

**COVID-19 (M) (10)**

**CABINET OFFICE BRIEFING ROOMS**

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**COVID-19 (M) (10)**

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**Meeting on Thursday 12 March 2020**

**Irrelevant & Sensitive**

**70 Whitehall at 13:15**

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**MINUTES**

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**PRESENT**

The Rt Hon Boris Johnson  
Prime Minister  
In the CHAIR

The Rt Hon Matt Hancock MP  
Secretary of State for the Department for Health  
and Social Care

The Rt Hon Michael Gove MP  
Chancellor of the Duchy of Lancaster

The Rt Hon George Eustice MP  
Secretary of State for the Department for  
Environment, Food and Rural Affairs

The Rt Hon Mims Davies MP  
Parliamentary Under Secretary of State at the  
Department for Work and Pensions

The Rt Hon Stephen Barclay MP  
Chief Secretary to the Treasury

The Rt Hon Priti Patel MP  
Secretary of State for the Home Office

The Rt Hon Kwasi Kwarteng MP  
Minister of State for Business, Energy and Clean  
Growth at the Department for Business, Energy  
and Industrial Strategy

The Rt Hon Gavin Williamson  
Secretary of State for Education

The Rt Hon Robert Buckland MP  
Secretary of State for the Ministry of Justice

The Rt Hon Oliver Dowden  
Secretary of State for Digital, Culture, Media  
and Sport

Wendy Morton MP  
Parliamentary Under Secretary of State for  
Department for International Development

The Rt Hon Simon Hart MP  
Secretary of State for Wales

The Rt Hon Robin Walker

The Rt Hon Liz Truss MP

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Minister of State for Northern Ireland

Secretary of State for International Trade

The Rt Hon Alister Jack MP  
Secretary of State for Scotland

The Rt Hon James Heappey MP  
Parliamentary Under Secretary of State at the  
Ministry of Defence

The Rt Hon Robert Jenrick MP  
Secretary of State for the Ministry for Housing,  
Communities, and Local Government

The Rt Hon Dominic Rabb MP  
Secretary of State for the Foreign and  
Commonwealth Office

The Rt Hon Jacob Rees-Mogg MP  
Leader of the House of Commons

Baroness Evans  
Leader of the House of Lords

The Rt Hon Grant Shapps MP  
Secretary of State for the Department for  
Transport

Jo Churchill MP  
Parliamentary Under Secretary at the  
Department for Health and Social Care

The Rt Hon Michael Ellis MP  
Solicitor General

**Dialled In**

Arlene Foster  
Northern Ireland First Minister

Michelle O'Neill  
Northern Ireland Deputy First Minister

Robin Swann  
Northern Ireland Minister for Health

Mark Drakeford  
Welsh Government First Minister

Vaughan Gething  
Welsh Government Health Minister

Nicola Sturgeon  
Scottish Government First Minister

Jeane Freeman  
Scottish Government Health Minister

**Dialled In Officials**

Dr Michael McBride  
Northern Ireland Chief Medical Officer

Philip Weir  
Northern Ireland Executive

Bernie Rooney  
Civil Contingencies, Northern Ireland

Chris Stewart  
Northern Ireland Executive

Dr Frank Atherton  
Welsh Government Chief Medical Officer

Chrishan Kamalan  
Welsh Government

Reginal Mitchell-Kilpatrick  
Welsh Government

Dr Catherine Calderwood  
Scottish Government Chief Medical Officer

Leslie Evans  
Scottish Government

Shirley Rodgers  
Scottish Government

**Officials**

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Sir Mark Sedwill  
Cabinet Secretary

Chris Wormald  
Permanent Secretary at the Department for  
Health and Social Care

Chris Whitty  
Chief Medical Officer

Sir Patrick Vallance  
Government Chief Scientific Advisor

Alex Aiken  
Cabinet Office Comms

Sir Simon Stevens  
Chief Executive Officer NHS

Yvonne Doyle  
Public Health England

Mark Sweeney  
Cabinet Secretariat

Katharine Hammond  
Civil Contingencies Secretariat

Dom Cummings  
No 10.

Sir Ed Lister  
No 10.

Imram Shafi  
No 10.

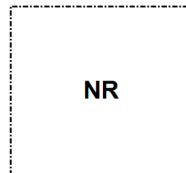
Ben Warner  
No 10.

Laurie Bristow  
Foreign and Commonwealth Office

**Name Redacted**  
Scotland Office

**Secretariat**

Natasha Grant



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The Cabinet Office circulated the following papers to inform the Committee's discussion:

1. 2020-03-12 Covid-19-CRIP
2. 2020-03-12 COBR(M) Intervention Measures

## **COVID-19**

### **Item 1: Current situation update**

1. The CHAIR invited the Government Chief Scientific Advisor (GCSA) to provide a situation update. The GCSA said that as this was a new virus that no one was immune to, that the number of cases in the UK were increasing and there were an estimated 5,000 - 10,000 cases within the UK. That whilst the epidemic was likely to begin slowly the numbers would increase quickly. They advised that the Scientific Advisory Group for Emergencies (SAGE) believed the UK was approximately four weeks behind Italy and expected the UK epidemic to follow a similar trajectory in terms of the number of cases.

### **Item 2: Package of Interventions**

2. The CHAIR invited the GCSA to outline the objectives of implementing the interventions. The GCSA said that the aim was not to completely suppress the spread of the disease, not only was this not possible, but it would likely lead to a larger second peak later in the year when the NHS may be under increased pressure. Instead, Government interventions should seek to change the shape of the epicurve, ideally delaying the peak until summer when transmission may be lower (although they noted the scientific basis for this is uncertain) and flattening the peak so as not to completely swamp NHS resources. Finally, the strategy should also aim to protect the most vulnerable, with a good outcome being that by September 2020 herd immunity would be established.
3. The GCSA said that of the interventions presented, SAGE recommended that the best approach would be to implement option one - individuals stay at home for seven days from the point of displaying mild symptoms - and potentially also apply option two - households stay at home for fourteen days from the point that any household member displays symptoms. Further to this, in order to prevent deaths, ministers may also choose to recommend isolation by the elderly (option four) , although this would need to be done for 13 - 16 weeks in order to be effective.
4. The GCSA said that SAGE felt there was a strong argument not to begin options two, three or four immediately. Due to the time of year, there was a chance a symptomatic person may simply have a cold. There were also concerns that - due to the amount of time a vulnerable or older person may need to isolate for - there was a risk of starting too early in the epicurve, with people's resilience subsequently flagging during the peak weeks when it is most important for them to isolate. There was some evidence that schools closures may work later in the epidemic. However, this policy would have to be done for 13 - 16 weeks and the effect would likely be less than presented in the paper as the modelling assumed that, following closure, children wouldn't continue to meet within groups which would likely not be the reality.
5. In discussion the following points were made:
  - The measures included in the paper were quite significant and there needed to be a discussion of which ones to take and when.
  - Scientific evidence supported implementing option one soon, and options two and three at some point in the coming weeks/months.
  - The hardest intervention to call was whether to cancel mass gathering as the evidence was not there, especially for outdoor events.
  - School closures could have a direct impact on the NHS workforce if staff could not work due to childcare. There was a strong argument to decide not to implement this intervention immediately but school closures should be kept under constant review.

- A point on language: the Government had to act to protect the most vulnerable and so it was really important, albeit challenging, to find a way to explain herd immunity in an accessible way.
- That there were three things that the Government could do immediately to show action: announce the changes to the benefits system and statutory sick pay (SSP), provide advice for the over 70s not to go on cruises and recommend for the cancellation of all school trips.
- The downside of introducing the interventions too early: interventions would ask people to take a socioeconomic hit for the greater good so people's enthusiasm may die away over time. Whilst cocooning vulnerable groups would save lives this would also have the largest negative impact, with the socially isolated experiencing increased loneliness and increased difficulty in accessing the care they need.
- Ministers were being asked to decide firstly, what interventions should be applied and secondly, when each intervention should be introduced.
- That option one should be implemented almost immediately. On the balance of the evidence, they were also persuaded of the need to implement options three and four but felt the scientific advice not to implement these policies immediately should be followed.
- Further arguments on whether option two should also be implemented would be welcomed.
- Advice to the devolved administrations had suggested that school closures could reduce peak hospital demand by 10 - 20 per cent.
- If the Government advised that school trips should be cancelled, the Foreign and Commonwealth Office travel advice would need to be aligned for insurance purposes.
- That the Scottish Government was minded to advise against gatherings of more than 500 people. Their rationale for this to ensure the frontline emergency workers were able to prioritise the response to COVID-19.
- That the NHS would not find this crisis easy to deal with and that there was still significant work to be done to increase its capacity to respond.
- That option one should be implemented from 16 March to give employers, in particular within social care, more time to prepare.
- That the other intervention measures should be held under active review and that the timing should continue to be guided by scientific advice.
- Potential concerns on the barriers to following the advice by the very low paid or those working very unreliable hours.
- That the public had not grasped how cancelling mass gatherings would/would not impact upon the peak and that there needed to be more consistent messaging on this across the four nations. That it might be sensible to announce self-isolation and mass gatherings, recognising how this would support the resilience of the emergency services going forward.
- That the Northern Ireland Executive would be asked why their policy on childcare facilities, schools and further education facilities differed to that recently announced by the Republic of Ireland.
- That if schools were to be closed this would place a lot of pressure on parents if they were unable to ask for help from the children's grandparents.
- That cancelling mass gatherings may positively impact upon people's behaviours and so the group should consider when this policy should come into play.
- That there needed to be a clear signal to the public that the other measures (options two, three and four) would happen. As so far the public had been ahead of the government on a lot of these policy issues and were making up their own minds ahead of decisions being made.
- So far government policy had been science led and as the evidence was not there for cancelling mass gatherings there would need to be a clear basis for taking this action. If this action was taken, there would be consequences for a range of sectors, for example Wimbledon was the only sports event that has been insured and last year's London Marathon raised £65 million for charity. However, it may be the case that the decisions



could be taken out of the Government's hands, as demonstrated by UEFA's decision to cancel matches.

6. The CHAIR said that the advice from SAGE was that there was low confidence in the effectiveness of cancelling mass gatherings on limiting the spread of the virus.
7. In discussion the following points were made:
  - With the rate of acceleration in the number of cases, there would soon be massive pressure on public services, which would need to be discussed in detail at a future COBR meeting.
  - That the Government had been clear that its policy was led by scientific advice. A move away from it would undermine fundamental arguments.
  - That the Foreign and Commonwealth Office would provide advice to the over 60s and those with underlying health conditions not to travel on cruises.
  - That the decision on the cancellation of school trips was for the Department for Education, but if taken the Foreign and Commonwealth would provide any support needed to implement this. It was explained that cancelling school trips would financially impact schools and parents and travel advice would need to reflect this policy to ensure insurance can be claimed.
  - That there may be certain circumstances where vulnerable people should be removed from a household entering into isolation.
  - That closing schools would impact on supermarket staff and so would impact the food supply chain.
8. Summing up the CHAIR said that there were downsides to implementing the interventions too early, but if applied too late the most vulnerable may be exposed to the virus during the peak. The timing of the interventions was therefore key to minimising the number of deaths and it was very important to communicate this to the public. Another objective of the interventions would be to minimise the gap in NHS capacity to respond to the outbreak during the peak weeks.
9. The CHAIR turned to the Department for Education for a situation update on the current situation in schools, noting that there had been a reduced number of closures that day. The SECRETARY OF STATE FOR EDUCATION said that there was a realistic possibility that closures would increase following the announcement of schools closures within the Republic of Ireland. They would manage this as within the Department for Education but consistency of messaging across Government would be key to doing so.
10. The SECRETARY OF STATE FOR THE DEPARTMENT OF HEALTH AND SOCIAL CARE said that whilst option one could be announced as early as the following day (13 March), there was currently a challenge around ensuring the appropriate systems to cascade information on symptoms were up and running for NHS 111. This issue would be resolved by Monday and the effect on the virus' epidemiology would be immaterial.
11. In discussion the following points were raised:
  - Moving immediately to implement option one would make communicating the decision to the public easier.
  - The amendments to the Statutory Sick Pay Regulations had been put in place that morning and staff were ready for processing people if needed. However to implement them there needed to be a clear list of symptoms for when a person needs to enter into self-isolation and that there also needed to be more clarity on whether a symptomatic person would be tested.
12. The CMO said once the policy of seven day self-isolation was in place the plan would be to stop all testing of people entering into self-isolation and to stop all contact tracing from other

geographical areas.<sup>1</sup> It was recommended the following symptoms be used in public communications: a high temperature and persistent new cough. A “new persistent cough” in the symptoms reflected that some people always have a cough at this time of year. If it was needed to help communicate this to the public a date could be set, but that would be an arbitrary decision.

13. In discussion the following points were made:

- If option one was to be announced the following day there could be a huge surge in the number of people phoning NHS 111 immediately after the announcement, this could deluge the system meaning that a number of people requiring urgent triage, for example for septicemia, would not get through and would be seriously impacted as a result.
- The NHS could seek to change the algorithms overnight to ensure the right information had been cascaded through the system. The public announcement would also need to contain a clear direction for people at home not to call NHS 111 unless their symptoms were serious.
- That once this policy was announced the way the whole country thinks would change and that waiting till Monday to announce the policy could cause communications issues.
- The public line would have to reflect that it is no longer necessary to call 111 - if you are ill, stay home.
- On critical national infrastructure, members of the nuclear industry were seeking advice on whether priority testing could be given to critical workers.
- Whether children with underlying health issues should be removed from schools.

14. Summing up the CHAIR said at the press conference the CMO should spend some time explaining the symptoms and that timing the implementation and announcements of policies would be an imprecise science. That the Committee had agreed those with symptoms should stay at home, that this should be announced that day and begin the following day. That this would be a complex issue to explain, but the announcement would make clear to the public that they should not call 111 and instead simply stay at home. This was in recognition of the pressure this could place on the system. The CHAIR said it remained important to ensure equity and fairness in how the policy would be implemented and making clear that everyone impacted, be it those on low income, receiving benefits or the self-employed, would be helped to adhere to this policy.

15. Continuing the CHAIR said that the GCSA should use the announcement to set out what stage two would be, and begin socialising options three and four to protect the most vulnerable. That the general public would not be asked to do options two, three, or four immediately, but that these policies would come in the next few weeks. He respected the Scottish Government's decision to cancel mass gathering to manage pressure on emergency responders, noting that as the epidemic progresses this approach may need to be taken by the whole UK to protect public services. However it was crucial for the government to stick to the SAGE advice and as far as possible, the Four Nations should try to stick together as one United Kingdom.

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<sup>1</sup> As agreed in the Coronavirus (COVID-19) action plan, published 3 March



**ANNEX 1 - ACTIONS**

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**CABINET OFFICE BRIEFING ROOMS**

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**COVID-19**  
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1330 Thursday 12 March 2020  
Irrelevant & Sensitive, 70 Whitehall

**ACTIONS**

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1. CHIEF MEDICAL OFFICERS for all Four Nations, DEPARTMENT FOR HEALTH AND SOCIAL CARE and DEPARTMENT FOR DIGITAL, CULTURE, MEDIA AND SPORT to prepare advice for consideration by COBR on approach to mass gatherings.

**DECISIONS**

1. FOREIGN AND COMMONWEALTH OFFICE and DEPARTMENT FOR HEALTH AND SOCIAL CARE to change travel advice for those over 70 and/or with underlying health conditions to recommend that they should no longer go on cruises.
2. Advice to be issued this afternoon that all those with mild symptoms (new continuous cough and/or fever) of COVID-19 should stay at home for seven days, without calling 111 unless necessary.
3. COBR will revisit the question of whether and when to implement household isolation next week.
4. FOREIGN AND COMMONWEALTH OFFICE, CABINET OFFICE and DEPARTMENT FOR EDUCATION to change travel advice in order to recommend that international school trips should be cancelled.
5. COBR will keep under review the policy towards mass gatherings, with particular reference to their impact on public and emergency services.
6. No school closures to be implemented.

**Cabinet Office**

**12 March 2020**