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**From:** Whitty, Chris [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=0B3EE62E0CA04E978730B14F9B416A1E-WHITTY, CHR]  
**Sent:** 12/06/2020 15:03:12  
**To:** Simon Case [scase@no10.gov.uk]  
**CC:** CWP [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=cee9a69716524ddfaeb750f9cd118b8c-**NR**]; cabinet.secretary@cabinetoffice.gov.uk; 'Vallance, Patrick (GO-Science)' [P.Vallance1@go-science.gov.uk]  
**Subject:** Accuracy of risk assessments and cumulative risk impact.  
**Attachments:** 20200611 OFF-SEN Star Chamber Leisure and Tourism FINAL.docx

Dear Simon

I am a bit concerned about three things which interact.

- 1) There are a number of documents circulating that make assessments of how high risk a sector is as part of the policy making process including advice to Ministers. It is not clear who made these public health risk assessments but they do not tally with our (CMO office) assessment nor do I think they were agreed with PHE (for the public) or HSE (for employees). The example I attach, which is for a Star Chamber, says that officials have assessed most leisure sectors as low or medium risk to open on 4<sup>th</sup> July. Annexe B is probably worth a quick look. Several assessments strike me as surprising: for example conventions and conferences are classified as low risk despite clear evidence they have led to significant outbreaks, as have gyms (also assessed as low risk). It is not sensible for Ministers to be taking decisions on non-trivial risks where the official assessments on risks have been put as lower than they are. It appears that the Small Ministerial Group of Cx, CDL, and SofS of BEIS, DCMS, MHCLG and DfT made decisions based on this assessment; as there is no health input to this ministerial group it seems unlikely the official risk assessment was added to or challenged in the room. I think ideally all official assessments of public health risk which are likely to lead to ministerial decisions should be signed off by PHE (public risk) or HSE (employee risk).
- 2) As agreed previously, many small individual risks can accumulate to become a significant cumulative risk. Risks can also interact (ie be more than the sum of individual risks). I do not think this cumulative risk is obviously being thought through in the advice. I know you are very concerned about this and your team have oversight of this.
- 3) I have heard some statements including from officials that the transmission in the community is 'low' and the problem is almost all in the hospital and social care sector as a justification for decisions. I agree the health and social care sectors are very important, but ONS data from today shows there is still significant (thousands a day) transmissions in the community and over 30,000 cases at any given time. This explicitly excludes care homes and hospitals which are all on top. These are not low numbers, and if we went back to exponential growth it would not take long to go from this to very high numbers, and I think the implication this is 'low' should be discouraged as it is inaccurate.

Clearly it is entirely reasonable for Ministers to take a risk that might be considered high, if the fact it is high is clearly flagged to them. I am concerned that decisions could be taken by Ministers where the implication of official advice is that the individual or cumulative risk is low or medium when it is not.

I am ccing the Cabinet Secretary and GCSA for information.

Best wishes

Chris

