - f. **Section F** deals briefly with matters concerning Covid 19 public health communications, and the role I played in providing advice in respect of legislation and regulations.

- g. Finally, in **Section G** I provide some reflections on what I believe went well during the pandemic and what, in my view, presented challenges. In doing this I provide some reflections on the lessons that can be learned from this pandemic and what may prove to be useful when it comes to dealing with future civil emergencies.
5. It goes without saying that I am more than willing to provide any further information or assistance sought by the Inquiry.
6. As is evident from the above, I no longer work within the Cabinet Office and after I received a request for evidence from the Inquiry steps were put in place to obtain documents and emails from my time working with the Covid Taskforce. I have not had access to my work phone from the time when I was handed it in to Cabinet Office when I left. Given that these events happened two years ago I have been heavily reliant on documents provided to me by the Cabinet Office legal team in the course of preparing this statement. It has not been possible to review all of the many thousands of documents that I sent or was sent over this time, whilst also working to the tight timescales required by the Inquiry. I have therefore endeavoured to give an accurate response to the Inquiry's request based on my recollection and the documents provided to me, but I must recognise that my recollection may be imperfect and that the documents I have provided with are not comprehensive. I would be glad to review any further documents provided and to add to or amend my statement to ensure the best evidence is provided to the Inquiry.
7. I returned my phone to the Cabinet Office on my departure in August 2021, and I have since been told that the data on it was cleared prior to the device being reused, though I was not involved in that process at all. I have not as yet been provided with any WhatsApps that I was involved in. From memory, my main WhatsApp contact groups were within the CTF. This included the Director Generals and official groups such as a Covid O Support Group preparing meetings.

SECTION A

Role during the pandemic prior to taking up my role in the Cabinet Office

8. From the outset of the pandemic through to March 2020, I was employed in HM Treasury (where I have spent much of my career) as Director General of Public Spending. This role did not see me directly engage in cross-government discussions on Covid strategy or response. My dealings were reactionary to events. I was involved in the implications for public spending at the 11 March 2020 Budget where the Chancellor set aside an initial emergency response fund to support the NHS and other public services stating his intention to go further. The fund was in recognition of the costs to public services which, at the time, were highly uncertain. It was also recognised that these costs were unknown at this stage and likely to increase. The Chancellor's Budget speech of 11 March 2020 refers. I left this position in HM Treasury taking up a position with the Ministry of Justice.

9. Between March 2020 and 19 October 2020, during the initial period of the pandemic, I was a Director General of Policy at the Ministry of Justice. In this role, I was engaged with the wider Ministry of Justice leadership on managing the implications for staff working from home and, notably with the heads of the Prisons Service and Courts Service, in responding to the implications of Covid on prisons and the implications for the Courts service, particularly the ability to continue with jury trials.

SECTION B

The Covid Taskforce (the 'CTF')

10. I became Second Permanent Secretary at the Cabinet Office on 19 October 2020. As Second Permanent Secretary at the Cabinet Office I led the CTF. I reported to the Cabinet Secretary, Simon Case.

11. The CTF was already established on my arrival at the Cabinet Office. It was set up in May 2020 and remained in place until March 2022. The role of the CTF, based in the Cabinet Office, was to help coordinate the Government's response to Covid, providing advice to the Prime Minister and coordinating departments across Government to deliver a collective response. The CTF worked closely with No10 and notably the Department of Health and Social Care and HM Treasury and very closely with the Chief Medical Officer and Government Chief Scientific Adviser. The CTF brought together the data; scientific and wider evidence; and policy from across Government Departments. It provided a secretariat function for the Committees that oversaw the collective decision making to agree the Government's response notably the Covid Strategy and Covid Operations Committees established in May 2020.
12. The CTF pulled together strategic plans to set out the response to the pandemic including the Covid-19 Winter Plan in November 2020; the Covid-19 Response: Spring 2021 Roadmap in February 2021 and, after I had left, the Covid 19 Response: Autumn and Winter Plan 2021 in September 2021 and the Covid-19 Response: Living with Covid in February 2022. It also oversaw the implementation of these plans.
13. As Second Permanent Secretary I oversaw the work of the CTF. During my time, it was organised as follows into 3 main parts:

- a. **Data and Evidence Group:**

As head of the CTF, I saw as a central tenet of the job the accumulation and use of real-time data and the need to integrate evidence into decision making (especially on lockdowns), strategy formation, and the exit from lockdowns. The Data and Evidence Group was led by a Director General (Rob Harrison). It delivered the latest data and pulled together a range of evidence to inform decision making. It was split into a Data Group and an Evidence Group.

The Data Group brought together and presented the Data Dashboard to the Prime Minister and wider Ministers and officials often on a daily basis. The Data Dashboard was an interactive tool, developed with the assistance of health statisticians, the Office for National Statistics and departmental analysts, that

could summarise and delve deeper into all aspects of the pandemic including how it was unfolding at a national and regional level. It was vital to real-time decision making. The data was presented in a succinct and highly accessible and interactive way, allowing the overall picture to be conveyed and the ability to interrogate further particular issues that arose. The dashboard team would present me with their intentions for each meeting the night before and we would agree where to focus.

The Evidence Group worked with the Government Chief Scientific Advisor ('GCSA'), the Scientific Group for Emergencies ('SAGE'), the Joint Biosecurity Centre ('JBC'), the Office for National Statistics ('ONS') and HM Treasury and Health forecasters to inform policy making with the latest forecasts of the pandemic and with HM Treasury and other Departments to understand the economic and wider departmental evidence.

b. **Strategy Group:**

The Strategy Group was led by a Director General (Simon Ridley) and helped bring together the overall response to Covid-19 into the strategic plans outlined above. This group provided the secretariat to the Covid Strategy and Covid Operations Cabinet Committees and advice on regulation and legislation. It also oversaw and advised the Prime Minister on the deployment of Vaccines bringing together the NHS; DHSC and Vaccine Taskforce ('VTF') with No10 and experts to guide decision making on deployment;

c. **Delivery Group:**

The Delivery Group was led by a Director General, Kate Josephs (who was in post from July 2020 to January 2021) then Kathy Hall (who was in post from October 2020 to March 2022, joining early before Kate left). This group had had teams that worked alongside the key Government Departments: health and social care; education; transport and others. They oversaw the delivery of any regional response to Covid, linking with the DHSC's Gold structures. They included a team that would travel around the country to understand the impact on the ground supported by military aid. They also linked in to Test and Trace.

14. In addition, a small team helped run the CTF and oversaw recruitment and corporate functions.

Meeting structures

15. The meeting structures in my time at the Cabinet Office were made up of Cabinet Committees to collectively agree the Government's approach and advisory meetings to both inform Ministers on the state of the pandemic and to prepare and align the approach to strategic decisions. These were:
 - a. Cabinet;
 - b. Covid Strategy ('**Covid S**') and Covid Operation ('**Covid O**') meetings;
 - c. Covid 'Quad' meetings – PM; the Chancellor; Health Secretary and Chancellor of the Duchy of Lancaster ('**CDL**'). Invariably these meetings were also attended by the Chief Medical Officer ('**CMO**'); Government Chief Scientific Advisor ('**GCSA**'); CTF officials and No10 advisors and officials;
 - d. PM Covid Strategy meetings which were attended by the PM; CMO; GCSA; No10 officials and advisers; CTF officials; and
 - e. Dashboard meetings – PM and relevant Ministers particularly Health Secretary and CDL, CMO and GCSA. These meetings would also have been attended by various health officials especially those with knowledge on testing and vaccinations and, from time to time, would have been attended by officials from other Government departments, depending on the particular topic that was being discussed.

Inheritance

16. As set out above, I joined the CTF on 19 October 2020 from the Ministry of Justice. As such, I was not involved in any advice given to the Cabinet Office on Covid-19 matters prior to that date.
17. The CTF was already established on my arrival and had been headed by Simon Case. I took over the role as head of CTF from Simon Case when he was appointed Cabinet Secretary. My role was based in the Cabinet Office rather than No10

Downing Street. The pattern of meetings, as listed above, was already established on arrival including the Dashboard meetings presented by the CTF and the Covid Strategy and Covid Operations Cabinet Committees, where the CTF provided the Secretariat.

18. As Second Permanent Secretary I oversaw the work of the CTF within its existing structures. Three Directors General of the Data and Evidence Group; the Strategy Group and the Delivery Group, outlined above, all reported to me.
19. My time at the Cabinet Office can be divided into sections based around the following central events:
 - a. From 19 October 2020 to 5 November 2020. This period was mainly focused on the work concerning the second national lockdown and the announcement of the same on 31 October 2020;
 - b. November 2020 to 04 January 2021: This period of time involved the decisions around the third national lockdown, the rise of Alpha variant and considerations about its higher level of transmissibility. This period also included the 19 December 2020 PM statement on restrictions ahead of Christmas 2020 and the announcement of the third national lockdown on 04 January 2021; and
 - c. January 2021 – August 2021: This period included the formation of the February Roadmap 2021 and subsequent roll-out of that Roadmap including the June 2021 delay to step 4 and move to Step 4 on 19 July 2021.

SECTION C

20. This section considers the situation on my starting the role at CTF; the key points in the November 2020 lockdown; the rise of the Alpha variant, Christmas 2020 and the third national lockdown; and the February 2021 Roadmap.

21. The strategy I inherited to contain the virus was multifaceted. It included some national rules set out in September 2020, notably the rule of 6, and the following areas of focus:
 - a. Firstly, a tiering system that allocated different geographies into different levels of restrictions depending on prevalence. The top tier 3 was the most restrictive but fell short of the full restrictions of a 'lockdown'.
 - b. Secondly, a focus on testing and tracing. This focussed on whether testing could help contain the transmission of the virus with the subsequent health benefits and thus reduce the need for as many economically harmful interventions. There was also a focus on compliance notably the need to self-isolate to stop contagion.
22. As cases and hospitalisations began to rise in September and October of 2020 the prospect of a 'circuit breaker' was publicly mooted by some scientific professionals including SAGE. Before I began in September 2020, it had been proposed as an option. Wales implemented this approach from 23 October to 9 November.
23. A tiering system had already been announced on 12 October 2020 with three levels of restrictions depending on the prevalence of the virus. DHSC's 'Gold' meetings advised on tiers based on the latest data presented by the Joint Biosecurity Centre. 20 October 2020 saw Manchester move into Tier 3 and 21 October 2020 saw South Yorkshire move into Tier 3.

The run-up to the November 2020 lockdown

24. On my arrival in post, the focus was on the extent to which the tiering system would be strong enough to restrict the increases in prevalence of Covid-19.
25. Tier 3 included an element of local negotiation of what local restrictions to put in place. The intention was to allow local determination so that local solutions fitted local circumstances. This was mainly delivered. However, in some circumstances this, coupled with a move to tier 3 linking to further elements of financial support, risked discussions that could delay the moving of areas into tier 3.

26. There was also concern that tier 3, as constituted at the time, might be insufficient to stop the virus spreading further and the tiers below would not slow the virus sufficiently leading to a situation where much of the country would have ended up in the top tier in any event. Exhibited at **JB/1 - INQ000136668** is an email thread which begins with a note from the Government's Chief Scientific Officer, Patrick Vallance, and the Chief Medical Officer, Chris Whitty, dated 20 October 2020. That note discusses the response to high prevalence areas and talks about the need to go for a sufficient group of measures that has a reasonable chance of getting the R below 1 (which generally means needing to do more) and the need to maintain public support (which will never be universal).
27. We also wanted to plan for the longer-term. On 22 October 2020 I spoke with the CMO, Chris Whitty. After that meeting he provided me with a copy of an email called 'a path to Spring 2021'. The CMO's advice suggested things would get worse before they got better. The autumn and winter months would lead to rising numbers of infections so the focus was how to keep prevalence of the disease and hospital admissions at a low enough level to get to the middle of April 2021. The CMO suggested that, other things being equal, we might expect prevalence to reduce in Spring 2021. Advice at this time looked ahead to the Spring and considered the pre-Christmas interventions that would be needed in order to establish a base which would leave us in a better position for Spring 2021. Exhibited to this statement at **EX/JB2 - INQ000136673** is an email to the CMO dated 26 October 2020 responding to the CMO's e-mail of 02 October 2020 in which he set out his early assessment of the 'path to spring'. Exhibited at **EX/JB3 - INQ000136669** is an email thread dated 22 October 2020 which shows the note from the CMO being disseminated and discussed within the CTF.
28. This advice had 3 elements:
- a. Firstly that infections, hospitalisations and deaths would continue to rise in the winter of 2020. Tougher restrictions might be needed ahead of Christmas 2020 in the face of current rising numbers to suppress the virus. On the restrictions that were in place in September and October 2020, the evidence suggested that all regions would move to tier 2 and subsequently to tier 3 in December 2020, with two-thirds of the country having incidence rates of Covid-19 which would warrant the imposition of, at least, tier 2 restrictions by November 2020. Further the evidence also indicated that

hospitalisations could reach the peak of the first wave by the second week of November 2020. Exhibited to this statement at **EX/JB4 - INQ000136671** is a slide deck circulated on 25 October 2020 which, at page 10, includes data sourced from the Joint Biosecurity Centre evidencing anticipated hospitalisations in November 2020.

- b. Secondly, tougher action sooner through October and November might also allow for a prospect of a less restrictive Christmas to allow families to meet.
 - c. Thirdly, further restrictions might be needed in early 2021 when we might expect the virus to be spreading further again and NHS capacity was traditionally at its tightest.
29. On 25 October 2020, CTF members and No10 officials and advisers met with the Prime Minister at Chequers as a stocktake and forward look. The meeting looked at the concerning data picture. It discussed the 'path to Spring' planning including the likely prospect of tougher restrictions. The meeting was led by No 10 officials and focused on data. There were concerns expressed about the trajectory of the virus, notably for NHS capacity and the need for tougher restrictions, mooting the potential for a future lockdown. Exhibited at **EX/JB5 - INQ000136672** is a readout from that meeting.
30. On 28 October 2020, I sent a note to the Prime Minister on behalf of the CTF setting out that the situation was deteriorating and following up on the prospect of 'a path to Spring'. I exhibit that note to this statement at **EX/JB6 - INQ000136678**. This note stated that, although the data was not yet conclusive, the approach being adopted to the tiers system was not expected to bring the Reproduction rate ("R rate") of the virus below 1. Using six-week projections prepared by the Scientific Pandemic Influenza Group on Modelling ('SPI-M'), the NHS indicated that several regions might have exceeded available capacity in November 2020 prior to cancellations of electives. It concluded that we did not believe that tier 2 or existing tier 3 interventions were sufficient to stop growth. We therefore had to look at alternative options. My note also set out how other countries were using interventions. It considered a future approach in 3 steps:

- a. Firstly, the need for stronger restrictions immediately. Options included expanding the tiers coverage, further national measures and a regional firebreak.
 - b. Secondly, how, if the steps taken above were implemented, it might enhance the possibility that families would be able to meet for Christmas 2020.
 - c. Thirdly, in light of the fact that university students would be returning to shared accommodation and that increasing covid cases would coincide with the peak of the flu season, further restrictions may be necessary in the new year depending on the data at the time and that, if cases were severe, there would need to be harder interventions potentially applied nationally.
31. The note also made clear that stronger regional interventions would have a significant economic impact, particularly on the hospitality and entertainment sectors, which would disproportionately affect lower income groups and BAME communities. HM Treasury were commissioned to consider the economic effect.
32. In reply to this note, the PM's private office set out that the PM was broadly in agreement with the 'overall plan' but requested further information and evidence on the science that underpinned the prospects for spring 2021 seeing improvements, rather than a future of having to repeatedly lockdown. The reply also requested further information on evidence on the impact of lockdowns; the impact of test and trace; school closures, the average mortality rate and the logic behind the national and regional restrictions when compared against comparator countries. The response also noted that a strong parliamentary process, with the potential for difficult handling, would be required to win support for further measures and that public support could not be taken for granted and that this should be factored into any strategy. I exhibit the email providing this response at **EX/JB7 - INQ000136677**.
33. The CTF pulled together the requests for further information arising from this note into a set of individual responses or were combined into our work on future options for intervention. The CMO produced a note on why Spring 2021 would look different. It looked at seasonality; advances in science (medical countermeasures

and the prospect of a vaccine); and epidemic behaviour. It concluded that there were reasonably high prospects of spring 2021 being better. That note is exhibited to this statement at **EX/JB8 - INQ000136679**. A set of international comparators showed that several countries were moving from regional to national approaches and in a number of countries public confidence in government responses to Covid-19 had deteriorated and that countries with the lowest rates of prevalence fared better economically.

34. The CTF's response to the PM prepared three options for consideration: (i) a 'firebreak'; (ii) a maximalist level 3 option; and (iii) moving all regions in tier 1 to tier 2 and accelerating tier 3. Each of these options were assessed against their impact on three issues: transmission; the economy and social impact.
35. On transmission the 'firebreak' was assumed to have a high impact on reducing transmission and bringing the R rate below 1. However, it was noted this would have the highest economic impact. Consideration was given to the fact that firms were in a weaker position than in March 2020 but pointed out that action now may avert more costly action later. Consideration was also given to social impacts including on the vulnerable as well as mental health and wellbeing. It was noted that in a 'firebreak' economic and socially vulnerable groups of people would be hit hardest. The option to move all regions to tier 2 and accelerate tier 3, while economically and socially less impactful, replicated the previous summer's restrictions which did not suppress transmission.
36. On 29 October 2020, officials and advisers from the CTF and No10 met to consider the subsequent advice to Ministers and reflect on the latest data and options. The data continued to show a deterioration, notably that growth in prevalence was national and that, while higher in the North, R was above 1 everywhere. A focus of concerns was that the NHS would be under increasing capacity pressure based on SPI-M forecasts. The conclusion of the meeting on 29 October 2020 was that there was a growing case to act nationally. I exhibit at **EX/JB9 - INQ000136680** an email setting out action points and further questions following that meeting. Later that day the CTF met with CDL who was of the view that national action was required and that intervention should be at the earliest possible point. The CDL also emphasised that while improvement in shielding and test and trace was required, that should be working in parallel with national action. Exhibited at

EX/JB10 - INQ000136681 is an email giving a brief readout and action points from that meeting.

37. In preparing advice, the CTF was helped by teams that brought the best analysis to bear. Real time health and scientific data was supplemented with economic analysis from HM Treasury. The CTF liaised with HM Treasury to provide economic advice on the consequences of restrictions and would include the economic impact sourced from HM Treasury in any advice on the tightening of restrictions. We also had field teams that visited localities around the country to get a first-hand experience of the situation. By way of example between Tuesday 27 October 2020 and Thursday 29 October 2020, a field team undertook a field visit to Lancashire, Blackpool and Pendle. They reported back that while the public were largely abiding by the rules, they were growing more fatigued, with a concern that people were looking for ways to bend the rules. Visits and reports such as these helped formulate the CTF's approach. Exhibited to this statement at **EX/JB11 - INQ000136676** are the preliminary findings of the field team's visit to Liverpool, Blackpool and Pendle in October 2020, which were circulated on 28 October 2020 due to comments about the situation there. The full report is exhibited to this statement at **EX/JB12 - INQ000136689**.
38. We also looked carefully at this time at the impact of measures, including the impact of tier 3 in Liverpool and Lancashire, to understand better whether that level was indeed sufficient to reduce transmission given the economic and social impacts of tougher measures and following an early sign of a fall in cases. We concluded that, while case numbers had fallen, they were very high and hospitalisations were still rising. A note in relation to the Impact of Recent Tier Measures was authored by Ben Cropper and Steffan Jones and circulated on 28 October 2020. I exhibit that report at **EX/JB13 - INQ000136675**.
39. All of this advice came together in the *CTF – Options for Intervention* Briefing that weighed both the social and economic cost of various measures against the ability to reduce transmission. It was noted that a national 'Firebreak' lockdown would have a '**High**' impact on the rate of transmission, but would have a '**Very High**' economic impact with hospitality and associated supply chains being disproportionately affected and a '**High**' social impact with the ban of indoor mixing affecting mental health and wellbeing. The approach of moving all regions to level 2 but accelerating level 3 was considered to have a '**Low**' impact on

transmissibility, a '**Medium**' economic impact but a '**High**' social impact. Exhibited to this statement at **EX/JB14 - INQ000136682** is a copy of the Covid 19-Taskforce: Option for Intervention Briefing.

40. On 30 October 2020, a Dashboard meeting set out the deteriorating situation. A strategy meeting considered the options as set out above. The advice focussed on the fact the NHS was under pressure and growth was national. Thus there was a growing case to act nationally with a significant support package. It suggested a month long intervention, noting that while Wales had a shorter intervention most other countries had longer. A national approach was recommended. I exhibit at **EX/JB15 - INQ000136685**, **EX/JB16 - INQ000136686**, and **EX/JB17 - INQ000136687** the documents considered at that meeting and prepared by the CTF, and the covering email **EX/JB18 - INQ000136683**. A Covid O meeting was scheduled that afternoon. Ahead of that meeting, a small meeting with the PM looked at some of the latest data and forecasts presented by No10 advisers.
41. At 3pm on 30 October 2020, there was a Covid O chaired by the PM with the Chancellor; CDL; Health Secretary; CMO; GCSA and CTF in attendance. The paper (which I exhibit at **EX/JB19 - INQ000136684**) set out the data and proposed a four week national intervention to protect the NHS, get R decisively below 1 and to act now to allow better choices for Christmas. There had been a significant focus on increasing testing for schools and universities and the recommendation was that they remained open. The importance of protecting the vulnerable was explicit with a specific policy package to follow. I exhibit at **EX/JB20** the minutes of that meeting.
42. The proposal to take national measures was agreed. The plan was to announce this on Monday 02 November 2020. A subsequent leak to the press moved the announcement to Saturday 31 October 2020. Cabinet met at 13:30 on 31 October ahead of the announcement and agreed the proposal. I exhibit at **EX/JB21 - INQ000136688** the Cabinet Paper for that meeting. The decision was driven by the large increases in prevalence and hospitalisation already witnessed, the fact growth was national and (as the PM was to set out in his press conference the next day) the increased mortality and reduced NHS capacity forecasted on the SAGE 64 evidence. Slides presented by the CMO (on data to date) and GCSA (future forecasts) at the press conference set this out with the PM noting at the conference

EX/20: INQ000090156

“that current projections mean they will run out of hospital capacity in a matter of weeks unless we act”.

43. The national measures were due to run from 5 November 2020 to 2 December 2020.

Testing

44. Through the autumn of 2020 there was a particular focus on the extent to which testing could play a more prominent role in restricting the virus and in particular if it could mitigate the need for more economically and socially harmful restrictions. Test and trace was underway for those infected by the virus, with contacts being required to self-isolate. At this time there was also a body of work undertaken on the prospects of mass testing of people regardless of symptoms or contact. Central to this was the finding that a third of individuals who tested positive had no symptoms. The aim of mass testing was to find and isolate those with the virus in an area, to cut infections. It would find those who were asymptomatic but still spreading the virus as opposed to an approach which had, until then, focused only on testing the symptomatic and their contacts.
45. Lessons from other countries were examined, for example Slovakia which conducted a round of national mass testing on 31 October 2020 and 1 November 2020. This led to a pilot of community testing which was undertaken in Liverpool in early November 2020 with the support of the military. Exhibited at **EX/JB22 - INQ000136692** is a report from the CTF field team’s visit to Liverpool to observe initial mass testing, and at **EX/JB23 - INQ000136694** an email chain which includes key learnings from Liverpool and focus groups on mass testing from Henry de Zoete.
46. Mass testing was discussed at a Covid O meeting on 21 November 2020 (I exhibit at **EX/JB24 - INQ000136695** the paper on testing which was considered at that meeting) and after this a Community Testing Programme was launched in December 2020 to enable local authorities with high prevalence of Covid to carry out community testing on the asymptomatic. This was later extended to all areas in February 2021. Such an approach was also used in areas such as border control and notably the continuation of haulage across the Channel during the rise of the Alpha variant which I discuss in more detail below. Testing and tracing continued

to play a significant role in reducing the spread of the virus but was ultimately insufficient in negating the need for stronger NPIs when R rose above 1 as was witnessed in the second and third lockdowns.

Economic considerations

47. Throughout the Autumn we strived to improve the input of economic factors into decision making. This was done in a number of ways:
- a. Firstly, we took the decision to include more economic measures and data in the Dashboard so that these could be closely monitored alongside health data on a daily basis. I exhibit at **EX/JB25 - INQ000136690** an email thread dated 4 November 2020 which shows discussion of the intention to include a set of charts showing economic data into the dashboard.
 - b. Secondly, we looked to strengthen our relationship with HM Treasury. Meetings were made formal and regular to share information and views on emerging strategy. A more formal link was made with analysts from Cabinet Office and HM Treasury and other departments to work together to set out the cross-government implications of Covid. In terms of economic forecasts, HM Treasury's focus was on forecasts prepared by the Office for Budget Responsibility who published a forecast on 25 November 2020 with 3 scenarios for Covid's impact on the economy and public finances depending on the success of lockdowns and the deployment of vaccines.
 - c. Thirdly, a Covid Business Recovery Group within the CTF was established which would, among other things, help the CTF *"to better understand the commercial and economic implications of future policy so that it might optimise the UK's business environment while managing the virus."* Later, in December 2020, Mark Lloyd joined the CTF and undertook work in establishing the Economy and Business team, the objectives of which included *"assessing economic impacts by Working with TF analysis unit and policy teams to bring in evidence on local and sectoral impacts earlier in analysis/policy development (including Tiering decisions)"* and *"continuing to gather in the best evidence from across Whitehall and externally on cyclical vs structural effects, and policy implications."* I have

exhibited the terms of reference of the Covid Business Recovery Group at **EX/JB26 - INQ000136693** and the key objectives of the Economy and Business team at **EX/JB27 - INQ000136698**.

48. This work led to the publication of the paper “Analysis of the health, economic and social effects of COVID-19 and the approach to tiering” on 30 November to set out the Government’s work to date to inform Parliament and the public. I exhibit this document as **EX/JB28 - INQ000136696**. This document built on the 25 November publication by Office of Budget Responsibility, the Government’s official forecaster, that sets out its assessment of how the virus and restrictions impacted on the economy. As well as the impact to date it set out 3 scenarios for the UK economy and public finances of at this time they set out three scenarios: an upside; central and downside scenario.
49. The economic impact of restrictions, as set out by HM Treasury, would be included in any Covid O papers seeking to increase restrictions and CTF Strategy papers setting out the proposed strategy such as the Covid Winter Plan and the February Roadmap.
50. Further, there were weekly updates provided by the Government Equalities Office (the ‘**Equality Hub**’). These reports were a useful and instructive source of information in assessing both the social and economic impacts of Covid across different groups. Exhibited to this statement are two such examples. Exhibited at **EX/JB29 - INQ000136670** is an analysis focusing on the health and economic impact of BAME groups, circulated on 23 October 2020, and at **EX/JB30 - INQ000136691** is an evidence summary from the Equality Hub which outlines the education, economic and well-being impact on under 25s and the health, economic and well-being impact of the over 50s, which was circulated on 6 November 2020.

Covid Winter Plan and Christmas

51. The 23 November 2020 saw the publication of the ‘Covid Winter Plan’ prepared by the CTF. The production of the winter plan went through a series of iterations with input from the PM and wider Ministers. It focussed on how to exit lockdown on 2 December 2020, attempting to apply the lessons from October 2020. Further, it included reference to new, stronger tiers and an enhanced tier 3 with closures as part of that tier. The enhancements in the tiering system referenced in the Covid

Winter Plan followed criticism that the previous tiering system was insufficient to reduce R to below 1.

52. On 24 November 2020, a joint Christmas Plan for England, Wales, Scotland and Northern Ireland based on advice from all 4 CMOs was set out. It stated 3 households could meet up.
53. On 25 November 2020, the PM chaired a Covid O that assessed the data by geography to consider into which tier each area of the country would exit lockdown. The debate centred around how much of the country would be in tier 3 or tier 2 and where would London figure given the data at the time.
54. The second national lockdown ended on 02 December 2020.
55. This set piece timing for the end of lockdown was built on the concept of a 'firebreak' or 'circuit break' that was being widely and publicly discussed at the time. This meant that the end of lockdown, when restrictions would be relaxed, was announced from the outset of lockdown. The inflexibility of a set end date was something that would be addressed subsequently in the February Roadmap that would focus on 'data not dates'. In that Roadmap, restrictions were relaxed through steps that had a 'no earlier than' date attached to them. Whether the step went ahead was measured against 4 explicit tests. Crucially there were 5 weeks between steps that allowed the impact of each step to take effect and time to gather the data and judge whether the tests had been met. The concept of a firebreak however was that lockdown would be for a specific set period, for example 4 weeks, to get R below 1 before reopening.

CTF and Vaccine Deployment

56. The CTF played an important role in the coordination and decision making on vaccine deployment. It was the CTF's role to prepare Vaccine Deployment meetings that brought together the key decision makers to the Prime Minister to shape vaccine deployment. These included the Vaccine Taskforce on vaccine supply; the NHS including the Chief Executive on vaccine deployment, and the CMOs and Deputy CMOs who would advise on the considerations of the Joint Committee on Vaccination and Immunisation ('**JCVI**') and the Medicines and Healthcare products Regulatory Agency ('**MHRA**'). Through November 2020 and

December 2020 and thereafter, the Prime Minister met regularly with all of the aforementioned groups and officials on vaccine deployment. These meetings examined the supply of vaccines being purchased and when they would be delivered; the progress on their regulation from the MHRA; and the NHS's proposed roll-out plan including the order of vaccination roll-out based on JCVI advice. I have set out how the needs of vulnerable and disproportionately impacted groups were considered as part of the vaccine rollout below.

57. The first COVID-19 vaccine for the UK, developed by Pfizer/BioNTech, was given approval for use by the MHRA on 2 December 2020. The first vaccination was on 8 December 2020. After this point the meetings focussed on future expectations on supply and progress in deployment. It looked carefully at data on who had received the vaccine by age and characteristic and how take-up could be encouraged including by location and ethnicity and by central or local government and third party groups. Decisions followed on the gaps between doses and how deployment linked to future strategies most notably the February Roadmap.

Run up to the 4th January 2021 Lockdown and the Alpha variant

58. Through December 2020, the data in Kent showed that cases were starting to rise raising questions as to why this was happening.
59. The data changed rapidly over the December period. Views were adapting as the data showed that the virus was escalating. While it had not yet been identified, we were seeing daily through the Dashboard meetings the onset of the Alpha variant. It is worth pointing out that the UK's extensive testing coupled with the scientific monitoring provided by Public Health England (PHE) meant that we were able to monitor this extremely closely with PHE publishing regular data on confirmed cases of variants of concern.
60. On 12 December 2020 DHSC first alerted the Cabinet Office to a new variant of concern. Exhibited at **EX/JB31 - INQ000136699** and **EX/JB32 - INQ000136700** are the documents which were shared with Cabinet Office from DHSC. Advice was prepared over the weekend for a 14 December 2020 Covid O meeting chaired by the PM which set out what was known and not yet known about the new variant. It concluded London should be placed into tier 3 but not enough was known for a

further definitive view at that stage. The Secretary of State for Health and Social Care set this out at a press conference where he also stated we had identified a new variant of this virus. On 16 December Kent was included in a list of Public Health England and Joint Biosecurity Centre slides reporting on local authorities and how they were performing within their tiers. I exhibit these slides at **EX/JB33 - INQ000136701**.

61. On the afternoon of 18 December 2020 a NERVTAG call included the finding that the new variant could be up to 70% more transmissible. This detail was conveyed to the Prime Minister at a 3.15 pm Dashboard meeting attended by CMO and GCSA. Exhibited at **EX/JB34 - INQ000136702** is an email containing the agenda and key statements for that meeting. The CMO's view was that this was likely to become the dominant variant in the UK. His view was that further policy measures would be needed to address this new variant. The CTF were tasked to develop options. A paper from SAGE was circulated at approximately 7pm on 18 December 2020 which detailed that the growth rate of the new variant was estimated to be around 71% higher than other variants, and a R value between 0.39 and 0.93 higher. I exhibit that paper at **EX/JB35 - INQ000136704**. At 8.30pm a Covid O meeting chaired by the PM a paper set out that was then understood about the Alpha variant. This paper is exhibited at **EX/JB36 - INQ000136703**.
62. On 19 December 2020 a further Covid O meeting was held at 9.15am. The papers for that meeting are exhibited to this statement at **EX/JB37 - INQ000136707** and **EX/JB38 - INQ000136706**. This Covid O provided a data update and an update on the Alpha variant from the GCSA. The CTF prepared a paper with a stated objective of curbing the spread of the variant in the areas it had taken root and to stop its spread to the rest of the country. A new tier 4 was agreed based on the November restrictions but regionally applied. At this stage there remained clear regional disparities in incidence of Covid-19 with a higher concentration in the South East. At this meeting it was noted that the closure of schools (which had occurred in the March 2020 lockdown but not in the November 2020 lockdown) was less of an issue at this time as Christmas holidays were beginning. A paper to assess the options for international travel restrictions was commissioned. Options for further restrictions for Christmas were assessed. It was decided that tier 4 areas should not mix with anyone outside their own household, though support bubbles would remain in place for those at particular risk of loneliness or isolation.

63. Across the rest of England, up to three households would still be allowed to meet but only on Christmas Day, rather than the five days previously set out.
64. Cabinet agreed the approach in a meeting held later that day. Exhibited to this statement at **EX/JB39 - INQ000136705** is the Cabinet paper for that meeting. The measures were announced later on the 19 December 2020.
65. On 29 December 2020, meetings took place which considered the upcoming review of tiers expected on 30 December 2020. The data was analysed and demonstrated that the situation was deteriorating, with the new variant becoming dominant in the South. Our winter plan aimed to hold R below 1 and to protect hospital capacity until the vaccine rollout allowed for the easing of restrictions. SAGE provided advice stating that it was highly unlikely that Tier 4 style restrictions with schools open would be sufficient to maintain R below 1 in the face of the Alpha Variant. There was a sharp focus on NHS capacity with Covid bed occupancy at some 21%. There were concerns about growth in incidence in the early part of January 2021. At that stage the choice on offer was either one of escalation through the tiers or a move to a national approach. Separately there were decisions to be made on school openings. The Department for Education were pressing to go ahead with reopening accompanied by the delivery of the necessary testing in schools while the Department for Health and Social Care were pressing for an approach which saw tougher restrictions and school closures.
66. The PM chaired the Covid O meetings at 6pm and 7:30pm on 29 December 2020 and it was agreed to increase the number of regions in tier 4, and that there would be a staggered start to the January 2021 school term. Under this plan the start of the school term would be postponed for the majority of secondary school children (except exam year children) and some primary schools until 18 January 2021, when the latest data on those infection rates would be reviewed. Exam year pupils in secondary schools would return to school on 11 January. It was agreed that there would be separate arrangements for key workers and vulnerable. Exhibited to this statement at **EX/JB40 - INQ000136708** are the minutes of the aforementioned Covid O meeting.
67. On 30 December 2020, the PM announced to Parliament that the AstraZeneca vaccine had been approved and provided an update on the tiers and the staggered return of schools.

68. There was a large confluence of issues at the start of the new year of 2021. Firstly, the predominant issue was that the close monitoring of daily data showed the prevalence of the virus continuing to spread rapidly. The expectation was that it would impact all parts of the UK based on assessments of the increased transmissibility of the Alpha variant. Secondly, we were witnessing a rise in hospitalisations and there was concern about how this might translate into NHS capacity issues without further restrictions. Thirdly, the plan to open most education settings but to close those in areas of highest prevalence was subject to much debate. There was increasing public reaction to this with some Local Authorities; unions and MPs pressing for schools to close; including some urging teachers not to go into schools that planned to still be open in the South East but outside London. Alongside this the public were showing increasing signs of concern. Exhibited to this statement at **EX/JB41 - INQ000136709** is an email thread from Alex Aiken showing polling headlines.
69. The weekend of 2 and 3 January were dominated by assessing the above situation and considering next steps to address it. On Sunday 3 January 2021 the CTF held further discussions and considered further options. This was reported to Number 10. The next formal assessment of the situation was not scheduled until the 6 January 2021, but it was agreed that meetings should take place the following day (4 January 2021).
70. It was increasingly felt that there was a need to move to national measures, predicated on the prevalence of the disease and the fact that a majority of the country (three quarters) was in tier 4 and there was a case to do so sooner rather than later, not least as schools were due to open. Both CDL and SOS Health gave their views on the need for more restrictive measures. I was aware that CDL sent a note to the PM.
71. On 4 January 2021 the day started with a notification that the four CMOs would agree the Covid alert level should move to level 5 based on the risk of the NHS being overwhelmed within 21 days. I exhibit at **EX/JB42 - INQ000136712** an email dated 4 January 2021 from Chris Whitty providing this information. The PM's Dashboard meeting looked at worrying data suggesting the new variant was driving growth across the whole country. I exhibit the slides for this meeting at **EX/JB43 - INQ000136711**. It showed that on 29 December, more than 80,000 people tested positive for Covid across the UK. Covid patients in hospitals increased by nearly a

third in the previous week, to almost 27,000, and deaths were also rising. There was a focus on the spread of the virus and NHS capacity.

72. Concurrently, the CTF was working on a proposition for national intervention, proposing this intervention and bringing together all aspects of the decisions needed, including discussions with HM Treasury. This was converted into a CTF Covid O paper. The paper proposed a new national lockdown with strong “stay at home” messaging until mid-February. This was the point at which the top 4 most vulnerable cohorts would have received their first vaccine dose. The paper also proposed restricting in person attendance at schools, colleges and HE settings to vulnerable children and the children of critical workers until the February half-term. It emphasised the need to communicate to the clinically vulnerable not to attend work. I exhibit that paper to this statement at **EX/JB44 - INQ000136713**.
73. This paper documented the “severe” economic impact of the proposed measures, while noting that over 80% of the economy was already in tier 4 (and therefore severely impacted by the existing restrictions). The paper also noted the disproportionate impact on young people and ethnic minorities, who were employed in higher than average numbers in the sectors facing restrictions.
74. A 12:15 Covid O meeting chaired by the PM with CDL, SOS Health and the Chancellor considered this CTF paper, and agreed the proposal. At 6pm that day Cabinet met and were provided with the data brief. Exhibited at **EX/JB45 - INQ000136714** is the Cabinet Paper from that meeting. CDL spoke with the First Ministers of the Devolved Assemblies. The measures were announced by way of a national broadcast by the PM at around 8pm that day.

February 2021 Covid-19 Roadmap (the ‘Roadmap’) – applying the lessons of the past

75. After the third national lockdown was announced, intense work began on designing a strategy to exit from that lockdown which applied lessons that had been learned from previous approaches. Notably the aim was to deliver a strategy that was comprehensive and durable and would not be overtaken by events. The aim was to have a clear objective and clarity on how decisions would be taken. Advice was put to the Prime Minister, Chancellor, CDL, and Health Secretary on 15 February 2020 which formed the basis of the Roadmap. This advice included reference to

aligning the Roadmap with vaccine deployment; each step to have a 'no earlier than' date; tests to determine whether to proceed; time between each step to collect the data and judge the impact between steps; and that each step will be national not regional. I exhibit the slides from the Quad meeting at which this advice was given at **EX/JB46 - INQ000136715**.

76. This was iterated throughout February 2021 and agreed with PM and wider Ministers and published on 22 February 2021 in a document entitled "COVID-19 Response - Spring 2021". A copy of the said document has been exhibited to this statement and appears at **EX/JB47 - INQ000136717**.
77. The Roadmap and the work in the lead up to it applied lessons learnt to date. It was a comprehensive strategy that pulled together a full range of analysis from science and policy across the full spectrum of areas and all Government departments.
78. The Roadmap was firmly rooted in science with a clear objective which gave clarity of planning to individuals, business and public services and had a roll-out dependent on the course of the pandemic that stood the test of time. As such I think in its formation, and importantly its application, it contained many conclusions and lessons learnt that would helpfully inform any future authorities finding themselves needing to respond to similar circumstances.
79. The key components of the Roadmap strategy and how it applied the lessons of the past are considered further below.
80. The Roadmap was a strategy that was led by scientific evidence and forecasting. It had at its heart scientific advice from SAGE. The CTF liaised with the GCSA and SAGE to ensure that the timing of their forecasts was fed into the strategy and that the strategy was dynamic in that we iterated our response with SAGE and its working groups and asked them to consider and model the impact of the proposed restrictions which ultimately informed the pace and sequencing of reopening. This engagement allowed the strategy to be built upon and informed by the evidence rather than forecasts coming after policy had already been set, as had happened the year before.

81. In addition and in order to ensure full transparency, the SAGE evidence was published to show the scientific and evidential basis which was used to shape the Roadmap.
82. Unlike the exits from lockdown in December 2020, which saw an exit from lockdown into local tiers, an explicit decision was made based on the experience of operating tiers, and the fact that prevalence was spread around the country, to operate a national, not local, exit from lockdown. Exhibited at **EX/JB48 - INQ000136716** is a Covid S paper prepared by the CTF for a meeting on 21 February 2021 (which is incorrectly dated 2020 in its header), seeking final decisions on the content of the roadmap, including (at paragraph 7) seeking approval of the recommendation to apply the roadmap across all regions.
83. Further, the Roadmap set out four steps for easing restrictions and four tests that had to be met before proceeding to the next step. To ensure the data could be properly assessed, a 5 week period between steps was used to ensure we had the information on the impact of any change (after 4 weeks) and the time to analyse it in the last week.
84. Having explicit tests was a clear improvement from previous exits from lockdown where it was less clear how decisions would be made. The 4 tests were:
 - a. The vaccine deployment programme continuing successfully;
 - b. Evidence demonstrating that vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated;
 - c. Infection rates not risking a surge in hospitalisations which would put unsustainable pressure on the NHS; and
 - d. That our assessment the risk would not be fundamentally changed by new Variants of Concern.
85. Alongside the 4 tests outline above there was a four step phased and sequential re-opening. The 4 steps provided much greater clarity and transparency to allow the public, public services and business to plan in advance. The rollout was as follows:

- a. **Step 1a** – 08 March 2021 – Schools start to return;
 - b. **Step 1b** – 29 March 2021 – Rule of 6 outside;
 - c. **Step 2** – 12 April 2021 – Re-openings commence on a phased basis;
 - d. **Step 3** – 17 May 2021 – Further re-openings; and
 - e. **Step 4** – 14 June 2021. Full re-opening. However, Step 4 did not meet the 4 tests on the 14 June 2021. It was only on 19 July 2021 it was deemed the 4 tests had been met.
86. This strategy was delivered without being overtaken by events because of the flexibility that was built in from the start. The learning applied in this strategy was not to set a fixed date on exiting steps and to have a clear alternative strategy were a further variant of concern to arise. The inclusion of four steps with “no earlier than” dates as set out above was key to this. In taking this approach we were learning from previous lockdowns where the end date was announced from the outset of lockdown, giving little room for flexibility depending on the circumstances found.
87. A central part of setting “no earlier than” dates for easing was ensuring there was enough time to analyse the data of the impact of each step before proceeding. The Roadmap set out the data that would be assessed on the impact of the previous step and ensured there was time, 5 weeks, to fully understand the impact before easing. The Roadmap was wholly contingent on the data and subject to change if the four tests were not met. It therefore had “no earlier than” dates for changes. An example of this in operation is the decision to delay stage 4, originally planned for 14 June 2021 until 21 July 2021, which is discussed further below.
88. The strategy also included a reaction function in case a dangerous Variant of Concern put the strategy at risk. This included an explicit test at each step to ensure that our assessment of the risk had not been fundamentally changed by new Variants of Concern and an explicit recognition that the Government may have to reimpose economic and social restrictions in the case of a new variant particularly if the NHS were to come under unsustainable pressure. This paved the way for considering the impact of the Omicron variant later that year.

89. The Roadmap also included an assessment of the impact of both vaccination roll-out and effectiveness. Vaccinations began in December 2020 in a sequence advised upon by the JCVI. The strategy saw lockdown continue until after the Government had achieved its goal to offer a first dose of the vaccine by 15 February 2021 to all those identified in the four most vulnerable cohorts. Step 2 saw re-openings starting around the time that everyone aged 50 and over, or at risk, had been offered a first dose of the vaccine. Full re-openings, step 4, ultimately did not take place until 19 July 2021 when every adult had been offered a first dose of the vaccine.
90. The Roadmap was the most comprehensive strategy developed and deployed in the UK's response to the pandemic. It looked to include every aspect of the impact that Covid was having. It covered plans for individuals, socialising, business, travel, the border, health and education as well as next steps on vaccination and testing. As such it involved pulling together a wide array of departmental policy and implications into one place at one time. The governance and decision making therefore had to consider and agree the multiple consequential implications of the strategy.
91. The Roadmap was transparent with the public, business and public services. It allowed for forward planning and showed how decisions would be made and when. This transparency gave a level of certainty months in advance in what had obviously been very uncertain times.
92. The Roadmap sought to balance health, including mental health, economic and social factors and how they disproportionately impact certain groups, as well as epidemiological evidence. There was a socio-economic analysis of each step included in the strategy. On the economy this set out both the expected implications on the economy as a whole and its sectors, including for example retail and hospitality. It also set out social impacts on individuals including wellbeing, mental health, anxiety and stress. In both cases it evidenced each element with the exact data or study that was used to set out the implications. It also included a chapter on economic and social support setting out what can be expected from the Government on each. This included support to the most vulnerable, care homes and disproportionately impacted groups.

The Delta variant and delaying Step 4.

93. The CTF advised on the prospects for full reopening throughout this period. The 4 tests, which I have referred to above, were formally assessed against each step. Notably a 'third wave' of Covid was always predicted and modelled as part of the strategy underpinning the Roadmap, recognising that prevalence will rise as restrictions are reduced. This was a further feature that made the Roadmap far more durable and complete than the strategies that preceded it. It was a sensible lesson learnt from previous reopening that, as part of the Roadmap, there was a recognition from the outset that not only would the reopening lead to a rise in prevalence but that this rise was modelled and published from the outset. In delivering the reopening through the steps the question was whether this third wave would be manageable. The 4 tests, notably tests 2 on vaccine effectiveness and test 3 on NHS capacity, reviewed that very question at each step.
94. The advance in vaccination deployment differentiated these reopenings from earlier exits from lockdown and gave an added dimension to the protection available on reopening. Throughout this period first doses were being offered down the age groups as set out by the JCVI and second doses to the elderly and more vulnerable.
95. The 4 tests were adjudged to be met to allow steps 1 to 3 to proceed on the original timetable. An assessment of the tests was made and Covid O meeting agreed to proceed. However, when it came to consider the move to step 4, the Delta variant was on the rise globally, notably in India. Through the Dashboard and meetings its advance in the UK was tracked on a daily basis from small numbers of cases early in May to rapidly becoming the dominant variant as cases rose sharply from June. This rise in the Delta variant saw concerns about the final reopening of restrictions. There were concerns that the Delta variant would mean the size of the third wave would be larger than factored into the Roadmap. On 29 April 2021, the CTF set out to a Quad meeting a forward look to step 3 and 4 and beyond and the decisions that may need to be taken. I exhibit the slides from this presentation at **EX/JB49 - INQ000136718**. The CTF advised that the modelling at the time suggested the size of the third wave placed reopening and step 4 in doubt without further measures to suppress prevalence at Step 4 and beyond and started to set out the options. Step 3 went ahead on 17 May 2021. Further advice on 27 May 2021 looked ahead to

Step 4 and modelled different scenarios and options. The vaccine timeline was integral to this advice.

96. A formal assessment of the 4 tests ahead of Step 4 on 14 June 2021, concluded they were not all met. Exhibited at **EX/JB50 - INQ000136719** is the CTF paper for Covid O which sets out this decision. The summary data assessment is at Annex A of this paper. Notably, around test 3 it assessed whether there might be unsustainable pressure on the NHS and whether the Delta variant meant prevalence was higher than predicted in the 'third wave' modelling included in the Roadmap. By 14 June 2021, cases were growing by 64 per cent per week and the average number of people being admitted to hospital in England had increased by 50 per cent week on week. It was adjudged that, even with increased vaccinations, rapidly rising prevalence and declining NHS capacity was forecast to continue in the face of the new variant. The PM announced at a press conference on 14 June that the tests had not been met. Step 4 would not go ahead on 21 June. Instead there would be a 4 week delay to both assess the rise in the virus and its impact on NHS capacity and crucially allow further vaccinations.
97. Evidence from Public Health England suggested that two vaccine doses were highly effective in reducing hospitalisation from the Delta variant. However with hospitalisations rising it was determined to pause at step 3 to allow further vaccinations to continue. It was announced that all adults aged 18 and over would be offered a first dose by 19 July 2021, 2 weeks earlier than planned, with second doses for all over 40s to be accelerated so that all over 40s who received a first dose by mid-May will be offered a second dose by 19 July 2021. This meant that two thirds of the adult population including everyone over 50, all the vulnerable and all the frontline health and care workers would have been offered two doses of the vaccine by 19 July 2021. The fact that the school holidays would start at the end of July 2021, which would reduce transmission from younger age groups, was also factored into consideration.
98. On 05 July 2021, the Government published a 5-point plan "COVID-19 Response: Summer 2021" which considered the approach to managing Covid after the steps in the Roadmap were complete. I exhibit that document at **EX/JB51 - INQ000180301** The 5 points were:

- a. **Reinforcing the country's vaccine wall of defence** through booster jabs and driving take up.
 - b. **Enabling the public to make informed decisions** through guidance, rather than laws.
 - c. **Retaining proportionate test, trace and isolate plans** in line with international comparators.
 - d. **Managing risks at the border and supporting a global response** to reduce the risk of variants emerging globally and entering the UK.
 - e. **Retaining contingency measures** to respond to unexpected events, while accepting that further cases, hospitalisations and deaths will occur as the country learns to live with Covid 19.
99. The Government assessed the 4 tests again for 12 July 2021. This assessment showed that cases would continue to rise. However, there was also evidence of increased vaccine deployment and increased evidence of vaccine effectiveness. Just under 7 million more vaccinations occurred during period 14 June 2021 – 12 July 2021. Public Health England data suggested that one dose of either the Pfizer-BioNTech or Oxford-AstraZeneca vaccine was 80% effective against hospitalisations with the Delta variant, increasing to 96% after two doses. Exhibited to this statement as **EX/JB52 - INQ000136723** is the CTF authored Cabinet Paper dated 12 July which sets out this analysis and states that the move to step 4 would be announced that day.
100. It was decided that step 4 could go ahead on 19 July 2021. Much of the debate surrounding this step was not just on the reopenings but also wider NPIs notably the future of working from home and face coverings. Ministers decided, and it was announced, that caution was urged and it was expected that there would be a gradual easing of restrictions. Face coverings were advised in crowded and enclosed spaces, such as public transport, and a move away from working from home should be gradual.
101. Notably this marked the end of most legal restrictions, although those testing positive would still be legally required to self-isolate. Face coverings and working

from home were set out in guidelines. This reflected a desire on the part of Ministers to move away from legal edict allowing people to protect themselves and others through informed choice.

102. Restrictions continued on travel with quarantine from a red list country, and for amber list countries unless double vaccinated.

103. The move to step 4 did not mark the end of the Covid strategy. A central part of the February Roadmap and COVID-19 Response: Summer 2021 (exhibited above at paragraph 98), and announcing the move to step 4 on 19 July, 2021 was to include flexibility to recognise how the Government would react were prevalence to rise to a level that would threaten NHS capacity or if a variant of concern, notably one that might escape vaccine effectiveness, were to emerge. It was envisaged and advised that a return to working from home would be part of the tools to combat such an outcome. Therefore 'Moving to Step 4 of the Roadmap' on 19 July 2021 included contingency plans "for reimposing economic and social restrictions at a local, regional or national level if evidence suggests they are necessary to suppress or manage a dangerous variant." A copy of the said document has been exhibited to this statement and appears at **EX/JB53 - INQ000136725**. Thus it was stated in moving to step 4 that all data will be kept under review, and measures will be strengthened if needed, with a formal review in September 2021. These contingency plans would indeed be utilised when, after I left the CTF, restrictions were reintroduced on 13 December 2021 in England as part of the Government's 'Plan B' guidance to curb the spread of Omicron.

SECTION D

104. In this section I have set out details of my involvement in the various Non Pharmaceutical Interventions ('NPIs') which were relevant during my time in the Cabinet Office.

105. Throughout my time in the CTF, questions of whether and to what extent the public would comply with various measures was a consideration in discussions relating to NPIs. This was especially the case in relation to Christmas and the various steps

of the Roadmap. However, the question of what NPIs to utilise (and how) was always led by data and the science.

Working from home

106. Working from home was in place on my arrival at the Cabinet Office on 19 October 2020 as part of the package of national measures announced on 22 September 2020, when the Prime Minister had again asked office workers who could work from home to do so. It remained in place until 19 July 2021. My engagement therefore was to consider where relaxing working from home should feature in the February 2021 Roadmap as part of the decisions on the ordering of the listing of each of the restrictions. In the decision making for that strategy the CTF advised, and Ministers accepted, that working from home should be one of the last restrictions to be eased, prioritising family contact first. It was agreed that, before Step 4 of the Roadmap began, a set of long-term measures including working from home would be reviewed to consider if they should go ahead alongside step 4. As set out above, step 4 was delayed for 4 weeks on the 14 June and any change to working from home guidance was also delayed. On assessment for the 19 July, the working from home guidance was lifted. Learning from the experience in summer 2020, it was agreed that rather than 'encouraging a return' a softer approach would be taken namely: "whilst Government is no longer instructing people to work from home if they can, Government expects and recommends a gradual return over the summer". This avoided a large, one-off change to working conditions and commuting. This decision was taken in a suite of discussions and advice on the right exit on 19 July in conjunction with the CMO and GCSA. The Cabinet Paper exhibited above as **EX/JB52 - INQ000136723** sets this out.

107. At this juncture, in moving to step 4, we were explicit that further restrictions would apply if needed – with a formal review in September 2021. After I left the CTF, working from home was reintroduced on 13 December 2021 in England as part of the Government's 'Plan B' guidance to curb the spread of Omicron.

Social distancing

108. The one metre plus rule was in place on my arrival at the Cabinet Office on 19 October 2020. It remained in place until step 4 of the Roadmap roll-out on 19 July 2021. In setting the February 2021 Roadmap, advice was given and agreed on the ordering of releasing each of the restrictions. It was agreed that social distancing should be one of the very last restrictions to be eased. Instead of it being a guaranteed part of step 4 it was agreed that, before Step 4 of the Strategy began, social distancing would be reviewed to consider if changes should go ahead alongside step 4 or not. As set out above, step 4 was delayed for 4 weeks on the 14 June and any change to social distancing was also delayed.
109. At this time, the CTF conducted a review of how social distancing should operate. This review was submitted to a 5 July 2021 Covid O meeting chaired by the PM. At that meeting Ministers adopted the proposed approach. Exhibited to this statement at **EX/JB54 - INQ000136721** is the CTF Covid O paper which contains the headline recommendations, and at **EX/JB55 - INQ000136722** is the draft report following the review. It was agreed that the 'one metre plus' rule would end, however, with guidance to maintain social distancing in certain situations, such as if someone is Covid positive and self-isolating, or in airports, or other ports of entry, to avoid travellers arriving from amber or red-list countries mixing with those from green list areas. Limits on social contact in England disappeared, meaning the end of the rule of six indoors and the limit of 30 people for outdoor gatherings.
110. The debate on the contents of the 19 July 2021 announcement, that engaged the CMO and GCSA, focussed on: the progress of vaccinations (where every adult had been offered a vaccine by this point); aligning the relaxations to the start of the school holidays to reduce transmission; and the data on the virus. Restrictions remained on travel reflecting concern about transmission of variants. At this point guidance rather than legal restriction was put in place. This reflected Ministers' desire to move away from legal restrictions.

Face coverings

111. Rules governing the wearing of face coverings were in place on my arrival at the Cabinet Office on 19 October 2020 and they remained in place in full until the delayed step 4 of the Roadmap roll-out on 19 July 2021. On 19 July 2021, the Government announced it "expects and recommends that people wear face coverings in crowded areas such as public transport". It also announced in that

statement as part of a Pathway to Summer that “in September, the Government will undertake a review to assess the country’s preparedness for autumn and winter, which will consider whether to continue or strengthen public and business guidance as we approach the winter, including on face coverings and test, trace and isolate, and will review the remaining regulations.” The thinking and discussion around setting this approach was that the advice was always that face covering would be at the end of any relaxation of measures. It inflicted much less economic or social harm than wider restrictions. Whether to do this at or after step 4 was deliberately left open in setting the strategy in February depending on the situation at the time. Ministers did decide in July 2021 to move from a legal requirement to an “expectation and recommendation” – that reflected their desire to move away from legal restrictions more generally. In a desire to ensure the strategy was futureproofed further than previous strategies, the 19 July 2021 announcement included contingency measures and a review in September of preparedness for autumn and winter which explicitly left open strengthening face covering and other guidance. I understand that face coverings were made compulsory again in certain circumstances as part of ‘Plan B’ announcements on 10 December with the rise of Omicron, after I had left the Cabinet Office.

Self-isolation

112. The following changes were made to self-isolation in my time in the Cabinet Office:
 - a. On 11 December 2020 contact isolation was changed from 14 to 10 days based on a medical and scientific advice. Ministers had raised whether the period might be shortened given concerns about compliance and the impact on the economy. It was clear this had to be led by the science. The 4 CMOs did agree to shorten the contact isolation period on 11 December 2020 stating: *"After reviewing the evidence, we are now confident that we can reduce the number of days that contacts self-isolate from 14 days to 10."* A statement to this effect was placed on the gov.uk website.
 - b. There were concerns around the summer of 2021 that compliance would reduce for contact isolation – those who had been in the proximity of symptomatic Covid cases. Notably that people would not comply with contacts identified by the NHS mobile phone application. There were public concerns about the impact this had on labour supply and the availability of

workers. By this stage the vaccine roll-out was advanced and the decision was taken, on scientific advice, to reduce contact isolation for those fully vaccinated. It was announced, from the 16 August 2021, those who were fully vaccinated and under-18s would be able to take daily Covid tests instead of self-isolating

The closure of schools

113. The focus of my experience in relation to school closures was the second and third lockdowns. In the second lockdown of 5 November 2020, there was a general consensus between the Prime Minister and Education Secretary that keeping young people in school was a priority. The scientific advice was that children were not themselves at major risk but were a form of transmission. However, the scientific advice also recognised the importance of education and it was agreed that there would be no school closures during the second national lockdown. The Prime Minister stated “our senior clinicians still advise that school is the best place for children to be.” Universities and adult learning were asked to increase online provision. I do not recall a very active debate on whether to close schools at this juncture.
114. The build up to the third lockdown saw much more debate about the return of schools in the new year, with the Department of Education favouring return and the Department of Health and Social Care being concerned about impact on transmission. The policy changed as the Alpha variant rapidly spread.
115. The PM met with SoS DFE on the 28 December 2020. The Secretary of State for Education wanted a return of primary and early years on 04 January 2021, with a staggered return for secondary schools thereafter. On 29 December 2020, a PM Chaired Covid O agreed a return of primary schools on 4 January 2021, except in areas of high prevalence. Secondary exam years would return on 11 January 2021. The PM announced the staggered return of schools to Parliament on 30 December 2020.
116. However, as the data became decisively worse still in the days that followed, and in order to contain the virus the decision was taken to go into lockdown and move schools to remote learning. Daily data briefings showed the transmission of the virus by age group. The pattern of previous waves of the virus showed that

prevalence often started highest in the young before moving up the age groups towards the elderly and vulnerable. This was taken into account. I exhibit at **EX/JB56 - INQ000136710** an email dated 2 January 2021 which sets out the way that the position in respect of schools was “escalating pretty quickly” in the run up to the 4 January 2021 lockdown.

117. On the 4 January 2020, the PM announced the third national lockdown and that “*primary schools, secondary schools and colleges across England must move to remote provision from tomorrow, except for vulnerable children and the children of key workers*”. He addressed why the decision had not been taken sooner by saying “*we have been doing everything in our power to keep schools open, because we know how important each day in education is to children’s life chances. And I want to stress that the problem is not that schools are unsafe for children – children are still very unlikely to be severely affected by even the new variant of Covid. The problem is that schools may nonetheless act as vectors for transmission, causing the virus to spread between households.*”
118. In setting the strategy for re-opening, agreement was always sought from Ministers and officials that schools would open first to minimise the impact on children’s education. As such the February Roadmap had schools starting to return as its first step on 8 March 2021.

Travel and Borders

119. The CTF played a secretariat role in bringing officials and then Ministers together to consider advice and decisions on travel and the border through Covid O meetings. I did not play a central part in these meetings. The differing policies on travel and the border are a matter of record. In my time at the Cabinet Office the focus was on the extent border crossing played an important role in controlling variants of concern. This applied both ways with other countries closing borders to UK citizens when the Alpha variant was first identified in the UK and the UK monitoring its border with the rise of the Delta and subsequent variants. The debate also centred on how the use of testing and then vaccines could reduce requirements to self-isolate on arrival.
120. Key moments included the difficult decision to introduce hotel quarantine for travellers arriving in England from 33 high-risk countries from 15 February 2021.

This decision was taken by Covid Committee meetings with the work to deliver it undertaken by DHSC.

121. As to restrictions at the UK border, the issues at the border between France and the UK in December 2020 and January 2021, placed a focus on the impact on supply chains given the need for haulage to continue to operate through this important border. The Secretary of State for Transport led the response which included discussions with the French authorities and notably the role testing could play in offering assurance.
122. When foreign travel resumed on 17 May 2021, a traffic-light system was introduced and updated every three weeks. This was agreed at Covid O and work undertaken by the Department for Transport and DHSC. The decision making structures were notable in that CDL chaired Covid O meetings that included Ministers of the Devolved Administrations and agreement was sought across the UK. The decisions on travel were sometimes difficult. The application of the traffic light system was, by definition, high level and it impacted particularly people who were separated from families and lived in different countries.
123. As vaccinations were rolled out, the final steps of the February Roadmap included removing quarantine requirements for fully vaccinated UK travellers returning from amber countries from 19 July 2021 all while retaining PCR testing which was crucial for identifying new variants.

SECTION E

Vulnerable people

124. The impact of both the virus and the actions of Government on the vulnerable was an integral part of the monitoring, policy and strategy. Those identified as Clinically Extremely Vulnerable were advised to follow shielding guidance.
125. There was a focus on ensuring that we had correctly identified the right people who were deemed to be clinically extremely vulnerable. DHSC undertook, and the CTF engaged with, a new risk prediction model, QCovid, which takes into account

health and personal factors, to identify someone who is at a higher risk from COVID-19. This was announced on 16 February 2021.

126. There were several Covid O meetings which dealt with vulnerable people. On 24 September 2020 (prior to my arrival at the CTF) Covid O agreed £31.5 million to prevent disproportionate health outcomes. I exhibit at **EX/JB57** a CTF paper from **EX/57: INQ000090136** **28 October** which brings a supplementary package of measures to Covid O for agreement following the PM request for a more ambitious package of proposals. Further Covid O meetings focusing on the vulnerable followed, including on 20 October 2020 and the 8 December 2020 Covid O (which concerned vulnerable people with a focus on the disabled). The minutes of the meeting of 08 December 2020 are exhibited at **EX/JB58**. The main focus for CTF work on the vulnerable was to build specific assessments into each strategy. Namely to ensure that our approach to Covid response considered the health, social and economic impacts of our response. This was evident in the work to consider the options for the second lockdown – where options were assessed against each of these characteristics. It was also central to the February Roadmap which published and evidenced the socio-economic analysis for each step and an assessment of the impact on the Clinically Extremely Vulnerable and the future of shielding.
- EX/58: INQ000091044**

127. Decision making on the vaccine roll-out had the most vulnerable at the fore. The Government asked the JCVI to advise on which groups of people should be vaccinated as a priority to reduce mortality. They identified nine cohorts, comprising of some 32 million people, to be prioritised, on the basis of age, residential setting, occupation and clinical vulnerability. Cohorts 1 to 4, that included over 70s and the clinically extremely vulnerable of any age, had their first vaccine by mid-February 2021.

128. A central part of the assessment of the vaccine delivery was not just the number of vaccines but also take-up by age, area and ethnicity. Data provided by the NHS showed, for example, poorer take-up in some areas like London and some ethnicities like Black Caribbean men. This was assessed at Vaccine Deployment meetings attended by the PM; CTF; VTF and DHSC and NHS. The actions coming out of those deployment meetings looked to redress this outcome including providing local authorities with vaccine data to help them focus on take-up; encourage the voluntary sector to support the vaccine rollout at the community level and to help both counter any misinformation around vaccines in communities.

Disproportionately impacted groups

129. Throughout my time in the Cabinet Office, the CTF worked with other Government departments to assess and promote actions to assist combatting disproportionately impacted groups. In particular the CTF worked with officials and the Director General from DLUHC who were tasked with assessing impacts and informing Covid O meetings as set out below. These were identified to include some ethnic minorities, with wave one deaths for Black African, Pakistani and Bangladeshi men higher respectively than White British men of the same age, and with continued high rates of mortality among Pakistani and Bangladeshi communities in wave two. It also included the homeless and high-risk occupations, notably social care workers, and those living in the most deprived areas. Actions the CTF actively engaged with included:

- a. On vaccine take-up: a focus on vaccine take-up by community and race, providing local authorities with vaccine data and enlisting the voluntary sector to support the vaccine rollout at the community level;
- b. On testing: increasing community testing in disproportionately impacted groups; workforce testing in higher risk occupations and high risk institutional settings such as prisons;
- c. Protecting rough sleepers through funding for local authorities; support for domestic abuse and safeguarding services; disadvantaged students recovering from lost learning; a £170 million Covid Winter Grant Scheme announced on 8 November delivered by local authorities to support vulnerable families; and the Wellbeing and Mental Health Support Plan for COVID-19.

130. On 24 September 2020, Covid O considered a paper produced by PHE, looking at the impact of the pandemic on disproportionately affected groups. I have exhibited the action points from this Covid O at **EX/JB59 - INQ000136667**. The committee agreed a package of measures of some £31.5 million pounds to prevent disproportionate healthcare outcomes for BAME groups. This was supplemented by a further £25 million agreed by Covid O for the Community Champions Scheme.

131. Another action point arising from that meeting was that the CTF were to ensure that decisions on future interventions fully factored in the likely impacts on disproportionately impacted groups. The re-emphasised importance of considering vulnerabilities when looking at future policy and implications was taken forward, as evidenced by specific sections on vulnerability and equality in future strategy documents, including the Roadmap. There was also, for example, a section on Equalities at pages 22-23 of the Social Distancing Review published in July 2021. As above, it was also routinely part of our assessment of NPIs. For example, our review of the impact tiers measures on 27 October 2020 included a section on the impact on particular groups. I exhibit this review document at **EX/JB60 - INQ000136674**.

SECTION F

Communications

132. Communication of decisions and the reasons behind them was led by No10 Downing Street. Most often decisions were communicated to either Parliament, a press conference or an address to the Nation or all three. At press conferences on major decisions the Prime Minister would be accompanied by the CMO and GCSA. The CMO and GCSA would set out the latest data and forecasts that underpinned decision making in slides. They would source this themselves, potentially with the assistance of the data analysts in the CTF and beyond. The Prime Minister's script was written in Downing Street. Sometimes there was the opportunity to comment on a draft. Comments would be focussed on scope and accuracy.
133. Communication to the public on the virus was led primarily by DHSC, Downing Street and the Cabinet Office communications team. The Cabinet Office team was separate from the CTF however a member was embedded in the CTF and regular meetings ensured the communications team understood the state of the virus and policy direction.
134. There were undoubted dilemmas faced with communications. These difficulties were enhanced when it came to dealing with the pandemic on a regional as opposed to national basis and where regional interventions were increasingly tailored depending on prevalence. An example of this is in the guidance that was communicated in May 2021, that travel in an out of Blackburn, Bolton and Kirklees

was not advised without the same being accompanied by any official announcement. The confusion that surrounded this announcement led to a change in approach and prior to any further announcements that would impact a certain locality, there were calls between MHCLG, DHSC and Ministers to the Mayor, MPs and local authorities.

Legislation and rules

135. The legal restrictions through this period were delivered through regulations, predominantly under the Public Health Act. DHSC was the lead Department in drafting the regulations, and DHSC Ministers were primarily those who signed the regulations into law (on some occasions these were signed by other Ministers). The CTF's role was to assist DHSC to translate the policy intent agreed by the Prime Minister and the Covid Cabinet Committees accurately into regulations, and to inform policy options for Ministers. The CTF had a Deputy Director-led team within the Strategy Directorate who led on this role (the Regulations team). They worked very closely with DHSC policy teams and lawyers, and with other Departments on specific areas of the legislation (e.g. with Department of Business, Enterprise and Industrial Strategy / Department of Culture, Media and Sport) and convened Departments across Whitehall. The team also helped the legislative implications for other policy options (e.g. self-isolation, and the design of roadmap steps) including advising on which measures could be delivered in guidance and which in law and consideration of Parliamentary matters in relation to the legislation.

136. The team worked with DHSC to ensure the legislation was faithful to the policy intent and that regulations were in force in the time that Ministers had agreed. This usually took the form of the principles that the Ministers had agreed being subjected to a set of detailed questions of the exact implications in differing sectors. As set out above, in certain times and circumstances, this did lead to complexity such as the tier 2 distinction of a substantial meal in December 2020 in an attempt to keep some sectors open. These were addressed in subsequent strategies. It is also the case that the re-openings announced on 19 July 2021 represented a shift from the use of legislation and regulation to the use of guidelines for example governing the use of face coverings. This reflected a desire, with the offer of the vaccine to every adult at this point, to move away from a legal requirement towards guidance.

137. With the advent of vaccine deployment came the move to guidance, which involved relying more upon people's sense of morality and personal responsibility rather than the force of law. I consider that the mood of Parliament, and the need for legal restrictions to have widespread support which was not guaranteed, was likely to have been a factor in that journey.
138. The CTF tended to favour a legislative approach when it came to introducing restrictions in the face of increasing pressure from the virus, as it was our experience that that was the best way to get maximum impact. We did attempt to learn and apply lessons as to how best to apply the regulation and legislative approach. Simplicity was central to this and the avoidance of so called 'edge cases' such as differing rules being in place for hospitality depending on whether you were having a substantial meal. It was also the case that applying rules nationally not regionally tended to be easier to communicate to the public. As there was more of a move towards a guidance based approach we were wary in particular about whether there would be a fall-off in rates of compliance, and in the course of following the Roadmap we put planning in place for this eventuality, and sought to monitor compliance before and after steps were taken (see for example the Spotlight on Public Reactions to Step 4 Announcements dated 16 July 2021, which I exhibit as **EX/JB61 - INQ000136724**).
139. During my time in the CTF, it was definitely the case that there was widespread discussion by the public of breaches of the rules by prominent figures (Ministers, officials and celebrities). However, in that time (I was at the Cabinet Office from October 2020 to August 2021, and there was greater publicity about rule breaching outside of that time), I do not feel that it impacted heavily upon the Government's response to the pandemic, which was more concerned with the data in relation to the spread of the virus (particularly the Alpha and Delta variants) and what steps were required to get that under control. The CTF were however keen to ensure that legislation and guidance were simple, practical and garnered public trust. Where these did come under challenge for example where definitions were not straightforward, such as substantial food in pubs, we did look to address that.
140. It was my general experience from public polling at the time that public opinion also often supported tougher restrictions. In terms of enforcement, through the Autumn of 2020 and the second and third lockdowns there was a strong emphasis on enforcement to reduce the prevalence of the virus and seek to avoid stronger and

longer NPIs. This period would see the Home Office being urged by the Prime Minister to do more regarding enforcement. After the February Roadmap the government ultimately chose to move away from a legislative approach to one of guidance. For our purposes, the CTF considered various ways to promote self-isolation. For example, over a sustained period the CTF considered different options for paying people to comply with self-isolation as well as options on further enforcement.

Evidence given to Select Committees

141. I gave evidence to the Public Administration and Constitutional Affairs Committee on Thursday 4 February 2021 on Data Transparency and Accountability in Covid 19, and to the Public Accounts Committee on Thursday 10 June 2021 on the initial lessons from the government's response to the Covid-19 pandemic.

SECTION G

Lessons Learnt

142. I have tried throughout this statement to list areas that went well, areas that did not go well, and lessons that were learnt and applied throughout. I will try to summarise that in this section. Responding to the pandemic and setting policy and strategy was a constant learning and adaptation process underpinned by a range of uncertainties including but not limited to the following:
- a. The path of the virus. Dealing with the uncertainty of amplitude and points and longevity of peaks and troughs in infections;
 - b. Predicting the impact different restrictions would have on the course of the virus; and predicting the 'sufficient' level of restrictions to reduce R below 1 over a sustained period of time. The Government's approach was always a multifaceted one;
 - c. The impact of variants which changed the speed and profile of infection. This particularly impacted our approach in winter 2020 and early 2021;

- d. The positive impact of vaccination and learning in real time the positive impact of vaccination on the severity and transmissibility of the virus and thus its impact on strategy.
143. In relation to the timeliness of the second and third national lockdowns, they occurred in circumstances where previous measures (i.e. regional restrictions) were proving insufficient in controlling the virus, and it was the role of the Covid Task Force to set this (and the justification for further, national measures) out to the PM. In the case of the third national lockdown, the Alpha variant was a particular factor, as there was a deterioration in the situation throughout December 2020. The Prime Minister's position, which was publicly stated, was that lockdown was a last resort.

What Went Well

144. **Data:** The availability of daily real time data across a broad range of health and wider indicators that could be presented succinctly to officials, Ministers and the public was a significant assistance to policy making in a changing environment. Decision makers were able to look at the health situation from the previous day first thing every morning. This meant that decisions were evidence based on the most up to date picture. This was presented to the Prime Minister, Ministers and other senior officials in Dashboard meetings, often daily. A briefing on the latest situation usually started any discussion on strategy including at Cabinet and Covid S and Covid O meetings. As well as successfully gathering a large range of data, the key to successful use of that data was by being able, through the Dashboard, to present it in a succinct and highly accessible and interactive way allowing the overall picture to be conveyed and to interrogate particular issues arising. For example, the presentation could focus on age range or geography. As well as daily health data on case rates, testing, hospitalisations and deaths it included the regular ONS surveys. It also included wider economic and social statistics such as public transport use, though some of these statistics lagged. This all helped to enable better decision making and ensure decision makers were fully informed. It was hugely important, particularly at a time of rapid changes in prevalence, and was a core driver of changes to policies through the period of Autumn, Winter and Spring 2020/21. The CTF and DHSC, working with the ONS and analytical bodies around Whitehall to bring this together, worked well. There are many commendable

lessons here to be applied again in any future pandemic situation and indeed to other forms of decision making across Government.

145. **Integrating science into decision making:** The CTF worked to ensure the best evidence was available for decision makers by coordinating and aligning the work of analysts into the strategic decision-making structures. This was particularly the case from Autumn 2020 through 2021. The CTF coordinated directly, and through the GCSA, to ensure that SAGE products were inputted into Government strategy. Notably aligning the timing of when forecasts were needed and ultimately iterating the potential Government response to allow forecasts to show the impact both with and without Government intervention. Equally, the CTF oversaw the best use of data and ensured that it was correctly presented to Ministers. This meant the coordination of analysts across Whitehall, notably on health and economic impacts, to agree the outlook to feed into decision making meetings. This used an approach previously used in national security to assess and present evidence. The lessons learnt in this and the wider use of data to drive policy making has resulted in a new unit in the Cabinet Office that is looking to bring a similar approach to wider policy and crisis response. The use of scientific analysis and data reached its zenith in the February 2021 Roadmap where the scientific advice from SAGE not only informed our policy but we iterated our response with SAGE asking them to consider and model the impact of the proposed restrictions and iterating accordingly to inform the pace and sequencing of reopening.
146. As I have briefly mentioned above, the forecasting that informed the Roadmap included a forecast of a 'third wave' of increased prevalence when restrictions were relaxed. This marked a contrast to previous unlocking of restrictions. That third wave forecast was published from the outset. This not only managed expectations, showing the realities of unlocking on prevalence, it also allowed strategy to plan how it would respond to this further wave. This was at the centre of the decision to delay step 4 re-openings on 14 June 2021, when it was felt the rise of the Delta variant risked exacerbating that third wave, and how reopening would occur when they eventually went ahead on 19 July 2021.
147. **Governance:** The response to Covid required a large number of quick decisions made across a very broad landscape. It was equally important to ensure debate and the principle of collective responsibility was maintained. A time of crisis is often when you might envisage the importance of formal decision making is under

pressure where the speed of events might mean there is not enough time to ensure formal meetings and collective decision making take place. However, the CTF helped to organise and often provided the paperwork to allow the Cabinet Committee decision making process to continue to operate even during the most fast moving and fraught moments. The process became increasingly ingrained and quick and effective over time. Covid O met over 200 times through the process to agree an approach across Government departments. This frequency is hugely in excess of the workings of Cabinet Committees in more normal circumstances. The subject matters ranged across the spectrum of issues from PM-chaired Covid O meetings to decide on changes in restrictions, to CDL-chaired meetings on implementation; testing; schools and vaccination. The Devolved Administrations were also engaged on issues such as travel and borders. Even in extreme circumstances collective decision making was maintained, although it was often the case that this was done at short notice.

148. **Cross-government working:** Despite the extremely challenging circumstances, in my time in the Cabinet Office there were strong relationships between departments at official level that helped share information, debate and resolve problems. Central to this were the roles of the CMO and GCSA, who were embedded in all of the work of the CTF, commented on our proposed briefings and attended the PM meetings. The CTF had teams focussed on key areas including health, vaccinations, education and travel. Officials meetings were held before and after key decision making meetings. Throughout this period there were weekly briefings of all Permanent Secretaries and Directors General where the latest dashboard of data was shared along with an update on the Government's actions and then a Q&A session. This continued to improve throughout the pandemic and, in my experience, compared well to other crisis responses where departments have often been left unsighted on the actions of the centre of Government.
149. **Vaccination Co-ordination:** The process to deliver and allocate vaccinations was an undoubted success. The strategy also needed to include an assessment of the impact of both vaccination roll-out and effectiveness. The CTF played an important role in the coordination and decision making on vaccine by bringing together the key decision makers with the Prime Minister to shape the supply of vaccines being purchased and delivered, the progress on their regulation from the MHRA, and the NHS's proposed roll-out plan including the order of vaccination roll-out based on JCVI advice. Vaccinations began in December 2020 in a sequence advised upon

by the JCVI. The Government achieved its goal to offer a first dose of the vaccine by 15 February 2021 to those identified in the four most vulnerable cohorts. The strategy set an ambition for everyone 50 and over, or at risk, to have been offered a first dose of the vaccine by 15 April 2021, and for everyone aged 18 and over to have been offered a first dose by 31 July 2021. This was part of the evidence and forecasting included in the strategy.

150. **Capability building:** The CTF was set-up from scratch but in a very short time played a prominent role in responding to the pandemic with some extraordinarily dedicated and skilful individuals. It was agile and flexible enough to not only increase capacity but also to ensure a skills mix to match the needs of the situation. It provided a much-needed central point through which other departments could work, improving on what went before. There was expertise in strategy; policy development; data and statistics; the use and presentation of data; legislation and regulation and representation from health and each of the major departments. It had a key role: to keep a wide variety of stakeholders informed; to gather views; and to facilitate decision making. As a coordinating function it worked well with other Government departments. At its peak there were over 300 people working in the CTF. It has now disbanded. I pay tribute to the central role they played.
151. **Communications:** In addition to my views above on the Dashboard being a really useful product in terms of data, I also think it worked very well in aiding communications. In terms of public messaging and press conferences, I thought it was good that we had a combination of the CMO and GCSA setting out the situation and relevant messaging directly to the public.
152. **Applying lessons learnt:** my main reflection on what worked well was the ability, in my time at the Cabinet Office, to learn from events and apply the lessons to our future approach. As such I see the response to Covid as a journey whereby the Government's response became increasingly evidenced based; broad and impactful over time. This is most apparent by comparing the breadth of planning and evidence that went into the February 2021 Roadmap as a sustainable plan to communicate how the Government would reduce restrictions to what had come before. In terms of what went well it was therefore that we could show how we had obviously learnt and applied problems encountered with the approach to entering and exiting lockdowns to a much more robust approach exhibited here. The lessons being applied including: to have a long-term plan over many months; to

integrate the scientific advice fully into decision making from the outset; to have a national approach; to avoid set dates for relaxations instead relying on formal assessments of the data to guide the approach; to anticipate increased prevalence from relaxations and prepare for that eventuality with upfront contingencies including if, ultimately, the NHS is threatened to be overwhelmed. As such, for future officials looking to learn how best to organise a response to any future pandemic, I would recommend looking at how the February 2021 Roadmap was both devised and delivered.

What did not go well

153. Reflecting on the period as a whole and notably the time in the run-up to the February Roadmap, the following problems stand out.

Differentiation by Geography

154. The pandemic affected different parts of the country at different times. Ahead of the November 2020 lockdown the highest prevalence was in the north of England before moving south. The opposite was true of the rise in prevalence through December 2020. It was, and is, understandable that in such circumstances you should not apply the same restrictions to each geographical area at the same time, not least as you seek to limit the economic and social damage that full restrictions can cause.
155. However, attempts to deliver different approaches to different areas were not straightforward. Areas that did not go so well included the following:
 - a. The tiering system in October 2020 included local negotiation about the content of closures and financial support. This aimed to help deliver locally led solutions that best suited the area. In the event it added a level of complexity and risk of delay in some areas moving up a tier. This was not repeated in subsequent strategies.
 - b. The tiering system in place in October 2020 ultimately proved insufficient to stop the virus spreading further. This applied to the ability of the top tier 3 to stop rising prevalence and restrict the spread of the virus. Areas in the

tiers would move into the top tier over time. The tiering system was thus strengthened in exiting lockdown in December 2020 with a tougher tier 4. The Alpha variant, with its increased transmissibility, subsequently put that system to the test ultimately leading to a lockdown.

- c. Exiting lockdowns into a geographical tiering system was not ultimately successful in December 2020 in the face of the new Alpha variant of concern. Learning from this, and recognising a national picture of prevalence, a national approach was all that was ever used in exiting the third national lockdown in March, with the prospect of exiting that lockdown into geographic tiers explicitly ruled out in the development of the February Roadmap.

Complexity

156. There was at times a trade-off to be navigated between simplicity and complexity. This was the case when deciding restrictions for different businesses in different tiers. By definition, such decisions raised questions of where the line was to be drawn and the potential for so called 'edge cases' between tiers. While in the most part these were designed pragmatically there were examples that required rules to be applied differently depending on the activity taking place. Understandably, this tended to happen where the intention was to endeavour to keep businesses open to trade. For example, the differing treatment for pubs and bars depending on whether they offered a 'substantial meal' in Tier 2 of December 2020 was an attempt to keep pubs open but caused confusion and risked affecting overall compliance with the rules. It is my view that the discussion and communications around these so called edge cases risked undermining public confidence in the system, as well as confusing the overall message. These issues were mostly cleared-up in setting out the steps in the February 2021 Roadmap that was to follow.

Data not dates

157. In the Autumn of 2020 the idea of a national lockdown was linked to the concept of a circuit breaker or firebreak. The hope was that a lockdown of set duration could transform a rising prevalence into a declining one. Thus in setting out the need for a lockdown on 31 October it was announced there and then that it would end on 2

December 2020. There was no explicit test of when and whether to exit lockdown. The learning from this was applied to the February Roadmap. Rather than a set date for exit from lockdown as one of the 4 steps easing restrictions, it had “no earlier than” dates for easing. It set out the four tests that had to be met before proceeding to the next step. It set out the data that would be assessed on the impact of the previous step and ensured there was time, 5 weeks, to fully understand the impact before easing. As outlined above, this was then applied, notably in the delay of the final and largest step 4, by 4 weeks to the 19 July 2021, with the 4 tests again being assessed before the 19 July 2021 move went ahead.

Christmas 2020

158. The situation in December 2020 was dominated by the rise of the Alpha variant that stressed decision making and required changes from announced plans. This proved particularly difficult with Christmas in the middle of this period. The desire to give clarity upfront to people so they could plan ahead was at odds with the emerging understanding and spread of the Alpha variant of concern. This led to having to make repeat statements in the run up to Christmas. An initial proposal agreed with the devolved administrations was announced on the 29 November. The NERVTAG finding on enhanced transmissibility of Alpha came on 18 December requiring a more curtailed approach towards reopening. This obviously led to frustration. Reaction to new evidence on the variant was however swift. On receipt of the NERVTAG analysis on 18 December, a set of further restrictions, including affecting Christmas gathering, were announced the subsequent day with the PM asserting “when the science changes we must change our response”.

Conclusion

159. I would like to express my deepest and most profound condolences to all those who lost their lives to Covid and their families and friends. I would also like to acknowledge and pay tribute to all those who found their health, wellbeing, mental health and economic circumstances impacted. I recognise the impact is both large and enduring. I never have, nor do I think I ever will again, work in an area that has such urgent and profound consequences and where the daily impact was set out in such stark terms.

160. I would also like to share my thanks and huge respect for my colleagues who worked with me through this pandemic. The Covid Taskforce was staffed by a set of selfless civil servants who worked night and day over the prolonged period of the pandemic to deal with the hugely multifaceted challenge. They did so with a selflessness, deep sense of public purpose and immense team spirit of which they should be very proud.

Statement of Truth

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

Signed Personal Data (James Bowler)

Dated: 14.06.2023