

Witness Name: Sam Lister
Statement No: M7/1
Exhibits: [SL/1 - SL/110]
Dated: [12 June 2025]

UK COVID-19 INQUIRY

WITNESS STATEMENT OF SAM LISTER

I, Sam Lister, will say as follows: -

Contents

Preface	2
Section 1: Background	2
The work of DCMS	2
DCMS role and involvement in test, trace and isolate	4
Section 2: Involvement in policy development	7
DCMS involvement with test, trace and isolate and work with other government departments and agencies	7
Shielding and self-isolation	8
Border restrictions and international travel	10
Critical worker testing	19
Contact tracing	20
Certification and testing	23
Publication of government guidance	25
Cross-government initiatives concerning assessments of vulnerable categories of people	25
Health inequalities	26
Any other areas relevant to Module 7's Provisional Outline of Scope	27
Section 3: Public messaging	28
Development of guidance for DCMS sectors	28
Other messaging	30
Mis- and disinformation	30
Effectiveness of public messaging	31
Section 4: Events Research Programme	32
Overview of the Events Research Programme	32
Background	33
Governance and decision making	35
Incentives	38
Selection of pilot events	39
Role of testing and certification	40

NHS app	46
Key findings	47
Sharing data from the ERP	50
Utilising findings	51
Successes, limitations and lessons	53
Section 5: Inequalities and vulnerability considerations	59
Section 6: Lessons for the future	61

Preface

- 0.1. I am the Director General for Strategy and Operations at the Department for Culture, Media and Sport (DCMS), previously the Department for Digital, Culture, Media and Sport until 7 February 2023. The ‘digital’ part of DCMS was moved across to the newly created Department for Science, Innovation and Technology (DSIT) as a result of the machinery of government changes announced on that date. Throughout this statement, when I refer to DCMS I am referring to the department's previous functions prior to the machinery of government changes.
- 0.2. Similarly, I will refer to other government departments and agencies by the title that was correct at the time.
- 0.3. I make this statement pursuant to a Rule 9 request from the Inquiry dated 25 June 2024 for a witness statement covering the issues raised in the Provisional Outline of Scope for Module 7 (M7) of the Covid-19 Inquiry. M7 is concerned with the approach to testing, tracing and isolation adopted during the Covid-19 pandemic from 1 January 2020 until 28 June 2022. The contents of this statement relate primarily to matters that occurred within this date range, unless indicated otherwise.

Section 1: Background

The work of DCMS

- 1.1. DCMS supports culture, arts, media, sport, tourism and civil society across every part of England — recognising the UK’s world-leading position in these areas and the importance of these sectors in contributing to our economy, way of life and the global reputation of the country.
- 1.2. DCMS leads on the media and creative industry sectors, including advertising, architecture, crafts, design, fashion, film and high-end television, music, publishing and video games. DCMS also has wider policy responsibilities in relation to media, including general policy responsibility for TV, radio and press.

- 1.3. The department has oversight of national arts policy in England, including funding for the sector, sponsorship of Arts Council England (ACE) and DCMS is responsible for the Government Art Collection.
- 1.4. DCMS is responsible for public libraries policy and sponsors the British Library which, in turn, supports the development of libraries nationally. DCMS also sponsors The National Archives.
- 1.5. The department is also responsible for the protection, promotion and conservation of England's historic environment. Wider heritage policy responsibility includes leadership of the development of contested heritage policy, which DCMS works on alongside Historic England.
- 1.6. The department's responsibility for museums involves setting policy for the museums sector, direct sponsorship of national museums, allocating funding to the wider sector and acting as the policy lead for international protection and trade, art crime, restitution, sustainability and partnerships.
- 1.7. DCMS is responsible for driving the growth of the visitor economy, which involves supporting the domestic leisure and tourism sector in England and supporting and facilitating international inbound visitors for leisure and business purposes. We support the 'Global Britain' initiative through the promotion and protection of cultural and heritage assets as soft power to deliver economic and foreign policy objectives. We also sponsor VisitEngland and VisitBritain.
- 1.8. DCMS also leads on government policy relating to the voluntary and community sector and volunteering through its Civil Society and Youth (CSY) directorate (this was known as the Office for Civil Society prior to 2021; I refer to the CSY directorate throughout this statement for clarity and consistency).
- 1.9. The department's responsibilities for sport cover elite and professional sport, international sport, sports participation, diversity in sport, sport integrity and football regulation. DCMS also supports the bidding for and hosting of major sporting events in the UK.
- 1.10. In relation to gambling, we are responsible for the regime set out in the Gambling Act 2005, which provides the framework for gambling regulation, online gambling, casinos, betting shops, bingo halls and arcades. This policy area also includes the national lottery and society lotteries, and horse and greyhound racing.

- 1.11. Prior to the machinery of government changes in February 2023, DCMS was also responsible for the majority of the communications sector including telecommunications (fixed line communications, mobile communications and internet service providers), digital and tech policy and infrastructure, online harms, counter disinformation policy, the cyber and AI sectors, data infrastructure, and broadcasting. Following the machinery of government changes, responsibility for the majority of these policy areas was transferred to the newly created Department for Science, Innovation and Technology (DSIT). However, DCMS has retained responsibility for broadcast services.
- 1.12. DCMS oversees and/or partners with a large number of public bodies. This stood at 47 before the machinery of government change in February 2023, and the dissolution of the Organising Committee for the Birmingham 2022 Commonwealth Games, and is now at 42. This is the largest number of any government department. Engagement with all our public bodies is primarily through senior civil servants and working-level sponsors.

DCMS role and involvement in test, trace and isolate

- 1.13. DCMS was not a lead department in the design or delivery of the test, trace and isolate system. The primary interaction between DCMS and test, trace and isolate was via the Events Research Programme (ERP), which I cover in more detail in Section 4 of this statement. In summary, the ERP was a science-based programme which allowed for research into large events and facilitated large gatherings of spectators with pre-event testing. It set out to explore how a combination of testing and non-pharmaceutical interventions could inform decisions on the lifting of restrictions at live events. Between April and July 2021, a total of 31 pilot events were conducted in England. The ERP did not aim to influence the test, trace and isolate policy or system, but instead aimed to explore how test, trace and isolate could support DCMS sectors to reopen safely. DCMS's role was primarily delivery of the ERP, testing an approach to test, trace and isolate developed and led by the Department of Health and Social Care (DHSC).
- 1.14. The ERP did gather and share findings on user experience of the NHS app and NHS Covid-19 pass as part of the relevant events, and enabled NHSX to collate and

reflect on these findings^{1 2}. This included use of the app as part of a certification (being able to demonstrate proof of a Covid-19 vaccination or a negative Covid-19 test) trial at the UEFA EURO 2020 ERP events and throughout Phase III of the programme.

- 1.15. However, departments that were decision-makers on test, trace and isolate were also involved in the ERP. The programme was delivered jointly with DHSC and the Department for Business, Energy and Industrial Strategy (BEIS). The Cabinet Office (CO) also attended the ERP's governance boards and collaborated with DCMS on the design and delivery of the programme. I provide more detail on DCMS's role in the ERP and how this related to certification and the NHS app in Section 4, paragraphs 4.29 - 4.36.
- 1.16. Beyond the ERP, DCMS's involvement in test, trace and isolate was largely limited to its role as an advocate for its sectors to central government in relation to how test, trace and isolate might have an impact on or work for them, rather than being a decision maker on test, trace and isolate policy and implementation. This included seeking critical worker status for some necessary parts of our sectors such as broadcasters and data infrastructure workers (which allowed exemptions from certain test, trace and isolate obligations such as self-isolation) and bidding for tests for critical workers in certain DCMS sectors (including telecoms, data infrastructure and broadcast Critical National Infrastructure).
- 1.17. Further to this, DCMS worked with DHSC and the NHS from January 2021 to encourage the take up of asymptomatic testing in its sectors. This involved identifying the likely extent of testing required in sectors where individuals were unable to work from home and then facilitating communication between employers and the NHS Test, Trace and Isolate system. DCMS had no influence over the policy on asymptomatic testing itself.
- 1.18. DCMS did respond to requests from DHSC for views on how test, trace and isolate would work for DCMS sectors, for example, seeking views on which venue types could be included within test and trace (i.e. in which venues personal details may be taken from visitors). For example, DCMS proposed that leisure facilities such as bowling alleys, swimming pools and botanical gardens should be included. DCMS did

¹ NHSX was a UK government unit from early 2019 to early 2022, with responsibility for setting national policy and developing best practice for National Health Service technology, digital and data, including data sharing and transparency.

² Voluntary contact tracing app for monitoring the spread of Covid-19 in England and Wales from 24 September 2020 until 27 April 2023.

not have a role in determining which personal details should be taken at those venues, or how this information would be used in order to track and trace visitors.

- 1.19. DCMS also disseminated guidance on test, trace and isolate to its stakeholders and sectors when requested by DHSC, through integrating specific test, trace and isolate guidance into existing guidance aimed at different DCMS sectors. More detail on guidance for DCMS sectors is in Section 3 of this statement.
- 1.20. Additionally, DCMS shared stakeholder views on test, trace and isolate on behalf of its sectors with central government. Test, trace and isolate was also discussed at meetings of the Cultural Renewal Taskforce, including exploring ways to raise awareness of the programme in relevant settings; and being presented with an update on the programme by Dido Harding, the then head of NHS Test and Trace. More information on the Cultural Renewal Taskforce is in section 2 of this statement [SL/1/ INQ000498472].
- 1.21. Outside of the ERP, DCMS had no role in procuring test and trace kits or in assessing the different technologies and approaches. The department was essentially a customer of the DHSC-run system, as were other departments.
- 1.22. DCMS did not have a direct role in key decision-making for border control during the Covid-19 pandemic. However, DCMS was a member of the Global Travel Task Force (GTTF) board and DCMS ministers did attend Cabinet Office Briefing Room (COBR) committee meetings where border control issues would have been discussed³. But, in the main, the department's role was to reflect the views of and impact on the UK tourism sector in discussions with the Department for Transport (DfT). Likewise, DCMS requested travel exemptions for certain types of key workers and for cultural and sporting events, but decisions on such exemptions were made by Downing Street and DHSC.
- 1.23. As detailed throughout this statement, DCMS worked closely with multiple government departments on work related to test, trace and isolate and on the ERP. In some instances, those departments were the lead or decision makers on a particular policy or activity, and as such will be best placed to provide further information or explanation of outcomes.

³ The Global Travel Taskforce was a cross-government taskforce led by DfT (with membership drawn from DHSC, FCO, DCMS, PHE, BEIS, HMT, HO, DIT and CO) working with the travel industry to ensure that the operation of international travel could return safely and in a sustainable way.

Section 2: Involvement in policy development

DCMS involvement with test, trace and isolate and work with other government departments and agencies

- 2.1. DCMS did not have a role in developing the test, trace and isolate system or making decisions in relation to the development of policy for test, trace and isolate - this was led by other government departments, including CO and DHSC. DCMS did not have a role in deciding which tests to use, how they were used or how testing data was gathered. DCMS also did not design the policy or rules on self-isolation and quarantine or make decisions on who should be traced.
- 2.2. DCMS did, however, have a role in advocating for its sectors and feeding their views into central government and other agencies, in particular to CO, DHSC, NHSX and Public Health England (PHE)⁴. This included information on how test, trace and isolate would work or was working in practice in DCMS's sectors.
- 2.3. I will explain these below, with reference to the areas of policy development in which DCMS was involved during the relevant period.
- 2.4. Additionally, in order to support the renewal of DCMS sectors and help develop new Covid-19 guidance for the reopening of public places, the DCMS Secretary of State set up the Cultural Renewal Taskforce on 20 May 2020. Individuals appointed to the panel were considered experts within the sectors which they were representing and covered a range of sectors including theatre, sport, the arts, publishing, tourism and broadcasting.
- 2.5. The Cultural Renewal Taskforce was supported by eight working groups which were chaired by DCMS ministers and included representatives from key sector bodies and organisations focused on broadcasting, film and production, entertainment and events, heritage, library services, museums and galleries, sport, visitor economy and youth. The working groups' aims were to allow sector specialists and other experts to help develop, disseminate and implement guidance, as well as identify and resolve practical, sector-specific issues related to guidance. The groups also discussed actions and updates arising from the Cultural Renewal Taskforce.

⁴ PHE was disbanded and replaced by the UK Health Security Agency and the Office for Health Improvement and Disparities in October 2021.

Shielding and self-isolation

- 2.6. Government policies on shielding and self-isolation were under the direction of DHSC. Support for those self-isolating was overseen by the Ministry of Housing, Communities and Local Government (MHCLG)⁵, while support for shielding individuals was overseen by DHSC.
- 2.7. DCMS engaged with DHSC on the support that volunteers and volunteering services could provide to those who were self-isolating or shielding via three main mechanisms:
- a) Supporting DHSC and NHS England in their management and operationalisation of the NHS Volunteer Responders⁶. DCMS was an active member of the cross-government NHS Volunteer Responders Task and Finish Group. The aim of the group was to support NHS England and DHSC to produce mechanisms for ensuring volunteers supporting people who were isolating and/or shielding. This included the development of the NHS Volunteer Responders Programme, alongside linking NHS England with other voluntary, community, and social enterprise organisations where necessary. Through this group and other cross-government initiatives, DCMS shared guidance about how to help safely (see point c), below).
 - b) Providing funding of more than £6.7 million to the Voluntary and Community Sector Emergencies Partnership (VCSEP) on their response work which included identifying and responding to unmet needs, including local support for those who were shielding and self-isolating⁷.
 - c) Providing and maintaining guidance on safe and effective volunteering to those who informally supported their neighbours and communities, through mutual aid groups or otherwise [SL/2/INQ000498473].
- 2.8. When responsibility for providing practical support for those self-isolating was passed to local authorities in August 2021, DCMS provided voluntary-sector related content for the DHSC publication *Self-isolation practical support: guidance for local authorities and the voluntary and community sector*. DCMS initially produced

⁵ MHCLG was renamed the Department for Levelling Up, Housing and Communities (DLUHC) in September 2021 and reverted to MHCLG in July 2024. For consistency, the department is referred to as MHCLG throughout this statement.

⁶ A volunteering programme supporting the NHS and healthcare teams across England, now the NHS and Care Volunteer Responders.

⁷ The VCSEP is a network which brings together local, regional and national organisations to deliver a coordinated response to emergencies and currently receives funding from DCMS.

guidance about how to help safely in 2020, which signposted people to volunteering opportunities and covered appropriate health and safety advice [SL/3/INQ000498469]. Versions of this guidance were shared via MHCLG- and DHSC-led working groups on self-isolation and shielding throughout 2020 and 2021 to ensure that there was an offer of appropriate, and safe, voluntary support available for people who needed it. This guidance was produced in collaboration with experts from the voluntary sector through the Volunteering Guidance Reference Group⁸. It evolved along with government guidelines, such as adapting to changing lockdown rules. A version of this guidance was also made available online via Gov.uk, for public access.

- 2.9. DCMS made the case to DHSC and Downing Street to ensure that the quarantine exemption for workers included certain Critical National Infrastructure workers such as telecoms workers, data centre workers, cyber engineers/specialists and broadcast Critical National Infrastructure workers, allowing these individuals to enter the UK to undertake required essential infrastructure maintenance work [SL/4/INQ000182284]. Downing Street, DHSC and PHE also cleared exemptions to the quarantine requirement for elite sportspeople, film and high-end television production professionals, fashion industry professionals working at London Fashion Week in September 2021, advertising production professionals, other TV production professionals, and journalists and performing arts professionals following discussions with DCMS [SL/5/INQ000182254] [SL/6/INQ000182287]. Where sector-specific travel exemptions were introduced, DCMS worked with stakeholders and PHE on published guidance to support the implementation of the exemptions.
- 2.10. Individuals who were within the scope of the film and high-end television exemption had to be critical to the production and were required to follow production guidance published and owned by the British Film Commission⁹ ¹⁰[SL/7/INQ000498455]. That guidance was developed with crew, industry bodies, unions and devolved administrations and in consultation with the UK government (including DCMS), PHE and the Health and Safety Executive (HSE). This guidance included sections on shielding and self-isolation and was regularly updated by the British Film Commission.

⁸ The Volunteering Guidance Reference Group was a group convened by DCMS from 1 December 2020. It consisted of public and voluntary sector representatives who met weekly to co-design and test guidance for volunteer involvement and community action.

⁹ The British Film Commission is a national agency which works to maximise and support the production of international feature film and television in the UK. It receives funding from DCMS, the Department for Business and Trade and the British Film Institute (BFI).

¹⁰ First published 01 June 2020 and last updated 05 April 2023.

2.11. At a cross-government meeting on 19 July 2021, staff shortages were recognised by ministers as a threat to continuous operations for critical workforces and therefore fully vaccinated critical workers were exempted from the requirement to self-isolate. Initially only telecoms workers were included under this definition but, following engagement by DCMS, CO/DHSC also included newsprint delivery, data infrastructure and broadcast Critical National Infrastructure workers. [SL/8/INQ000182294].

Border restrictions and international travel

2.12. DCMS did not have a direct role in key decision-making for tourism or border control during the Covid-19 pandemic. Our principal interest arose from the impact of the relevant measures on tourism and to ongoing activity of other DCMS sectors. However, as mentioned at paragraph 1.22, the department was a member of the Global Travel Task Force (GTTF) board and fed into the task force's report on the safe return of international travel [SL/9/INQ000049274]. Also as mentioned at paragraph 1.22, in spring 2020, DCMS ministers attended Cabinet Office Briefing Room (COBR) committee meetings where border control issues would have been discussed.

2.13. At the early stages of the pandemic, DCMS worked closely with its stakeholders to understand concerns regarding border control and travel advice more generally. The department attended cross-government meetings to report those concerns. In particular, DCMS provided information concerning the inbound tourism sector which would be particularly affected by border closures. DCMS did not, and does not, have any responsibility for border closures.

2.14. Following the Prime Minister's announcement on 10 May 2020 of a 'roadmap to reopening', DCMS began to engage with other government departments in relation to sector-specific travel exemptions.

2.15. On 8 June 2020 regulations imposing requirements on certain categories of travellers arriving into England from outside the 'common travel area' came into force. These included a requirement to provide the government with specified information on entry and undergo a 14-day period of self-isolation¹¹.

2.16. However certain categories of persons were to be exempt from these requirements due to the nature of their profession. DCMS made the case to DHSC and Downing

¹¹ *The Health Protection (Coronavirus, International Travel) (England) Regulations 2020*

Street to ensure that this exemption included certain Critical National Infrastructure workers, such as telecoms workers, data centre workers and cyber engineers/specialists, allowing these individuals to enter the UK to undertake required essential infrastructure maintenance work [SL/4/INQ000182284]

- 2.17. Initially, the travel exemptions were limited to those whose work was required to maintain essential services or the flow of goods. However, following the introduction of the travel restrictions, government departments were able to submit requests for exemptions for workers in other sectors. This work was led by DfT with requests being considered on a case by case basis and only where a clear justification for an exemption, for example on economic grounds, could be evidenced.
- 2.18. DCMS requested a small number of exemptions in cases where a clear rationale for an exemption had been identified by a relevant DCMS sector. In addition to the exemption for Critical National Infrastructure workers previously mentioned, DCMS successfully made the case to DfT for exemptions to the quarantine requirement for elite sportspeople, film and high-end television production professionals, advertising production professionals, TV production professionals, journalists, performing arts professionals, and fashion professionals. All of these workers were still required to self-isolate, but the exemptions permitted them to leave self-isolation for specific reasons for example to participate in a sport competition or for work purposes. These individuals were also required to follow specific guidance on test, trace and isolate, which I will explain below.

Elite sportspeople

- 2.19. In July 2020, an exemption to the 14-day self-isolation period was introduced for elite sportspeople and ancillary support staff travelling to the UK to take part in specified competitions¹².
- 2.20. Although domestic and international elite sportspeople and ancillary support travelling to England did not have to quarantine in the same way as non-exempt travellers, they were required to:
- a) Provide written evidence from a United Kingdom or English sport national governing body of their status as an international elite sportsperson or ancillary sportsperson attending a specified competition on arrival in England.

¹² *Health Protection (Coronavirus, International Travel and Public Health Information) (England) (Amendment) Regulations 2020.*

- b) Travel directly to and remain where they were self-isolating other than when:
 - (i) travelling to or from, or attending the location of the specified competition
 - (ii) training for the specified competition
 - (iii) travelling between different locations where the specified competition or training for the specified competition was taking place
- c) At all times when not self-isolating, remain in isolation with any other international elite sportspeople or domestic elite sportspeople competing in or training for the specified competition or with international ancillary sportspeople or domestic ancillary sportspeople involved in the specified competition.

2.21. DCMS officials reviewed and updated the list of specified competitions set out in the regulations, approximately once every four weeks, to include upcoming events that required an exemption and satisfied health protocols agreed by DCMS and PHE.

Film and high-end television production professionals, advertising production professionals and TV production professionals

2.22. In July 2020, an exemption to the 14-day self-isolation period was also introduced for film and high-end television production professionals¹³. Once in the UK, those using this exemption were required to:

- a) Remain within a production ‘bubble’ environment for 10 days with their movements limited to their designated accommodation, Covid-19 secure production locations, and travel between them.
- b) Follow a presumption of self-isolation policy whereby qualifying individuals self-isolated at all other times when not on assignment. Self-isolation was carried out in designated accommodation and on set only, and all productions used the NHS Test and Trace system.
- c) Participate in each production’s Covid-19 protocols. Individual production companies and studios typically applied their own testing regimes - for example, one production required a negative polymerase chain reaction (PCR) test result 48 hours prior to any crew commencing work on the site and

¹³ *Health Protection (Coronavirus, International Travel and Public Health Information) (England) (Amendment) Regulations 2020.*

PCR swab testing for all on site (between once and three times a week depending on the role).

- 2.23. This list of exemptions was expanded to include advertising production professionals and those involved in bidding for the fourth National Lottery Licence in September 2020, and again in December 2020 to include certain people engaged in TV production (including actors, presenters, director level technical and creative production crew members)^{14 15 16}. [SL/6//INQ000182287]

Performing arts professionals

- 2.24. The December 2020 exemption also included performing arts professionals, whereby well established and recognised English producing venues or organisations could submit an application to ACE on behalf of a domestic or international artist or cultural professional coming into England to work on a specific professional performing arts activity with that producer¹⁷.

- 2.25. Once in the UK, those using this exemption were required to:

- a) Remain within a production 'bubble' environment for ten days with their movements limited to their designated accommodation, Covid-19-secure performance and rehearsal locations, and travel between them.
- b) Participate in each production's Covid-19 protocols including workplace testing.
- c) Accept the legal requirement to isolate, if required, as part of any contact tracing.

Journalists

- 2.26. Additionally, the December 2020 expansion of exemptions also included accredited journalists¹⁸, ensuring they could travel to provide public interest news on important events around the world and travel back and continue reporting on current affairs in

¹⁴ This was to facilitate the movement of individuals to participate in, or undertake activities in connection with the competition for the fourth National Lottery Licence, supporting applicants in preparing bids and allowing them to present in person to the Gambling Commission (DCMS public body which regulates most types of gambling in Great Britain. It also licences the individuals and businesses that offer gambling.

¹⁵ *Health Protection (Coronavirus, International Travel) (England) (Amendment) (No. 15) Regulations 2020.*

¹⁶ *Health Protection (Coronavirus, International Travel) (England) (Amendment) (No. 28) Regulations 2020.*

¹⁷ *Health Protection (Coronavirus, International Travel) (England) (Amendment) (No. 28) Regulations 2020.*

¹⁸ Journalists holding a valid UK Press Card or International Press Card issued by an organisation under the scheme managed by the UK Press Card Authority or a press card issued by a national organisation under the scheme managed by the International Federation of Journalists.

the UK¹⁹. Alongside the exemption, DCMS worked with the News Media Association to develop guidance [SL/10/

INQ000498407] for qualifying journalists. Journalists were advised to follow relevant government guidance in relation to testing and isolation. The guidance also encouraged journalists to take steps to limit social contact for work purposes, for example, using video calls where possible, and where travel outside of the home was essential, employers were advised to make daily check-in calls to monitor for Covid-19 symptoms.

- 2.27. Travel exemptions were operated slightly differently, contingent upon which organisation was administering them. For example, the BFI operated the exemption for film and high-end television production professionals, whereas the performing arts exemption was the responsibility of ACE. Administering organisations developed their own bespoke exemption accreditation processes, based on sectoral expertise within their formal scope of responsibility.
- 2.28. On 4 January 2021, the Prime Minister announced a further national lockdown and by mid-January, most travel exemptions were paused. However, DCMS ensured that Critical National Infrastructure workers were able to retain their travel exemption.
- 2.29. In February 2021, DCMS fed into DHSC's specification of hotels for quarantine of passengers [SL/11/INQ000498408] arriving into the UK, largely focusing on practical implementation of quarantine policy.
- 2.30. In March 2021, DCMS communicated with DHSC in relation to the managed quarantine service, asking for the data supporting quarantine policy to be published, to ensure continued engagement from tourism stakeholders [SL/12/INQ000498453].
- 2.31. Subsequently, and following publication of the government's *Covid-19 Response: Autumn and Winter Plan 2021* (referred to from here on as the 'Autumn and Winter Plan 2021'), DCMS successfully engaged with CO on the definition of 'fully vaccinated' at the border to be aligned with domestic vaccination requirements. Consequently, international arrivals were able to attend the same settings (e.g. sports or cultural events) as domestic residents without the need for self-isolation on arrival in the UK. This ensured that DCMS sectors could continue to serve international

¹⁹ Health Protection (Coronavirus, International Travel) (England) (Amendment) (No. 28) Regulations 2020.

visitors and therefore, reduce the impact on those sectors which relied upon international tourism [SL/13/INQ000182291].

- 2.32. In addition to the March 2020 exemptions for domestic and international elite and ancillary sportspeople, discussed at paragraphs 2.19 - 2.21 above, further exemptions to international travel restrictions were introduced for the 2020 UEFA European Football Championship (EURO 2020), which took place in June and July 2021. DCMS convened workshops with key government departments to design a process that maintained border security and mitigated public health risks; this was subsequently signed off by the 'Covid-O' (operations) committee based on a paper submitted by DCMS [SL/14/INQ000498422]²⁰.
- 2.33. On 18 June 2021, the government announced that a limited number of UEFA invitees, including guests accredited by participating nations, would be exempted from self-isolation requirements for the final week of the tournament. The exemption was limited in guidance to no more than 3,000 invitees in total, including repeat visits. On 28 June 2021, the exemption was extended to include up to 1,000 accredited attendees from competing nations for attendance at the final of EURO 2020 on 11 July. All those permitted entry to the UK under these exemptions to the international travel regulations were subject to strict public health protocols, agreed by PHE and DHSC, such as mask wearing, social distancing and limits on contact with the wider population. Around 705 individuals attended EURO 2020 matches using these exemptions, including 385 people coming from Italy (the Italian national side was competing in the final) as part of the latter exemption. These numbers were included in the limits for overall attendance at the two semi-finals and the final (all held at Wembley Stadium) which the government set at 75 percent of the stadium's 90,000 spectator capacity - approximately 67,000.
- 2.34. London Fashion Week, organised by the British Fashion Council, is a fashion trade show which takes place in London twice a year. In July 2021, the government granted a time-limited exemption from the need to quarantine following arrival in England for a limited number of no more than 130 fashion professionals deemed critical to working at London Fashion Week in September 2021 [SL/15/INQ000182268]. The exemption was limited to individuals arriving in England from amber list countries and who had not been fully vaccinated with a vaccine that was Medicines and Healthcare products Regulatory Agency (MHRA) approved under

²⁰ 'Covid-O' (operations) and 'Covid S' (strategy) Cabinet sub-committees (the main meeting structures through which collective cross-government ministerial decisions on the Covid-19 response were made from summer 2020).

travel guidance at the time²¹ ²². Exempt individuals were required to self-isolate when not working at London Fashion Week.

- 2.35. The British Fashion Council was responsible for initially identifying and assessing applications for the exemption. The Council then recommended applicants to DCMS, which was responsible for approving applicants for exemption.
- 2.36. The British Fashion Council was also responsible for producing guidance for those working at and attending [SL/16/INQ000498459] DCMS supported the Council in developing guidance based on advice from DHSC and PHE. The guidance was reviewed and agreed by DHSC and PHE.
- 2.37. All London Fashion Week events were required to follow the Events and Attractions [SL/17/INQ000498470] guidance and to implement the following additional safety measures:
- a) Event organisers provided a Covid-19 risk assessment.
 - b) Event organisers used fixed teams/bubbles to minimise contact between people working at the production.
 - c) Masks and additional relevant personal protective equipment (PPE) were used for close contact activities where social distancing could not be easily achieved.
 - d) Daily lateral flow device (LFD) tests were used for all workers.
 - e) All on-schedule events needed to display a NHS QR code and management requested all staff and guests 'checked in'.
 - f) All attendees were required to use the NHS Covid-19 pass to show vaccination details or to separately provide proof of full vaccination with a UK approved vaccine or a negative LFD test taken within the previous 48 hours.
- 2.38. Alongside following the rules for test and trace, event organisers kept a detailed list of all guests (name, telephone number and date of entry) and staff (shift times and dates, and contact details) in attendance at the venue or event. The data was

²¹ In May 2021, the government introduced a risk-based 'traffic light' system for inbound international travel, placing countries on red, amber or green lists, with more restrictions applying for travel from red-list countries, fewer for amber and the least for green.

²² MHRA is an executive agency, sponsored by DHSC, which regulates medicines, medical devices and blood components for transfusion in the UK.

retained for 21 days after the event to enable contact tracing to be undertaken by NHS Test and Trace during that period. All venues/event organisers were required to adhere to data protection legislation, including the *UK General Data Protection Regulation and Data Protection Act 2018* and the data was required to be securely disposed of after 21 days.

- 2.39. Around this time, DCMS provided input into government decisions concerning border controls more generally. At the Borders Health Measures Board (led by DfT) in July 2021, DCMS advocated for those who were 'double vaccinated' (i.e. those who had received two doses of a Covid-19 vaccination) coming to the UK from amber list countries (including foreign nationals) to no longer be required to self-isolate on return [SL/18/INQ000498425]. On 25 June 2021, it was confirmed at a Covid-O meeting that from 30 June 2021, double-vaccinated UK nationals returning from amber list countries would no longer need to self-isolate, but foreign nationals would still be required to do so. At a Covid-O meeting on 29 September 2021, the department continued to request an exemption from quarantine for all arrivals and for the Test and Trace service to be extended to those vaccinated outside of the UK.
- 2.40. DCMS advocated for the introduction of a further exemption from mandatory quarantine requirements for essential cast and crew on TV productions entering or returning from a country on the amber list. However, only the film and high-end television exemption was reintroduced in September 2021.
- 2.41. In September 2021, DCMS requested that the performing arts quarantine exemption be reinstated, which was approved. The performing arts exemption was available to domestic artists and cultural professionals returning to England or Scotland from professional activity abroad, and covered disciplines including music (live performances and recordings to be broadcast or released). It also covered international artists and cultural professionals travelling into England or Scotland²³. In all cases the application was required for work purposes. The individuals were required to be attending a paid professional performing arts event in England or Scotland, for which they were being paid, that would be critically affected by having to self-isolate, or when their work schedule would be critically affected by having to self-isolate.
- 2.42. In October 2021, DfT announced a new system for international travel, replacing the red-amber-green traffic light system with a single red list. DCMS successfully

²³ Although exemptions were largely a devolved matter, ACE agreed to administer some of the requirements for the Scottish exemption.

requested for the inclusion of critical data infrastructure workers and elite sportspeople in the travel restriction exemptions, which meant that critical workers could apply to DCMS for an exemption from the compulsory 10 day hotel quarantine for those returning from the red list.

- 2.43. In November 2021, when the first cases of the Omicron variant were identified in the UK, DfT carried out a review of international travel exemptions to which DCMS responded, successfully promoting the retention of existing travel exemptions for our Critical National Infrastructure sectors and elite sportspeople [SL/19/INQ000182264] and [SL/20/INQ000182269]. In November 2021, DfT was tasked by Covid-O with developing a proposal for a streamlined and simplified exemptions regime for consideration. DCMS submitted a proposal for a cultural activities exemption, however, this was overtaken by events: a growing number of Omicron cases meant DfT's work on the exemptions regime did not take place.
- 2.44. In December 2021, with Covid-19 cases rising rapidly due to the Omicron variant, DCMS accepted the reintroduction of pre-departure testing, while emphasising the importance of LFD tests in enabling this policy to be practically implementable by tourism stakeholders. However, DCMS raised concerns with DfT about the impact of stricter border restrictions (self-isolation, day two testing, day eight testing) on inbound tourism and UK businesses. At the same time, DCMS made the case to DfT and DHSC for the retention of existing quarantine exemptions for elite sportspeople, film and high-end television production professionals, performing arts professionals and Critical National Infrastructure workers, agreeing revised guidance to encourage those eligible for the exemption to self-isolate until a negative day two PCR test result [SL/20/INQ000182269].
- 2.45. On 24 January 2022, the Secretary of State for Transport announced the easing of a number of international travel restrictions including:
- a) The removal of the requirement for eligible fully vaccinated passengers to take a post-arrival, LFD test.
 - b) The requirement for passengers not qualifying as fully vaccinated to take a day eight test and self-isolate after arrival being removed (proof of a negative Covid-19 test taken two days before arrival and a post-arrival PCR were still required for these passengers).

- c) Recognition of vaccine certificates from a further 16 countries and territories including China and Mexico.

2.46. These changes, in particular the removal of the need to self-isolate on arrival, meant that the travel exemptions put in place for specific workers within DCMS sectors were no longer required and these were removed with effect from 11 February 2022.

Critical worker testing

2.47. DCMS did not have a direct role in terms of policy development in relation to critical worker status as it was a CO/DHSC lead. DCMS, however, made the case for key employees within its sectors as critical workers (for example, broadcasters and data infrastructure workers) to be exempt from self-isolation.

2.48. In April 2020, DCMS was asked by DHSC to contribute to a commission on the prioritisation of PCR testing for critical workers and to nominate a committee member(s) to join an expert committee being formed to oversee the cross-government exercise to prioritise testing for key workers [SL/21/INQ000498435]. DCMS nominated the Director of its Covid-19 Hub and the Director of Strategy as committee members²⁴ [SL/22/INQ000498394]. The department subsequently submitted bids for tests across multiple sectors including:

- a) Workers at hotels which remained open for NHS staff.
- b) Other eligible accommodation providers such as those providing accommodation for rough sleepers, the homeless people and other vulnerable groups.
- c) Volunteers in the health and social care sector [SL/23/INQ000498396] [SL/24/INQ000498397] [SL/25/INQ000498395].

2.49. In January 2021, DHSC announced the introduction of LFD tests for workplace mass testing programmes. DCMS sector workers qualifying for this measure were telecoms, data infrastructure and broadcast Critical National Infrastructure.

2.50. At a cross-government meeting on 19 July 2021, staff shortages were recognised by ministers as a threat to continuous operations for critical workforces and therefore fully vaccinated critical workers were exempted from the requirement to self-isolate. Initially only telecoms workers were included under this definition but, following

²⁴ The DCMS Covid-19 Hub was a central team established to provide coordination on cross-cutting issues and provide a single point of contact for cross-government response structures.

engagement by DCMS, CO/DHSC also included printed newspaper delivery, data infrastructure and broadcast Critical National Infrastructure workers. Other DCMS sectors were affected by staff shortages due to the NHS app recommending self-isolation. However, we did not argue for them being granted exemptions from self-isolation as these were not part of the Critical National Infrastructure workforce [SL/8/INQ000182294]

- 2.51. From November 2021, due to the prevalence of Omicron, the government was focused heavily on workforce disruption. In December, CO began work to set up a critical worker testing scheme enabling critical workers to attend work without the need to self-isolate. DCMS successfully submitted bids for tests for critical workers operating in specific DCMS sectors (telecoms, data infrastructure and broadcast Critical National Infrastructure) [SL/26/INQ000182258] and [SL/27/INQ000182270].

Contact tracing

- 2.52. As I will discuss in Section 4, DCMS worked closely with NHSX to pilot the NHS app via the ERP from May to July 2021. This allowed the app to be tested in a ‘real world’ setting, and helped draw out issues to consider for its wider implementation [SL/28/INQ000182285]. In July 2020, DCMS passed on feedback from tourism, hospitality and leisure sector stakeholders to NHSX regarding whether workers having access to their smartphones (or not, depending on their role) during the working day would disrupt the use of the app. This was addressed in workplace guidance messaging published by PHE, giving workers the option to pause the app’s contact tracing function in certain workplace situations - for example, storing a phone in a locker or communal area while at work.
- 2.53. In July 2020, DCMS requested feedback from industry businesses to contribute to the development of the NHS Test and Trace app [SL/29/INQ000498401], [SL/30/INQ000498402], [SL/31/INQ000498403].
- 2.54. In September 2020, DHSC sought DCMS’s views on regulations which placed a legal duty on designated venues to collect contact details of customers, visitors and staff and to display a QR code²⁵. The broad policy development had already been undertaken, and DCMS was asked to comment on matters of detail. DCMS highlighted to DHSC concerns raised by some stakeholders about the definition of ‘premises’, noting an issue whereby smaller premises inside a larger venue may not

²⁵ *The Health Protection (Coronavirus, Collection of Contact Details etc and Related Requirements) Regulations 2020.*

have consistent rules with the larger venue (for example, a cafe or gift shop inside a museum). As a result, further clarification was provided for stakeholders in the relevant working safely guidance documents [SL/32/INQ000498405].

- 2.55. In October 2020, DHSC sought DCMS's views on their planned amendments to the test and trace regulations (regulations which underpinned the NHS Test and Trace service, established in 2020 to track and help prevent the spread of Covid-19). The service provided temporary testing sites and those testing positive were instructed to isolate from others and asked to provide details of their recent close contacts, who were also told to isolate. DCMS noted potential challenges in operating the new regulations, for example, in asking people to log their details when moving settings within the same venue (such as from a cafe in a museum or gallery into an exhibition area).
- 2.56. In November 2020, DHSC again sought DCMS's views on whether further proposed changes to the regulations would impact on DCMS's sectors. The changes aimed to ensure that individuals utilising activities/services within a larger activity/service would be required to provide contact details to NHS Test and Trace each time they moved from one activity/service within that venue. Feedback from DCMS included such things as lack of clear divisions between different activities within the same venue, operational difficulties for venues and potential difficulties with enforcement [SL/33/ INQ000498434] [SL/34/INQ000498406]. Although the amendments proposed by DHSC were largely incorporated into the regulations, issues with implementation were offset by the provision of clear and updated guidance for both venue operators and members of the public using the venues for services and/or activities.
- 2.57. In August 2020, DHSC announced that the NHS Test and Trace app would be trialled with volunteers. DCMS officials met with NHSX in June 2020 to encourage NHSX to engage with the NHS England team on the potential for the NHS Volunteer Responders to support test, trace and isolate including through:
- a) Utilising NHS Volunteer Responders to share messaging on available support for those being required to self-isolate as a result of test, trace and isolate.
 - b) Developing training for NHS Volunteer Responders to provide assistance on how to use NHS Test and Trace (particularly for those less familiar with smartphones).

c) Sharing shielded population data with NHSX. [SL/35/INQ000498398]

- 2.58. Also in June 2020, DCMS connected DHSC with the Voluntary and Community Sector Emergencies Partnership to discuss how the wider voluntary sector (i.e. beyond the NHS Volunteer Responders Programme) could support those who were self-isolating [SL/36/INQ000498399] The trial ultimately focused on the NHS Volunteer Responders Programme.
- 2.59. Over Spring and Summer 2020, a small number of officials from DCMS's Centre for Data Ethics and Innovation (CDEI) were embedded within NHSX²⁶. CDEI officials supported NHSX with policy and delivery planning for the NHS app. Additionally, DCMS worked closely with NHSX to pilot the app via the Events Research Programme from May to July 2021. This allowed the app to be tested in real world settings, and helped draw out issues to consider for its wider implementation [SL/29/INQ000498401] I will discuss the ERP in Section 4 below.
- 2.60. As part of the plan to reopen the economy in summer 2020, DCMS worked with other departments across government, including DHSC, MHCLG and BEIS, on the test and trace requirements for customer logs to be maintained in venues. This was to ensure that appropriate language in line with the relevant legislation could be added to guidance across relevant settings, including those operating within DCMS sectors. [SL/37/INQ000498400].
- 2.61. In May and June 2021, DCMS (along with other departments) responded to a request from DHSC to propose additions to the list of venue types which should be included within the scope of test and trace. DCMS's proposed additions included bowling alleys, conference and exhibition halls and theatres. [SL/38/INQ000498436] DCMS's suggestions were incorporated into the PHE guidance underpinning the amended regulations, which was originally published in July 2020 and updated in July 2021 [SL/39/INQ000498475].²⁷
- 2.62. In September 2021, DHSC was considering maintaining (in guidance) a process for individuals to register their details at venues they attended by using the NHS app or leaving their contact details with those operating the venue. DHSC asked DCMS for views on whether continuing the policy would pose a problem for DCMS sectors, in

²⁶ CDEI (now the Responsible Technology Adoption Unit) leads government work to enable trustworthy innovation using data and artificial intelligence. It was moved to DSIT during the February 2023 machinery of government changes.

²⁷ *The Health Protection (Coronavirus, Collection of Contact Details etc and Related Requirements) Regulations 2020.*

order to inform DHSC's advice to Ministers. Multiple sector teams responded to confirm that continuing the policy would not pose a problem [SL/40/INQ000498430].

Certification and testing

- 2.63. Policy on certification and testing was led by CO and DHSC respectively and DCMS did not have a direct role in key decision-making relating to either of these policies.
- 2.64. However, in April and May 2021, DCMS contributed to cross-government discussions on certification (showing proof of vaccination or a negative Covid-19 test) as a requirement for entry to specific types of events, venues and spaces. Certification was being considered by CO for Steps 3 and/or 4 of the government's *Covid-19 Response - Spring 2021 (Roadmap)*, (which I will refer to as the 'Spring 2021 Roadmap') - the *COVID-Status Certification Review* was one of four reviews on different topics, (the other reviews being the ERP, social distancing and global travel), aiming to provide evidence for the safe reopening of the country, specifically the long-term reopening of events in England.
- 2.65. DCMS was supportive of certification for Steps 3 and/or 4 on the basis that certification would allow its sectors to reopen in a commercially viable way. However, DCMS stressed to CO that any proposed certification scheme should include testing, given a large proportion of DCMS sector consumers are younger audiences who, at that time, were not eligible for a second vaccine [SL/41/INQ000182240]. This led to the inclusion of a 'recent negative test' or 'natural immunity' as proof of Covid-19 status for the purpose of certification. Other issues raised by DCMS and subsequently taken on board in CO's approach included the case for not requiring supervised testing (i.e. permitting those needing proof of a negative test for certification purposes to test themselves), given the associated practicalities around delivery and cumulative costs.
- 2.66. By May 2021, DCMS had worked with CO to reach a position where a smaller proportion of DCMS settings were in scope for certification than initially anticipated. DCMS urged CO to focus on settings rather than sectors, in particular the so-called 'higher risk' settings outlined in the ERP Phase I report²⁸. Those settings met defined criteria, namely: indoor settings with 500 or more attendees where attendees were likely to be in close proximity to people from other households, such as music venues or large receptions; outdoor settings with 4,000 or more attendees where attendees

²⁸Higher risk settings were considered to be large indoor unstructured environments with people likely to be in close proximity for long periods of time

were likely to be in close proximity to people from other households, such as outdoor festivals; and any settings with 10,000 or more attendees, such as large sports and music stadia (though DCMS had originally pushed for a 20,000 threshold, which would have brought fewer settings into scope).

- 2.67. DCMS continued to advocate for a voluntary approach to certification (supported by guidance) as opposed to CO's proposal for mandatory certification for those in scope [SL/42/INQ000182247].
- 2.68. In June and July 2021, the ERP worked closely with DHSC to trial the use of certification, the aim of which was to use findings to inform the government's plans for mandatory certification in 'Plan B'²⁹. DCMS also argued for a certification scheme which focused on *settings* of higher risk, rather than singling out specific sectors. The ERP aimed to test different types of settings [SL/43/INQ000182243].
- 2.69. With case rates remaining high over the summer of 2021, the government decided to introduce a mandatory certification scheme, to come into force by the end of September 2021. Throughout August, DCMS continued to feed into policy discussions, particularly on venues, spaces and events that were not obviously within the scope of the certification scheme - for example wedding receptions or free, unticketed outdoor events in public spaces (such as street parties, carnivals and marathons), and on the use of spot checks on entry [SL/44/INQ000182257]. The government continued to encourage voluntary certification among stakeholders, and DCMS tracked uptake and feedback. In mid-September, ministers decided to keep mandatory certification as a contingency option under Plan B and this was set out in the Autumn and Winter Plan 2021. DCMS engaged with CO, DHSC and MHCLG to agree an approach that allowed spot checks of vaccination status in certain circumstances rather than checks of all attendees as part of that Plan B [SL/45/INQ000182267] and [SL/46/INQ000182266].
- 2.70. Following publication of the Autumn and Winter Plan 2021, DCMS worked through policy issues on mandatory certification. It secured agreement with CO for unsupervised testing for workforces in mandatory certification settings and a provision for spot checks in settings where 100 percent checks were not possible. For example, in the case of a large sporting event at a stadium where the large

²⁹ Plan B was a contingency to be enacted in the event that the measures in the government's *COVID-19 Response: Autumn and Winter Plan 2021* where data suggested further measures were necessary to prevent the NHS being overwhelmed by Covid-19 cases.

number of people attending would mean 100 per cent checks would be extremely difficult to undertake safely.

- 2.71. DCMS also agreed with CO on retaining mandatory certification as a contingency option during the autumn and winter of 2021, but only in 'higher-risk' settings, such as nightclubs or any settings with 10,000 or more attendees. In reality, many venues adopted certification as an entry requirement without being required to do so.

Publication of government guidance

- 2.72. Throughout the pandemic, DCMS worked to identify guidance requirements to support reopening and to draft and deliver numerous pieces of guidance. However, guidance on the test, trace and isolate policy and system was led by PHE.
- 2.73. DCMS's involvement in guidance specific to test, trace and isolate is set out in Section 3 of this statement.

Cross-government initiatives concerning assessments of vulnerable categories of people

- 2.74. DCMS is the lead department for civil society and therefore, CO and DHSC sought the support of DCMS in engaging with civil society stakeholders³⁰.
- 2.75. In December 2020, DCMS contributed to a central campaign led by DHSC on volunteering. On this matter, DCMS issued a newsletter to civil society stakeholders with a wide readership as well as disseminating information via existing relationships with stakeholders across the civil society network.
- 2.76. Separately, the Community Champions scheme was a programme led by MHCLG and the Office for Health Improvement and Disparities (OHID) that aimed to increase numbers of community champions that worked with groups that were disproportionately impacted by the pandemic. They were also known as 'health champions' and were community members who volunteered to promote health and wellbeing or improve conditions in their local community, including primarily raising awareness of the Covid-19 vaccination policy and other Covid-19 related issues, such as test and trace.
- 2.77. DCMS officials attended cross-government meetings that discussed the management of the Community Champions Programme, offering advice and insights about the

³⁰ Civil society refers to any individual or organisation that works to create social value, independent of government and can include charities, voluntary organisations or trusts, social enterprises, mutuals and community interest companies.

voluntary, community, and social enterprise (VCSE) sector where appropriate and shared toolkit materials with 'Check Before You Share' messaging for the VCSE to disseminate. The most significant action for DCMS was to promote the programme to VCSE stakeholders who had expertise in or direct delivery in working with communities and represented those who were disproportionately impacted by Covid-19 [SL/47/INQ000361178]. DCMS did this by convening a meeting with MHCLG and VCSE stakeholders in March 2021, at which MHCLG presented an overview of the Community Champions Programme which also included promoting the FutureNHS platform³¹. Attendees included representatives from a range of VCSE organisations, including the Caribbean and African Health Network, the Muslim Charities Forum, Equal Access Consultancy, Disability Rights UK, Age UK, the Small Charities Coalition and Social Enterprise UK.

Health inequalities

- 2.78. It was for DHSC to consider any potential health inequalities arising from the implementation of test, trace and isolate and any actions needed to mitigate them. However, as I have mentioned, DCMS is the lead department for civil society and test and trace was one of the many issues raised in ongoing communications between DCMS and civil society stakeholders, through the Civil Society Stakeholder Group, during the pandemic³². DCMS's role in this space was as an intermediary, connecting VCSE stakeholders with relevant expertise to test, trace and isolate initiatives where viable.
- 2.79. For example, in July 2020 a meeting was requested by DHSC to discuss how it could improve the NHS Test and Trace service, with particular reference to addressing the disparities of the effects of the virus on certain population groups. This meeting was held with the Minister for Civil Society, and introductions were offered to civil society organisations that could assist with enabling participation in test, trace and isolate among population groups experiencing health inequality and social exclusion.
- 2.80. In December 2020, DCMS provided an update on the NHS Test and Trace Equity and Inclusion Programme to civil society stakeholders through the Civil Society Stakeholder Group. [SL/48/INQ000498417] DCMS connected some stakeholder group members with experience of the impacts on disproportionately impacted

³¹ A collaboration platform aiming to empower those working in health and social care to safely connect, share and learn across boundaries.

³² The Civil Society Stakeholder Group (CSSG) was made up of civil society leaders. The group maintained engagement routes between the government and civil society through the Covid-19 response and recovery, providing an opportunity for intelligence sharing and facilitating requests from the sector and from the government.

communities with DHSC to take part in pilot programmes hosted by NHS Test and Trace.

- 2.81. DHSC led on work around volunteering at test centres and work in support of those isolating and/or shielding and DCMS only had an indirect role. DCMS funded and supported the set up of the National Volunteering Coordination Cell (NVCC) in May 2020 to help DHSC, amongst other departments, with coordinating volunteer support. This was primarily through its £6.7 million grant to the Voluntary and Community Sector Emergencies Partnership. The NVCC consisted of major voluntary sector organisations, such as Volunteering Matters and St Johns Ambulance, and helped to coordinate requests for volunteers from government departments³³. It was through the NVCC that DHSC requested support for volunteers at testing centres. Similarly, CO made a request through the NVCC for volunteers to pass on public health information, including test and trace information, in areas with high levels of Covid-19. DCMS supported where needed by passing on requests to the NVCC and liaising with other government departments to refine requests.
- 2.82. DCMS also advocated that exemptions from 'stay at home' directives were broad enough so they did not disproportionately impact certain communities receiving support from volunteers when isolating.

Any other areas relevant to Module 7's Provisional Outline of Scope

- 2.83. DCMS established the Film and TV Production Restart Scheme in response to a market failure in the provision of insurance for film and TV productions. The scheme provided indemnity for productions that were able to continue operating through lockdowns. The scheme's rules required that productions comply with British Film Commission and Pact (Producers Alliance for Cinema and Television) Covid-19 filming guidance at all times, and required evidence of a Covid-19 test to confirm eligible cast losses³⁴. The scheme was operated by a third party administrator, Marsh Commercial, who processed scheme applications and claims with the support of loss adjusters, with escalations and dispute resolution coordinated by DCMS. In determining whether a production followed the applicable guidance at the time, it was necessary to stay continuously informed of changes in guidance (including the introduction of test, trace and isolate) and its implications for claim decisions

³³ Volunteering Matters is a charity which aims to 'turn local knowledge into action by working with volunteers and partners across the UK to build stronger communities for all'.

³⁴ Pact is a UK screen sector trade body representing independent production and distribution companies

Section 3: Public messaging

Development of guidance for DCMS sectors

- 3.1. In July 2020, DHSC requested that DCMS disseminate guidance on test and trace to its stakeholders and sectors. This was achieved by integrating the test, trace and isolate specific guidance into the 'working safely' guidance for different DCMS sectors (including sport facilities, performing arts venues, heritage sites, hotels, and other leisure venues) which included an explanation of the relevant information for that sector, and links to more detailed guidance where appropriate³⁵. Text provided by central government was adapted where necessary to ensure it was relevant to DCMS sectors. For example, the guidance for elite sport [SL/49/INQ000498476] provided information on test and trace which was specifically relevant to elite sportspeople competing in 'scheduled events' (i.e. where there was an exemption to the usual travel requirements which meant different guidance applied). This information was drawn from other existing guidance (for example, travel guidance published by DfT).
- 3.2. Other examples included practical illustrations of how a sport facility or performing arts venue might follow the requirements; or the inclusion of additional information for example for hotels related to travel policy such as managing guests travelling from abroad during travel restrictions).
- 3.3. DCMS also produced several versions of guidance to enable safe and effective volunteering and help-giving in support of people who were isolating and/or shielding. This guidance was shared with other government departments and made publicly available. The vast majority of voluntary support for people shielding came via local voluntary sector organisations and mutual aid groups, the NHS Volunteer Responders, and through the NVCC.
- 3.4. DCMS also conducted various reviews of its guidance (for example, readability and user understanding) and used this information to suggest improvements to the guidance. For example, further information on test, trace and isolate might be added into a relevant section, or the isolation policy explained in clearer language. These findings and suggestions were shared with CO and some suggestions were incorporated into guidance updates where agreed.

³⁵ Suite of guidance documents shaped by a standardised 'working safely' template, aimed at assisting workplaces in applying relevant rules in order to operate in a 'Covid-19-safe' way. Text could be adjusted to make it relevant to specific sectors, but had to be approved by CO and cleared by Downing Street, DHSC and PHE

- 3.5. In July 2020, a series of performing arts pilot events, including two performances by the London Symphony Orchestra and comedy nights in Manchester and Nottingham, was coordinated by DCMS, of which one of the aims was to test the applicability and efficacy of guidance including on test, trace and isolate. Following the pilots, changes were made to the guidance to strengthen and clarify language [SL/50/INQ000182669].
- 3.6. In 2021, DCMS also published guidance for local authorities on managing events. This was intended as a resource for local authorities to use in making decisions on whether to allow or prohibit events under the Covid-19 regulations [SL/51/INQ000498416]. This guidance set out the events permitted at different points under the Spring 2021 Roadmap, provided advice on the factors to consider in assessing whether an event should be permitted, and signposted useful resources. The guidance advised local authorities to ensure that the event organiser had put in place reasonable mitigations robustly to log customer data for the purposes of NHS Test and Trace.
- 3.7. DCMS also published the ‘events and attractions’ guidance for those working in settings related to events and visitor attractions covering a variety of DCMS sectors (as well as events taking place in other settings) and incorporated a specific section on event planning (drawn from previous DCMS guidance and other relevant sources, such as the guidance for local authorities on events) [SL/51/INQ000498416]. When first published, there were no relevant legal requirements; however the guidance recommended that event organisers consider displaying an NHS QR code poster so that customers could still check-in using the NHS app to support NHS test and trace, and to consider using the NHS Covid-19 pass as a voluntary measure to help manage transmission risks at the facility, venue or event.
- 3.8. In 2021, CO led a refresh of the ‘working safely’ guidance which consolidated the guidance into broader categories. This guidance was implemented for Step 4 of the Spring 2021 Roadmap (from 19 July), and all pieces of working safely guidance encouraged businesses to enable people to check in using an NHS QR code as a ‘priority action’ (“you are no longer legally required to collect contact details, however doing so will help to support NHS Test and Trace to reduce the spread of the virus”).

Other messaging

- 3.9. DCMS played a key role in the development of notification systems during the early stages of the pandemic. On 10 May 2020, a joint briefing note was sent to the Prime

Minister's Office on behalf of the Chancellor of the Duchy Lancaster and the DCMS Secretary of State setting out options for implementing a nationwide mobile alerting system to send public messaging and impose reactive measures to support the UK's approach to test, trace and isolate. This resulted in the implementation of the Emergency Alert service, which is the responsibility of CO, but with support from the department (now DSIT) in engaging mobile network operators³⁶. The first nationwide test of the service took place in April 2023. [SL/52/INQ000182314; SL/53/INQ000182312 and SL/54/INQ000182311].

- 3.10. While DCMS did not have a direct role in terms of public messaging in relation to test, trace and isolate, many DCMS sectors provided the means for distribution of public messaging for example, through daily briefings on the BBC, over the radio and through advertising, including 'Stay at Home', 'Enjoy Summer Safely' and 'Get Boosted Now'.
- 3.11. DCMS amplified messaging through stakeholder networks as requested by DHSC/NHSX. For example, DCMS engaged with tourism stakeholders at official and Secretary of State level, reiterating government messaging and the importance of the public in continuing to self-isolate and using the NHS app [SL/55/INQ000498426]. As part of the Prime Minister's campaign in December 2021 to offer the job to all adults in England by the end of that year, DCMS engaged with stakeholders including BT, Tech UK, UK Cinema Association, Music Venue Trust, UK Active, Sport England, Historic England and many more to encourage them to support the 'Get Boosted Now' campaign [SL/56/INQ000498477].

Mis- and disinformation

- 3.12. In 2019, DCMS ministers established the Counter Disinformation Cell (the CDC). The CDC was a cross-government team which was led by DCMS, working with the other departments (the Home Office, the then Foreign and Commonwealth Office and CO) and was designed to be stood up in specific circumstances³⁷. The CDC was stood up in 2020 to specifically look at online mis- and disinformation relating to the Covid-19 pandemic. Its purpose was to study disinformation narratives and attempts to artificially manipulate the information environment so that the government could gauge the scope and reach of harmful mis- and disinformation and respond with

³⁶ Emergency Alerts is a UK government service, set up to warn individuals of danger to life nearby, via an alert sent to mobile phone or tablet, with advice on how to stay safe.

³⁷ In September 2020 the Foreign and Commonwealth Office was merged with the Department for International Development to create the Foreign, Commonwealth and Development Office (FCDO).

appropriate action. The CDC later became the Counter Disinformation Unit (CDU), which could look at mis- and disinformation narrative trends online which had the potential to cause harm to UK audiences by disrupting public safety, public health or national security, and which were in breach of a platform's terms of service.

- 3.13. During the pandemic, the CDU mainly focused on mis- and disinformation trends relating to vaccines, as set out in the witness statements which DCMS provided to the Inquiry in respect of Modules 1 and 4. The CDU identified limited online narratives relating to test and trace, such as claims that false test and trace messages had been sent to members of the public, which also had very low engagement. However, this represented a small proportion of the CDU's work and was not the CDU's focus during the pandemic.

Effectiveness of public messaging

- 3.14. DCMS did not have a direct role in enforcing compliance with test, trace and isolate. However, in addition to its own guidance as discussed above, the department's role in public messaging in relation to test, trace and isolate was across three principal areas:

- a) Amplifying and signposting towards public messaging in respect of test, trace and isolate from central government through stakeholders with high reach to priority audiences.
- b) Working with stakeholders to develop sector-specific guidance which incorporated the relevant test, trace and isolate messaging. For example, in June 2021 DCMS supported the festivals sector in drafting Covid-19-secure guidance for delivering music festivals, including how to support NHS Test and Trace at events and suggesting event protocols.
- c) DCMS also worked with Sport England to amplify information on test, trace and isolate policy through Sport England's guidance and provided advice to Sport England to disseminate to its stakeholders^{38 39}.

- 3.15. DCMS's primary method to assess and monitor the adequacy and effectiveness of understanding in relation to test, trace and isolate in the entertainment sector was via the ERP, covered in more detail in Section 4. The ERP found that in the majority of

³⁸ Sport England is a DCMS public body responsible for growing and developing grassroots sport and getting more people active across England.

³⁹ Sport England published its own guidance. Although DCMS assisted with some drafting and fact checking, this guidance was not part of the suite of working safely guidance documents mentioned in section 3.

cases, venues and users understood the certification protocols required to enter the events. The ERP concluded that communications on certification requirements were found to be more effective when sent further in advance. The ERP recorded several instances of organisers receiving heightened volumes of correspondence ahead of events from attendees who were concerned about satisfying certification requirements for entry and concluded that extra communications were required by event organisers in order to ensure attendees understood certification requirements.

Section 4: Events Research Programme

Overview of the Events Research Programme

- 4.1. The Events Research Programme (ERP) was a large science-based programme in the UK which worked to inform policy and its implementation during the Covid-19 pandemic. The programme facilitated scientific research into large events and facilitated large gatherings of spectators with pre-event testing, building evidence on how sectors could reopen in a commercially viable way. Between April and July 2021, 31 pilot events were staged in England across a range of settings and sectors. Some of the pilots took place over multiple days, and the programme comprised a total of 120 separate events or performances, with over two million participants attending.
- 4.2. The ERP set out to explore how a combination of testing and non-pharmaceutical interventions could inform decisions on the lifting of restrictions at live events [SL/57/INQ000182248]. There were three phases of the programme:
 - a) Phase I ran from 17 April to 15 May 2021, and consisted of nine pilot events, some running across multiple days, in a variety of indoor and outdoor settings, with variations of seated, standing, structured and unstructured audience styles, cultural and sport activities, venue capacity and a range of participant numbers.
 - b) Phases II and III of the ERP were designed to build on the findings from Phase I and ran from 10 June to 25 July 2021 [SL/58/INQ000498423]. These pilot events provided the opportunity to generate further evidence, particularly around transmission risk as well as around the implementation and operational considerations of the findings from Phase I.
- 4.3. The ERP provided opportunities to test certification, and later the NHS app, in a range of settings that would otherwise have not been achievable due to the

restrictions in place at the time. Covid-19 status certification was piloted in all three phases of the ERP, with Phase I using testing protocols only (i.e. demonstration of a negative LFD test as a condition of entry to pilot events). For subsequent phases, informed by CO advice, certification incorporated three ways in which an individual could demonstrate their Covid-19 status:

- a) A negative test result (either an LFD or PCR test).
- b) Proof of vaccination.
- c) Proof of natural immunity following a positive PCR test (11 to 180 days post positive test).

INQ000498423

- 4.4. Findings from Phase I were published on 25 June 2021 [SL/58]. Findings from Phases II and III, including a capping summary document with an overview of the programme, its key findings and achievements, were published on 26 November 2021 [SL/59/INQ000498471].

Background

- 4.5. Between November 2020 and February 2021, DCMS teams undertook the initial stages of development for what became the ERP, following a limited programme of performing arts, sport and business pilot events conducted in July to September 2020, and other initiatives, including work by the Sports Technology and Innovation Group, Project Moonshot and the PERFORM study^{40 41 42}. The Venues Steering Group, a DCMS stakeholder group, was established in August 2020 (following the first performing arts pilots) to provide feedback on the development of plans to enable the reopening of music and arts venues.
- 4.6. As part of this initial work, the sports sector pilot events aimed to trial the limited return of socially distanced crowds at sporting events [SL/60/INQ000182308]. This sports sector pilot events programme was paused on 31 July 2020 following an increase in Covid-19 cases nationally. On 13 August 2020, the government announced the programme could continue from 15 August, beginning with its second phase. The Sports Grounds Safety Authority conducted an evaluation of the initial

⁴⁰ An independent team of sport, health and technology experts brought together by DCMS in September 2020 to explore a range of solutions for the readmission of spectators to sporting events. The group was dissolved in February 2021.

⁴¹ A DHSC-led initiative, which sought to use local public health testing sites to facilitate large spectator events. This initiative was superseded by the ERP.

⁴² Research in 2020 into singing, woodwind and brass musical instruments to investigate the risk posed by such activities.

pilots and found that spectators generally adhered to the expected 'code of conduct' and the guidance published by government.

4.7. In developing the ERP, DCMS proposed to deliver a range of pilot events with the aim of examining the risk of transmission of Covid-19 from attendance at events and exploring ways to enable people to attend a range of events more safely. Consequently, the Spring 2021 Roadmap published on 22 February 2021 included the ERP as one of four reviews to provide evidence to inform the lifting of restrictions.

4.8. The ERP comprised research in four areas of scientific study:

- a) Outbreak prevention and control, focused on the feasibility and utility of testing for Covid-19 to mitigate the risk of transmission for attendees.
- b) Environmental and behavioural factors, looking at transmission risk at events as a result of the environment, crowd densities and attendee behaviour.
- c) Covid-19 infection risk, measuring the risk of Covid-19 infection associated with attending events held at, or close to, full capacity without social distancing.
- d) A socio-economic study, examining the economic and social impact of enabling events and the extent to which potential mitigations limited the economic or social value of events.

4.9. Following publication of the Spring 2021 Roadmap, the DCMS Covid-19 Hub, which had been in operation since February 2020, took steps to establish the ERP. Martyn Henderson (then CEO, Sports Grounds Safety Authority) joined DCMS on a three-month secondment from 1 March 2021 to fulfil the role of Programme Director⁴³. He worked alongside Nico Heslop (DCMS, Corporate Strategy Director) who had oversight of the department's wider work in response to the pandemic and Professor Tom Rodden (DCMS, Chief Scientific Adviser). They reported to me as Director General for Strategy and Operations and the Senior Responsible Officer (SRO) for the programme. The programme was supported by two DCMS teams led by Deputy Directors, Samantha Pigden and Rebecca Ellul. These teams were staffed by individuals drawn from the Covid-19 Hub and the wider department, as well as secondees from its public bodies (for example, UK Sport).

⁴³ The Sports Ground Safety Authority (SGSA) is the licensing body for league football grounds in England and Wales and the government's expert advisor on such safety considerations. The SGSA played a key role in the development and delivery of earlier pilots, including the publication of world-leading guidance on planning for social distancing at sporting events.

- 4.10. Following engagement with CO, DHSC and BEIS (including Professor Chris Whitty, DHSC Chief Medical Officer, and Professor Paul Monks, BEIS Chief Scientific Adviser), joint advice was put to and approved by DCMS, BEIS and DHSC Secretaries of State seeking their consideration of a draft terms of reference for the programme and a potential shortlist of initial pilot events [SL/61/INQ000498410].

Governance and decision making

- 4.11. The programme's terms of reference set out that the programme would initially be governed via a Senior Steering Board, established to oversee the programme and report to the Prime Minister and Secretaries of State for DCMS, BEIS and DHSC [SL/62/INQ000498415]. Two external Chief Advisers were appointed to chair the Steering Board, theatre director Sir Nicholas Hytner and businessman David Ross⁴⁴. The Board was also attended by cross-government representatives, including the Deputy Chief Medical Officer, Chief Scientific Advisers from DCMS and BEIS, and Directors General from DCMS and DHSC. The Senior Steering Board was dissolved on 27 May 2021, having satisfied its original Terms of Reference through the finalisation of the interim findings and its submission to Downing Street [SL/63/INQ000498414].
- 4.12. A Programme Board, chaired by me as the Senior Responsible Officer for the programme, oversaw and was accountable for delivery of the overall programme. The Board sought advice from external experts, other government departments who had an interest in the programme (including PHE, Her Majesty's Treasury (HMT), DfT and MHCLG), and the scientific community through the cross-government Chief Scientific Advisers network and the programme's independent Science Board, covered in more detail at paragraph 4.14 [SL/64/INQ000498413]. The Programme Board became the most senior level of governance for the programme when the Senior Steering Board was dissolved. The number of attendees at the Programme Board was reduced at this stage, creating a more agile process across Departments.
- 4.13. A Delivery Board, chaired by DCMS Deputy Director Samantha Pigden, with vice chairs from DHSC and BEIS, was also established to ensure risks and issues were identified by those best placed to resolve them, and that they had a clear escalation route to the Programme Board as necessary.

⁴⁴ David Ross had previously chaired the Sports Technology and Innovation Group.

- 4.14. These Boards were supplemented by an independent Science Board, chaired by Professor Dame Theresa Marteau, which met weekly. The Science Board provided oversight of the studies to be undertaken at events to ensure they were consistent with the research framework provided by the Scientific Advisory Group for Emergencies Environmental Modelling Group (SAGE-EMG), including:
- a) Inspection and sign-off of the research protocols for the studies to be undertaken at events.
 - b) Commenting on and guiding interim results of the studies to ensure they deliver the best possible evidence.
 - c) Oversight and quality assurance of the scientific results provided as part of the overall reports to be produced by the ERP⁴⁵.
- 4.15. Other government departments, including CO, PHE, DfT, HMT and HO, also frequently attended the Boards. NHS Test and Trace also attended the Senior Steering Board and Programme Board.
- 4.16. The programme employed a collaborative approach, involving event organisers, university and consultancy research teams, independent scientific and ethics advisers, working in partnership with eight core government departments and agencies, national and local public health leads, industry stakeholders and 27 local authorities.
- 4.17. The programme's testing requirements were delivered with the support of a contract with Trivandi, an events consultancy organisation, which helped to coordinate the provision of tests to local authorities and organisers as appropriate.
- 4.18. Given the range of wider stakeholders involved in the delivery of individual pilot events, as detailed above, DCMS worked with the Programme Board and Delivery Board to develop a process that ensured local and national stakeholders played an appropriate role in decision-making. This process was agreed with the Programme Board and Delivery Board. Advice was jointly cleared by me for DCMS, as well as DHSC and BEIS, then put to ministers [SL/61/INQ000498410]
- 4.19. This process included a 'go/no go' gateway for decisions that included:

⁴⁵ Members of the Science Board were as follows: Prof Dame Theresa Marteau, Prof Tom Rodden, Prof Paul Monks, Dr Jenifer Smith, Dr Shaun Fitzgerald, Prof John Edmunds, Prof James Calder, Prof Michael Parker, Jennet Woolford and Dr Matthew Boulter [Exhibit SL/77 DIG03787223].

- a) Event organisers, for confirmation that all necessary arrangements were in place to stage pilot events.
- b) Local authorities, for confirmation that the Director for Public Health has been consulted on and given approval, and transport plans were in place to manage any increased travel and public transport use.
- c) Test and trace, for confirmation that sufficient testing capacity was in place.
- d) PHE, for confirmation that the local infection risk was sufficiently low and there were no outbreaks of variants of concern
- e) Government Legal Department, for confirmation all legal requirements were met.
- f) Police, for confirmation that they had been appropriately consulted and given their approval.

4.20. Ahead of the programme's commencement, a decision was required on the regulatory powers under which pilot events may be permitted. Specific provisions of the Health Protection (Coronavirus, Restrictions) (Steps) (England) Regulations 2021 enabled the Secretary of States for DCMS and DHSC, considering advice from the Chief Medical Officer or Deputy Chief Medical Officer, to disapply restrictions or requirements contained in a number of different Covid-19 regulations to allow these events to take place during a period of restrictions⁴⁶. DCMS collaborated with DHSC, firstly on whether all events should take place within the existing social distancing framework, and then on the drafting of directions which set out the specific disapplication of provisions within the regulations to ensure clarity, transparency and accountability for each event in the programme [SL/61] [SL/65/INQ000498409].

Incentives

4.21. DCMS did not incentivise event organisers to take part in the programme or provide government funding to cover potential losses incurred as a result of running an event with reduced attendees; however, a number of organisers did request assurance that the associated costs would be covered if permission to hold an event was revoked at short notice for public health reasons. On 31 March 2021, the ERP Programme Board discussed and agreed that this was a reasonable request, given uncertainty

⁴⁶ Regulation 9 of the Health Protection (Coronavirus, Restrictions) (Steps) (England) Regulations 2021/364, amended by statutory instrument 2021/705, to allow the Events Research Programme to provide additional evidence and mitigations for government, and enable a range of interventions to be tested.

with possible variants of concern and a rapidly moving health landscape [SL/66/INQ000498440]. The Board recommended providing discretionary compensation on cancellation, meaning the government would compensate for losses on a discretionary basis up to £300,000 per event if the event was cancelled for public health reasons. The policy received the necessary clearances in early April and was reported to Parliament on 14 April but as no events were cancelled no compensation was ever paid [SL/67/INQ000498468]. Some events also encountered difficulties in securing insurance to host pilot events; in these cases, a letter of assurance from the DCMS Secretary of State was provided to the organisers.

- 4.22. No incentives were provided to individuals to encourage participation in the Programme. Generally, individuals paid for ticketed events as would normally be the case, however, some events (for example, the 2021 BRIT Awards, which the organisers targeted at key workers) were free of charge to participants.
- 4.23. In March 2021, the Delivery Board included on its risk register a risk raised by DCMS that PCR test uptake could be low due to a lack of incentivisation. From May, a mitigation was recorded that DHSC would automatically distribute PCR tests to attendees for some events in order to increase uptake. Also in May, the Science Board noted in its statement on Phase II Requirements a risk of low return rates of PCR tests and agreed that if high rates of PCR tests were not achieved, consideration should be given to stopping Phase II transmission studies [SL/68/INQ000498444].
- 4.24. The ERP found that compliance with certification protocols improved with clearer and more consistent communications, which aided the avoidance of confusion. In Phase II, more reminders to return PCR tests were sent to participants than in Phase I.

Selection of pilot events

- 4.25. Using the science framework prepared by a working group organised by SAGE-EMG and DCMS, the ERP team identified a list of possible pilot events for Phase I [SL/69/INQ000137650].
- 4.26. Due to time pressures, the focus during Phase I was largely on events that were already planned to go ahead under existing restrictions (such as without an audience) and could reasonably be adapted to meet the requirements of the programme. DCMS also entered into a partnership with Liverpool City Council, following their successful Community Testing Pilot covering asymptomatic testing, to

identify further events and settings that could be incorporated into the ERP [SL/70/INQ000230538].

- 4.27. Events were selected with the intention that they would cover seated, standing, structured and unstructured audiences, and a range of participant numbers which scaled upwards over the course of the programme. Selection was also based on event settings that would provide substantial data and transferable learning that could be generalised across many settings. For example, the setup of the indoor snooker at The Crucible in Sheffield had a seated audience in a theatre setting, the learning from which could be applied to similar theatre settings, indoor sports venues, cinema and concert performances.
- 4.28. The Science Board agreed the list of events would support exploration of the questions the science framework identified, and joint (DCMS, DHSC and BEIS) ministerial agreement for the programme to go ahead was given [SL/61/INQ00049841] [SL/71/INQ000498411]. Each pilot was also signed off by relevant local partners, including the relevant Director of Public Health⁴⁷. Ethical approvals were also secured from the researchers' respective institutional ethics boards for the studies to be carried out at the selected events in the week beginning 29 March 2021. The studies agreed by the Board for Phase I are set out at paragraph 4.79 and on Gov.uk [SL/43/INQ000182243] [SL/72/INQ000498462] [SL/73/INQ000498456] [SL/74/INQ000498463].

Role of testing and certification

- 4.29. Covid-19 status certification involves using testing or vaccination data to confirm that people have a lower risk of transmitting Covid-19 to others. As set out in the Spring 2021 Roadmap, the ERP was one of four reviews to provide evidence for the lifting of Covid-19 related restrictions. A further review, led by CO, examined the role that Covid-19 status certification could play in reopening the economy, reducing restrictions on social contact and improving safety. While these reviews were separate in their aims and governance, there was significant collaboration between Departments throughout their duration. Proposals from the certification review were trialled at Phases II and III of the ERP, as detailed below, and officials from the CO attended the ERP's governance boards. Feedback on certification was gathered across all phases [SL/75/INQ000498448].

⁴⁷ Directors of Public Health are statutory chief officers of the local authority and independent advocates for the health of the population. The role includes providing the local public with expert, objective advice on health matters.

- 4.30. Admission of participants to Phase I events was subject to evidence of a negative LFD test result, generally carried out in person at an asymptomatic test site either on the day, or day before, an event. For Phases II and III, all attendees (aged 11 and over) had to show either:
- a) Proof of a negative LFD test taken at home or at an asymptomatic test site within 48 hours of entering the event via test and trace text, email or via the NHS app; or
 - b) Proof of two vaccinations via the NHS app, with the second vaccination being given at least two weeks prior to entry of the event; or
 - c) Proof of natural immunity via the NHS app, based on a positive PCR test within 180 days of the event.
- 4.31. The process maps at Annex A illustrate typical user journeys for participants in the ERP at each phase of the programme, illustrating when and how they had to undertake a test and how this was fed into the NHS Test and Trace system. To summarise, an individual would undertake a LFD test prior to an ERP event and they or the asymptomatic test site would log their test result on the NHS website per the standard test and trace processes. The individual would receive a text message confirming their result which, if testing negative for Covid-19, would enable them to attend the event. Participants also gave consent to share their data in order to link test results with ticket bookings, and, for events in Liverpool, completed a pre-qualifying questionnaire including questions about vaccination status.
- 4.32. In Phases I and II, on the day of the event, participants would also undertake a PCR test, the results of which were sent off and processed through the standard test and trace channels. The PCR test result would be reported to the individual through test and trace. Also in Phases I and II, attendees were asked to undertake a post-event PCR test and submit it for processing. PCR tests were included in the process as a means to assess the effectiveness of pre-event LFD testing, rather than as a means of entry to events. It was agreed by the Science Board that PCR tests would not be a part of the Phase II process due to PCR laboratory testing capacity. Contact tracing would also be undertaken to ascertain details of the individual's activity during the day of the event including travel, seating and activity at the venue.
- 4.33. The data gathered from the tests throughout this process was managed by PHE, utilising existing test and trace infrastructure. This approach built evidence on the risk

of transmission of Covid-19 from attending events, and the effectiveness of pre-event LFD testing in detecting those infected with Covid-19.

- 4.34. In April 2021, DCMS provided advice to CO noting that emerging qualitative data from the ERP pilots suggested that asymptomatic test site infrastructure and method of delivery may be insufficient ^{INQ000182240} [SL/41]. This data indicated that the geographical spread of asymptomatic test sites, their availability at weekends and capacity especially for large events presented this risk. DCMS proposed approaches to address this including investing in testing infrastructure and allowing home testing to be used for certification. In Phase I this risk did not substantively materialise, and in Phases II and III home testing was allowed as mitigation.
- 4.35. Where positive cases of Covid-19 were identified following attendance at one of the events, through the existing test and trace infrastructure as shown in Annex A, local Directors of Public Health were notified so that they could take any actions they deemed necessary. While NHS Test and Trace disabled the automatic venue alert for ERP events, NHS app users were still notified if they met the proximity trigger, meaning they had been in close proximity to an individual who had tested positive. Where alerts were triggered, Directors of Public Health were informed and were able to consider their own local interventions, including enhanced contact tracing at a local level. The Science Board would also have been made aware of data on positive cases. Members of the ERP's governance boards would make use of PHE's established links to Directors of Public Health in order to communicate with them regularly.
- 4.36. Across all events, where attendee Covid-19 vaccination status was self-reported, 87 per cent of people with a positive Covid-19 test result during the study period were unvaccinated.

Phase I

- 4.37. The ERP was launched at the beginning of April with the first event, the opening day of the World Snooker Championship, on 17 April 2021 ^{INQ000182248} [SL/57]. Phase I involved nine events over the course of April and May 2021, with nearly 60,000 participants. The pilot events included in Phase I were as follows:
- a) FA Cup Semi-Final, Wembley Stadium (18 April)
 - b) World Snooker Championship, Sheffield Crucible Theatre (17 April to 3 May)

- c) Carabao Cup Final, Wembley Stadium (25 April)
- d) The Good Business Festival, Liverpool (28 April)
- e) Circus Nightclub, Liverpool (30 April to 1 May)
- f) The Blossoms, Sefton Park, Liverpool (2 May)
- g) BRIT Awards, London (11 May)
- h) Mass Participation Run, Kempton (15 May)
- i) FA Cup Final, Wembley Stadium (15 May)

4.38. Admission of participants to Phase I events were subject to evidence of a negative LFD test result, generally carried out in person at an asymptomatic test site either on the day, or the day before, an event. Individuals were also asked to take a PCR test on the day of the event, plus a further test 5 days after attending.

4.39. Scientific observations were possible as a result of the research studies that were undertaken by the research teams as part of the ERP, as detailed at paragraph 4.79. The studies were designed to build evidence on the risk and potential mitigation methods associated with Covid-19 transmission routes. The studies were based on a set of research protocols developed by the research teams and approved by the Science Board to ensure they were consistent with the research framework provided by SAGE-EMG. The researchers also obtained the necessary ethics approval for their studies from their associated university or relevant institutions.

4.40. The findings of the studies were analysed by the research teams and presented to the Science Board for review. The Science Board provided oversight and quality assurance and would comment on and guide interim results of the studies to ensure they were delivering the best possible evidence.

4.41. The key scientific observations arising from this phase were as follows:

- a) The variation of transmission risk factors within a venue matters, as well as the differences in risk between types of venue. Outdoor spaces are generally lower risk than indoor spaces. However, all venues are different and may have indoor spaces such as toilets, food/drink concessions and corridors which can pose higher risks.

- b) Large unstructured gatherings indoors, where there is significant mixing of people in close proximity, typically pose a higher risk.
- c) The ERP pilots demonstrated how risk mitigation measures could be put in place to reduce the risks identified for events, building on previous SAGE-EMG's conclusions. Mitigation options in Phase I included communications, crowd and audience management strategies, face coverings, ventilation, testing, restrictions on food and drink, and social distancing/capacity caps.
- d) Compliance with requirements to wear a face covering and socially distance was mostly high, with lower compliance observed in higher-risk areas, exacerbating overall transmission risk where sufficient mitigations (such as those above) were not in place.
- e) Pre-event LFD testing, questionnaire-based screening and consent to link event booking and test result data, as conditions of admittance to events, were accepted by audiences for most types of events and helped public health teams to respond to any potential outbreaks.

4.42. The limited ability of the ERP's studies during Phase I to generate any direct evidence based on transmission data was identified by the Science Board in a statement at the outset of the programme [SL/76/INQ000498467]. This reflected the initial events being insufficient in scale, scope and design, and the low prevalence of the virus. Nonetheless, it was judged that the ERP would still generate evidence on transmission risk factors to help inform policy on how events might be reopened in a way that mitigates risks of Covid-19 virus transmission, as well as important evidence to inform Phase II.

4.43. To build further evidence around transmission, the Phase I findings identified that in future stages it would be important to: study additional events with significantly more attendees, representative of the normal event-going population; improve the return of pre- and post-event PCR tests; and take a decision to link test data more systematically to event attendance.

4.44. The NHS app was not ready to be trialled in Phase I and therefore no findings regarding its use were established at this stage.

Phases II and III

- 4.45. A second phase of pilot events provided the opportunity to generate further evidence to address the limitations referenced at paragraphs 4.79 - 4.84. This would provide further data that could be collated cumulatively across events, adding to the evidence generated from Phase I. A further objective for Phase II was to pilot the implementation of emerging Step 4 recommendations for event attendees and organisers including testing, certification (at the EURO 2020 matches) and the outcome of the social distancing review.
- 4.46. The inclusion of a number of outdoor stadia events allowed the ERP to address the question of whether attendance at a large outdoor sporting event increased the risk of acquiring Covid-19. As the national public health picture improved, ministers agreed it would be appropriate to include events with larger capacities [SL/77/INQ000498419] [SL/78/INQ000498418] and [SL/79/INQ000498420].
- 4.47. In Phase II, individuals were required to show proof of:
- a) A negative LFD test taken within 24 to 72 hours of entry to a venue; or
 - b) Vaccination (two doses of a UK approved vaccine plus two weeks); or
 - c) Natural immunity from a prior positive PCR test (up to 180 days post PCR test).
- 4.48. Individuals were also asked to take a PCR test on the day of the event, plus a further test five days after attending. Additionally, the NHS Covid-19 pass was introduced for the EURO 2020 games in Phase II as a means for certification.
- 4.49. The events were undertaken during Phase II were:
- a) Cricket, England vs New Zealand, Edgbaston (10 to 14 June)
 - b) Football, England vs Croatia, Wembley (13 June)
 - c) Football, England vs Scotland, Wembley (18 June)
 - d) Horse Racing, Royal Ascot (5 to 18 June)
 - e) Download Festival, Castle Donington (18 to 20 June)
- 4.50. In June, the Prime Minister announced that the indicative move to Step 4 of the Spring 2021 Roadmap was delayed for four weeks due to the emergence of the Delta variant. Plans for a final phase of pilot events were then developed, which would continue to produce additional scientific research and evidence, as well as

considerations for government, event organisers, and consumers on reopening events safely with a greater number of attendees. Following discussions with CO, it was decided that the Phase III events would also be used to trial the NHS app.

4.51. For Phase III, individuals had to show:

- a) Proof of a negative LFD test taken at home or at an asymptomatic test site within 48 hours of entering the event via test and trace text, email or via the NHS app; or
- b) Proof of two vaccinations via the NHS app, with the second vaccination being given at least two weeks prior to entry of the event; or
- c) Proof of natural immunity via the NHS app, based on a positive PCR test within 180 days of the event.

4.52. Events undertaken during Phase III include:

- a) Cricket, Durham (29 June)
- b) Six additional UEFA EURO 2020 matches including the semi-final and final, Wembley Stadium (June to July)
- c) Cricket, Oval, London (1 July)
- d) Cricket, Bristol (4 July)
- e) The Grange Opera Festival, Hampshire (1 to 18 July)
- f) The Championships, Wimbledon, London (28 June to 11 July)
- g) Goodwood Festival of Speed, West Sussex (8 to 11 July)
- h) Cricket, Lord's, London (11 July)
- i) Opera North, Leeds Playhouse, Yorkshire (14 to 17 July)
- j) Cricket, Edgbaston, Birmingham (13 July)
- k) The Open Championships, Kent (11 to 18 July)
- l) Grosvenor Park Open Air Theatre, Chester (14 to 17 July)
- m) The British Grand Prix, Silverstone Circuit, Northamptonshire (14 to 18 July)
- n) Cricket, Trent Bridge, Nottinghamshire (16 July)

- o) The Challenge Cup Final, Rugby League, Wembley Stadium, London (17 July)
- p) Performances at The Piccadilly Theatre, London (17 to 23 July)
- q) Cricket, Headingley, Yorkshire (18 July)
- r) Home and Gift Buyers Festival, Harrogate, Yorkshire (18 to 21 July)
- s) Latitude Festival, Southwold, Suffolk (22 to 25 July)
- t) Tramlines Festival, Sheffield, Yorkshire (23 to 25 July)

NHS app

- 4.53. Phase III of the ERP included a service evaluation by NHSX of the NHS app and associated NHS Covid-19 pass, which generated insights on user journey and communications, as well as testing infrastructure, experience of organisers and operational delivery at venues. The work statement for this evaluation sets out the design of this study, including how the NHSX user research would cover on-site observations and interviews with NHS app users and venue staff. The statement was published on Gov.uk [SL/80/INQ000498461]. The findings from this evaluation are set out at Annex A of the *ERP Capping summary* published in November 2021 and examples are included at paragraphs 4.57 and 4.58 [SL/28/INQ000182285]
- 4.54. Throughout England, there was generally high uptake of the NHS app at the time that the ERP was running. Downloads of the app were between 70,000 and 100,000 per day following the 17 May 2021 restart of international travel. During the period of the ERP events significant incremental growth was seen above the May and June baseline. Data and management information on app downloads was outside of DCMS's remit.
- 4.55. The vast majority of ERP participants were able to access their NHS Covid-19 pass, using one of the approved mechanisms, with the uptake of the NHS app ranging from 70 to 98 per cent depending upon the event and the cohort. These figures were ascertained by on site sample testing during events. On some occasions individuals had trouble accessing their NHS Covid-19 pass, for example, if they had travelled from overseas. Such instances were generally resolved by the individual taking a LFD test at an asymptomatic test site, or event organisers were able to use text or email to confirm LFD test results. Use of the NHS app was highest amongst those who had been vaccinated. Where communications minimised use of the test and

trace text message or email for those using LFD tests and promoted surfacing this through the NHS app instead, an increase in app usage of around 33 per cent was seen. When this approach was used, it was agreed between NHSX and the ERP event organisers.

Key findings

4.56. The ERP identified a range of findings, some of which were general and others were more specific to the NHS Test and Trace scheme.

4.57. The general findings from the ERP included:

- a) Environmental and behavioural risk factors associated with Covid-19 transmission at events are complex and contextual.
- b) Poor air quality in events with multiple occupants indicates a higher airborne transmission risk.
- c) Increasing the number of people in a given space reduces the ability to physically distance and increases the risk of close contact with others.
- d) Adherence to safety measures including physical distancing and face covering usage were higher at events or locations within an event where they were required rather than discretionary.
- e) Individual risk while attending an event is dependent on social interactions, on the interaction with the environment, and on the individual journey through an event - risk is increased with prolonged and repeated exposure to poor air quality, insufficient ventilation, reduced distancing between individuals or limited compliance with face covering.
- f) Approximately 1.7 per cent of attendees, for whom data were available, tested positive for Covid-19 during their 16 day study period. The results tend to show that there was little evidence of increased transmission by attendance at the following categories of events: mainly outdoor seated, mainly outdoor partially seated or the indoor seated theatre events studied. Attendance at the mainly outdoor unseated events studied was associated with a one point seven fold increased risk of Covid-19 transmission among attendees.

4.58. Among the more specific findings, the ERP considered how the NHS app and NHS Covid-19 pass worked in practice at events [SL/28]. The key findings in this area, from Phase III of the ERP, included:

- a) Checking of the NHS Covid-19 pass was imperfect, due to varying degrees of confidence, training and time allowed for checks, at times presenting risk to the efficacy of the service and highlighting the dependency on venues. It was more successful where staff were trained, confident in what they were looking for, perceived they had time to do checks and also where there was space to remove those from queues who were not presenting the correct information. It is worth noting that ERP events were in many instances stewards' first encounter with Covid-19 status certification, and most stewards were rejoining the workforce having not been professionally active during the pandemic. This process would likely become smoother over time (although this was not tested by the ERP).
- b) Where venues had periods of low mobile data connectivity and WiFi, participants were impacted in accessing their NHS Covid-19 pass. This was particularly common when there was very high footfall or a place with known low mobile phone bandwidth. However, there was a preference for live presentation of the NHS Covid-19 pass rather than an offline or paper alternative. When attempting to show a live NHS Covid-19 pass within the NHS app there was a short time required to type in username and password for those that had not set up facial or fingerprint ID, or where it was not possible on the device. People often underestimated the time this would take, or preferred to get into a queue and undertake it as they moved along, which could affect queuing times. Since the conclusion of the ERP, 'wallet functionality' was added to the NHS Covid-19 pass, which enables users to download their NHS Covid-19 pass to their device. This can then be shown without the requirement for internet connection, helping to mitigate against this issue.
- c) There were two instances of certification checks being paused by venues while allowing entry to continue - notably at the EURO 2020 final although also at Silverstone (although for a short period of time), due to concerns about crowd management and the potential for crushing at gates, meaning

some ticket holders gained entry without proving their Covid-19 status⁴⁸. As this occurred on only two occasions at ERP events, it is expected that this would have had a limited impact on the findings.

- d) Certification increased entry times to venues, sometimes to the point where spectators missed the beginning of the events they were attending or it created a public safety challenge. Most venues employed additional stewards to support attendees preparing for entry, but in some cases this was not sufficient to allow all attendees to enter on time. Some stakeholders and ERP organisers reported insufficient steward availability, particularly of experienced and trained stewards. Relatedly, certification increased queueing times, with concerns raised around increased Covid-19 risk in queues plus security concerns about queues spilling over into roads, which can in turn create reputational risks for venues. Some venues implemented measures to mitigate against issues such as these, including staggering entry times to reduce queueing and introducing multiple entry points.
- e) The majority of those who had been vaccinated and arrived with a UK vaccination card, GP record or letter did not have to be tested on site, as they could access the NHS app or NHS.UK service on site through auto-verification. This meant they were able to enter the event considerably quicker than had testing been required. Limiting the information that an individual could see in the NHS app to just the NHS Covid-19 pass and not the health data behind it increased access to the app on site from approx 75 per cent to 96 per cent.
- f) The Gov.uk test result self-registration went offline once in Phase II and once in Phase III, and the NHS app was inaccessible at two points during Phase III. The first time, an issue with NHS Test and Trace meant that those using tests to verify their Covid-19 status were unable to do so, and on the second occasion the NHS app was unavailable due to a global outage of the platform which hosts the app. Event organisers were able to use text or email to confirm LFD test results, but this did not help those relying on their vaccination status to gain entry to these events.

4.59. As detailed at paragraph 4.26, DCMS also entered into a key partnership with Liverpool City Council and its partners including the University of Liverpool for

⁴⁸ The public disorder at the EURO 2020 final at Wembley was considered in an independent review led by Baroness Casey, published in December 2021.

delivery of Phase I of the ERP. A separate evaluation was published by the University of Liverpool in relation to pilot events held in the Liverpool City Region [SL/70]. This identified findings related to systems, biology and behaviour, for example, noting that the main barrier to testing was fear of losing income if having to self-isolate.

- 4.60. Insights from the wider testing of certification through the ERP informed the government's plans for mandatory certification in the September 2021 Policy Paper, *Mandatory COVID certification in a Plan B scenario* [SL/81/INQ000498450]. As detailed above, DCMS argued for a certification scheme which focused on settings of higher risk, rather than singling out specific sectors. DCMS also fed into policy discussions on the use of spot checks on entry to a venue rather than 100 per cent of attendees being checked. Additionally, DCMS also provided comments on a draft of the Plan B guidance for the NHS Covid-19 pass.

Sharing data from the ERP

- 4.61. Findings from Phase I were shared within government via an interim report to the Prime Minister in April 2021 and then published on 25 June 2021 [SL/58]. Findings from Phases II and III, including *Science Note - A self-controlled case series study to measure the risk of SARS-CoV-2 infection associated with attendance at an Events Research Programme event*, a summary of the Behavioural and Environmental study, and a capping document with an overview of the programme, its key findings and achievements, were published on 26 November 2021 [SL/28]. Additionally, the Covid-19 Analytical Hub⁴⁹ took the scientific findings of the ERP and modelled the economic effect of differing designs of Covid-19 restrictions on large gatherings and events. This analysis also informed the manner in which large gatherings and events were reopened and policies around Covid-19 secure certification. For example, the Covid-19 Analytical Hub provided information on the ERP's findings to DHSC to inform their development of a certification policy impact statement as part of their advice to DHSC ministers. DCMS also provided analysis on the estimated reduction in turnover for its sectors in the event of vaccine-only certification. [SL/82/INQ000498432; and SL/83 INQ000498433].

- 4.62. The programme's findings were also published on Gov.uk via the ERP Reporting Dashboard, which captured detailed management information from all ERP events from Phases I to III, including a breakdown of NHS Test and Trace data associated

⁴⁹ The Covid-19 Analytical Hub was set up in November 2020 within DCMS's central analysis team. It was established to work with the DCMS Covid-19 Hub on analytical issues concerning the pandemic which were relevant to multiple areas within the department.

with ERP events [SL/84/INQ000498428]. This NHS Test and Trace data could not be directly attributed to transmission occurring at a specific ERP event or venue itself, but could inform the impact on population health of staging events.

- 4.63. Within DCMS, findings were also shared with the Secretary of State via meetings with lead officials including the department's Chief Scientific Adviser. Prior to their publication, findings and the approach to their publication were discussed at the ERP's governance boards which, as per paragraphs 4.11 - 4.15, were jointly chaired and/or attended by other government departments, including DHSC, CO and BEIS. Attendees were privy to emerging findings throughout the programme. The publications were jointly cleared and released by DCMS and DHSC.
- 4.64. While the ERP was only conducted in England, information and findings of the research project and pilots were shared with the Devolved Administrations via a series of regular check-ins.

Utilising findings

- 4.65. As detailed above, the findings generated by the ERP were shared with multiple government departments prior to and after publication. The attendance of officials at the programme's governance boards meant that other departments received information on the ERP's development and delivery in parallel to DCMS. As such, while DCMS can speak to how we utilised the findings, other relevant departments would be best placed to determine how they did so.
- 4.66. It is worth noting that the ERP's findings should be interpreted within the context of the Covid-19 situation and the underlying Covid-19 prevalence at any given time⁵⁰. When findings were presented to other government departments (and when they were published), the ERP was clear that the results would not generalise to other contexts and would depend on a mixture of factors including, but not limited to, individual/crowd behaviour, ventilation of event space, time spent at an event and vaccination coverage. The findings noted that these factors must be taken into account when considering the overall conclusions and the policy and public health implications of the programme. A different epidemiological situation may have resulted in different results from the studies conducted.
- 4.67. Against that background, findings from the ERP informed DCMS's guidance, most prominently in the 'events and attractions' guidance, as well as other relevant

⁵⁰ Phases II and III of the ERP were set against a background of rising infection rates driven by the Delta variant (B.1.617.2), plus an increasingly vaccinated population, and results were considered through this lens.

guidance (such as guidance for hotels and sports facilities), and the department's work around social distancing. This guidance was aimed at stakeholders across DCMS sectors but in some cases (such as the events and attractions guidance) had a broader reach. For example, the events and attractions guidance included specific advice for organisers or events in any type of venue, including the types of venues studied in the ERP. This advice included a list of risks associated with specific settings or events, based on ERP findings, and recommended taking additional steps (such as crowd management measures) to manage risk.

- 4.68. Findings also influenced the government's proposal for mandatory vaccine-only certification in a Plan B scenario. As detailed above, the ERP governance boards were attended by other government departments, including CO and DHSC. As the departments leading on delivering the Spring 2021 Roadmap, they may have considered the ERP's findings in their work.
- 4.69. The department's proposed approach to reopening in 2021 sought to ensure that those venues which had been affected by capacity caps which were in place during the tier system in 2020 would be economically viable, once open. In late January 2021, when CO began considering a lockdown exit strategy, DCMS recommended an increase to the previous percentage capacity caps and advocated a move away from absolute numbers [SL/85/INQ000182255]. This was supported by findings from Phase I of the ERP. In the event, however, when larger sporting events and performances with live spectators and audiences resumed at Step 3, from 17 May 2021, the capacity caps were largely the same as those used when the tier system was operational with the addition of a special provision for large, outdoor seated venues with a capacity for 16,000 or more people being introduced, allowing up to 10,000 people or 25 per cent of total capacity (whichever was lower) to attend.
- 4.70. The findings from the ERP also informed DCMS's position on ventilation in September and October 2021. Officials recommended that findings from the ERP should inform the strategy for businesses to adhere to appropriate ventilation standards and that sectoral advice on ventilation standards should remain as guidance only to incentivise positive action [SL/86/INQ000182263 and SL/87/INQ000092579].
- 4.71. As detailed above at paragraph 4.58, the ERP led to findings on WiFi availability and the showing of a live NHS Covid-19 pass within the NHS app. Following the conclusion of the ERP, 'wallet functionality' was added to the NHS Covid-19 pass, which enabled users to download their NHS Covid-19 pass to their device, which

could then be shown without the requirement for internet connection, helping to mitigate against this issue.

- 4.72. Finally, it is worth emphasising that the ERP was delivered in parallel with the roll-out of the Covid-19 vaccination programme, the ultimate success of which meant a reduced emphasis on non-pharmaceutical interventions and the evidence from the ERP in subsequent policy decisions.

Successes, limitations and lessons

Successes

- 4.73. The ERP advanced the understanding of the risk of transmission of Covid-19 at large events and explored how to mitigate against this. It allowed for new levels of scientific research into large events, and a number of firsts, including bringing audiences back to 100 per cent capacity in some events and the largest gatherings of spectators with pre-event testing anywhere in the world. This attracted global attention as a consequence.
- 4.74. The programme successfully used a combination of environmental and behavioural research to assess and mitigate the risk of transmission. This included the installation of over 750 temporary cameras capturing over 9,300 hours of video footage with over 275,000 individual data points extracted, alongside the monitoring of 179 individual spaces using 370 CO2 monitors, which logged data every two minutes. The self-controlled case series method was applied within the ERP to measure the risk of transmission associated with attending an event⁵¹.
- 4.75. The ERP also included a focus on an area of scientific study relating to risk-mitigation at events. It has provided important evidence on the variety of settings and differences within venues such as ventilation systems, venue design, and attendee behaviour. Researchers working on risk mitigation, related to a pandemic environment or otherwise, will be able to draw on the ERP's findings and the evidence can also inform further improvements to guidance for event organisers.
- 4.76. The evidence generated by the ERP allowed venues and event organisers to consider incorporating ventilation strategy, occupancy, operations, space utilisation, and people movement alongside other factors within existing practices and develop an overall risk assessment tailored to each venue. The findings from this research

⁵¹ The self controlled case series method is an epidemiological study design for which individuals act as their own control i.e. comparisons are made within individuals. This method compares the occurrence of an outcome during periods with and without exposure in the same person.

informed policy, guidance and practice more widely as Covid-19-related restrictions were lifted, in particular the use of certification. While, as detailed above, the successful roll-out of the Covid-19 vaccination programme reduced emphasis on non-pharmaceutical interventions and the evidence from the ERP in subsequent policy decisions, the approach and findings do provide a foundation for future research into the risks of transmission of infectious diseases from attendance at events.

- 4.77. The programme was also successful in demonstrating that events could be reopened safely, which benefitted organisers, the live events economy more broadly, and participants. The ERP disapplied regulations which placed restrictions on spectators. Had the ERP events taken place outside of the programme, they would have done so with fewer spectators or none at all. In addition, many of the events undertaken as part of the programme were televised, as well as receiving widespread media attention, which may have been significant in raising public morale.
- 4.78. Additionally, the programme was successful in working and delivering across a wide range of stakeholders. As covered further at paragraph 4.93, the collaboration between central and local government, along with the health, industry and research communities, has successfully demonstrated the potential positive impacts of a partnership working approach.

Limitations

- 4.79. The studies undertaken at events were subject to a range of methodological and scientific limitations, which are to be considered when interpreting the findings. These were described in detail in the protocols published on Gov.uk [SL/43], [SL/72/INQ00049846], [INQ000498456], [INQ000498411], [SL/73], [SL/71], [SL/88/INQ000498464], [SL/89/INQ000498458], [SL/90/INQ000498454], [SL/91/INQ000498466], [SL/92/INQ000498427], [SL/93/INQ000498460], [INQ000498461], [SL/80], [SL/94/INQ000498457]. Limitations are to be expected in a research programme such as this.
- 4.80. The programme was established and delivered at a fast pace, by individuals brought together from different organisations, and event organisers faced significant challenges in operationalising the requirements of the programme. Events that would ordinarily have taken months to deliver were delivered in weeks, which led to undertaking tasks in parallel that would ideally have been carried out in sequence. For example, the programme began engaging event organisers in parallel to establishing the governance structures and developing the research protocols. With

more time for an iterative process, it would have been beneficial to establish the detailed research design and requirements for events, as well as the necessary testing capacity, before moving into the delivery phase. This may have benefited the scientific outcomes and potentially have allowed for more events and an even greater range of settings to be considered.

- 4.81. Additionally, the disapplications referred to above only provided limited exemptions (for example, from the rules on social distancing and on face coverings) and therefore events undertaken as part of the ERP were still subject to the wider Covid-19 related instructions that were in place at the time, restricting the ability of the programme's events to mimic 'real life' settings. For example, ERP participants, while able to attend the events, were not always able to mix in venues such as bars prior to the events or stay at hotels.
- 4.82. There were significant challenges in establishing an effective data collection system for understanding large-scale public events, particularly as the ERP made use of existing test and trace systems which were not designed specifically for the programme. For example, the collection and linking of data was challenging due to privacy concerns, and event organisers do not always collect data on every attendee but rather the individual who booked. As a result, it was not always possible to fully reconcile data provided by event organisers with the health data collected by test and trace.
- 4.83. Testing infrastructure, particularly during Phase I, was a key constraint as pilots relied on the community testing network to deliver supervised testing for ERP participants. This system had not generally been used to test people on the scale which the prospective pilot events necessitated, leading to concerns about capacity, as detailed at paragraph 4.34.
- 4.84. Finally, a number of events were considered for inclusion but, for various operational reasons, could not be incorporated into the programme. In one case (Hot Water Comedy Club, Liverpool), the event organiser withdrew from the programme following abuse and threats from members of the public opposed to the Covid-19 vaccination programme and the use of Covid-19 status certification (so-called 'vaccine passports'). It is not possible to quantify the limiting impact these factors had on the overall success of the programme but it is likely to be low given the range and scale of events that were successfully undertaken across the three phases of the programme.

Lessons learned

- 4.85. As described above, the ERP was a large science-based programme working across government and delivering a novel combination of environmental and behavioural research. The ERP enabled DCMS, and other government departments, to learn lessons throughout and following the programme, through a mix of ad hoc reflections, post-event assessments and structured discussions with Board members. Some such lessons are directly linked to the programme's findings and could be used to inform test and trace policy and delivery more generally in the future, for example, learnings around the NHS app, as per paragraph 4.58, could be considered as part of a future certification policy. Other lessons focused more on the operational delivery of the ERP.
- 4.86. Throughout the programme, debriefings with event organisers following events gathered statistical information on attendance and capacity, alongside qualitative feedback on topics including stakeholder engagement, venue logistics and certification [SL/95/INQ000498447]; [SL/96/INQ000498446]. Additionally, for the later phases, this process sought feedback on the NHS app, which has been reflected in the published findings.
- 4.87. Our approach to lessons identification ensured we benefited from the reflections of the ERP's governance boards. For example, in a Phase I 'lessons learned' discussion at the Delivery Board in May 2021, DHSC reflected on the areas where improvements could be considered, including post-event PCR test uptake, and where automation or incentivisation could play a part [SL/97/INQ000498442]; [SL/98/INQ000498421]. While the aim in Phase I was for all participants to undertake a PCR test after attending an event to provide data on the risk of transmission, the programme did not achieve 100 per cent compliance (15 per cent returned both pre- and post-event PCR tests) as there was no incentive for participants to undertake the tests after the event.
- 4.88. The interim report shared with government departments and the Prime Minister in April 2021 provided an opportunity to consider lessons from the first phase, including a summary of lessons regarding testing. This noted an indication that asymptomatic test site capacity was insufficient, highlighting the need for test sites to be close to venues and noting the possibility that testing requirements may adversely impact consumer appetite [SL/99/INQ000269221]. This process enabled changes to be made to strengthen the programme, and in the subsequent phases unsupervised home testing was allowed to mitigate this. This learning was specific to the ERP, but

could be considered or applied to a potential test, trace and isolate or similar policy in the future.

- 4.89. To further this approach to identifying lessons, in July 2021, a plan for a series of thematic workshops with other government departments following the ‘winding down’ of the ERP was proposed to take place in September and October 2021 [SL/100/INQ000498445]; [SL/101/INQ000498438]. The workshops were designed to cover: operational delivery and organisational lessons, to be led by DCMS; public health and transmission risks to be led by Chief Scientific Advisors and PHE; and certification to be led by NHSX [SL/102/INQ000498437]; [SL/103/INQ000498449]; [SL/104/INQ000498431]; [SL/105/INQ000498439]. These sessions were to provide a forum to reflect on science, policy and operational questions from across the programme.
- 4.90. The public health and transmission risks session, chaired by Professor Tom Rodden, Professor Paul Monks and Dr Jenifer Smith in October 2021, found that complex counterfactuals had not been considered in the research, for example, that attending a festival might be less risky than not attending a festival if the individual undertook different activities such as attending a higher risk pub over several evenings instead. The session also identified that the contextualisation and generalisability of the ERP’s results was an issue, noting the need for clarity on what can and cannot be inferred from the results to avoid inaccurate conclusions being drawn. Limitations and contextual notes were subsequently included in the findings documents. I have referred to these limitations above.
- 4.91. This session also identified that the ERP did not have the parameters to develop a complex risk plan for infection and that there were still many unknowns about Covid-19 as an infectious disease. The workshop noted that appropriate mitigations are best adopted as part of a hierarchy of controls, such as an enhanced ventilation strategy, requiring the wearing of face coverings and reducing crowding. While these findings can be used to inform policy, a future such programme would benefit from an overall risk register setting out how to model risk for events with specific characteristics. Additionally, better linkage between the environmental-behavioural context and transmission in specific settings would help with risk modelling.
- 4.92. In addition to these formal lessons identification sessions, the ERP has also provided useful learning on the ways in which we work. For example, DCMS’s working relationship with the CO Covid-19 Taskforce was enhanced by our input being firmly

grounded in science and data as a result of the transformation described above. This led to CO's decision to have the ERP as part of the Prime Minister's Spring 2021 Roadmap, with DCMS able to set out proposals in a significantly more thorough and systematic way than we might have done only a year or so previously.

- 4.93. Additionally, the department benefitted from the direct 'on the ground' experience that the ERP facilitated. Working closely with a wide range of stakeholders, including other government departments and venue organisers, we were able to gather insights as to how the programme was delivering in real life settings, and therefore how government policies may translate into these settings. For example, learnings around the delays that certification could create at events fed into DCMS's position on spot checks, rather than checking 100 per cent of attendees for certification.
- 4.94. Finally, the cross-cutting approach to the programme demonstrated the effectiveness of joined-up working. The programme used a collaborative approach involving leading university research teams, a crowd dynamics consultancy, independent scientific and ethics advisers working in partnership with eight government departments and agencies, national and local public health leads, events industry stakeholders and 27 local authorities. Drawing on the expertise of this broad range of organisations was fundamental in the delivery of a complex and comprehensive programme.
- 4.95. Following the conclusion of the ERP, some members of the Science Board continued to consider the impact of the programme and its findings. For example, an article published in Nature Communications in August 2022 reflected on the design and evaluation of the programme and identified lessons relating to study design, access to data and robust evaluation⁵² [SL/106/INQ000498474]. Specifically, the article found that compromises were made in relation to delivering the programme at speed, but despite this the programme provided a sound basis for scientists, ethicists and policymakers and was a necessary research programme to undertake. To date, well over a dozen research papers and scientific commentary have been published relating to the ERP.

Section 5: Inequalities and vulnerability considerations

- 5.1. DCMS is the lead department for civil society. As detailed at paragraphs 2.74 - 2.77, DCMS supported with introductions to civil society organisations which could assist

⁵² The article '*Science in the time of COVID-19: Reflections on the UK Events Research Programme*' was published on 10 August 2022, authored by Theresa Marteau, Michael Parker and John Edmunds, all former Science Board members.

with enabling participation in NHS Test and Trace among population groups experiencing health inequality and social exclusion. DCMS also, through the Civil Society Stakeholder Group, joined up key voluntary, community, and social enterprise (VCSE) sector stakeholders with expertise in relation to communities and individuals disproportionately impacted by Covid-19.

- 5.2. As a public body, DCMS is subject to the public sector equality duty ("PSED") contained within Section 149 of the Equality Act 2010. As such, we undertook public sector equality duty analysis, including in April 2021 for the Events Research Programme pilots [SL/107/INQ000182636]. The analysis considered a range of protected characteristics including age, disability, pregnancy and maternity, sex, race, religion or belief and how they may be disproportionately impacted by a general programme of events. The analysis also considered less advantaged socioeconomic groups. The outcome of the analysis informed subsequent general policy for the events, such as consideration of the accessibility of venues chosen to participate in the scheme in Sheffield and Liverpool.
- 5.3. We also considered the possible disproportionate impacts for individual events taking part in the Events Research Programme, to aid the department's engagement with event organisers [SL/108/INQ000182642]. For example, event organisers for the first pilot in Liverpool in Spring 2021 were aware that the purpose of the pilot was not to generate profit or give them an advantage over similar businesses. The ticket prices were set at a relatively low level to allow as wide an audience as possible to attend, while ensuring the event organisers were able to cover the costs of the event.
- 5.4. Initially the Science Board strongly advised caution for Clinically Extremely Vulnerable (CEV) people attending ERP events on public health grounds. At the beginning of Phase I, CEV individuals were not eligible to participate in ERP events, given the exclusion criteria set for the research study which identified an additional risk of transmission. Following stakeholder consultation and feedback from a number of disability groups, in April 2021 the Science Board reviewed this approach and clarified that the decision to attend lay with the individual. The Science Board still strongly urged caution for the clinically extremely vulnerable and attendees were made aware of the increased relative risk of contracting COVID-19.
- 5.5. Additionally, in May 2021, DCMS held a meeting with stakeholders to seek views on how accessibility could be considered in the design of Phase II of the ERP [SL/109/INQ000498443]. The Venues Steering Group, at which the ERP was often discussed, also included representation from accessibility stakeholders.

- 5.6. Additionally to the ERP, on 29 April 2021, DCMS attended a challenge session chaired by the DHSC Permanent Secretary which sought to address health inequalities in the wider government pandemic response [SL/110/INQ000182638]. At that session, I raised potential impacts for disadvantaged groups of people, drawn from engagement across DCMS sectors, including unresolved issues around testing and vaccine programmes for volunteers and voluntary service users. We discussed that such issues may have been limiting the ability of these organisations to overcome health inequalities, for example noting that not all local authorities had community testing sites, which was more acute in rural areas, and that volunteers could have been discouraged by twice-weekly testing.

Section 6: Lessons for the future

- 6.1. As set out in this statement, DCMS was not a lead department on the design or delivery of the NHS Test, Trace and Isolate system. We have therefore not undertaken lessons identification work on the policy or its delivery, as this would be the remit for lead test, trace and isolate departments.
- 6.2. However, as detailed above, the findings of the ERP will be beneficial for government, researchers and event organisers in the future. The ERP team was stood up specifically to manage the design and delivery of the programme. It was disbanded in August 2021 after the ERP concluded its events and had published findings. As set out in paragraphs 4.85 to 4.95, DCMS did undertake lessons learned exercises in relation to the ERP, throughout and following the programme. Both the findings and lessons learned can be used by DCMS, other government departments and wider stakeholders in the future.
- 6.3. The experience of the pandemic taught DCMS that a permanent team was required to ensure that the department was better positioned to respond to future emergencies. This led directly to the creation of the Incident Response Team in September 2022. This team builds the processes and procedures that are needed to work seamlessly with a wider cross-HMG response and it ensures that DCMS is properly engaged with the development of the UK Government Resilience Framework that will strengthen our collective resilience to a range of threats, including pandemics.
- 6.4. A further learning for DCMS is the importance of ensuring that central government guidance is relevant to DCMS sectors. As explained at [public messaging section],

DCMS adapted text as needed and provided an explanation of the relevant information for the sector, making it accessible and effective.

- 6.5. DCMS has also identified a learning from the Film and TV Production Restart Scheme, noting that a shared register of key guidance changes and decisions and their date would have been helpful. The guidance also stipulated a test approved by the Medicines and Healthcare products Regulatory Agency (MHRA) but it was not always possible to confirm this for all tests on the market, and it was challenging to agree a different wording for this with DHSC officials managing multiple other priorities.
- 6.6. More broadly, DCMS maintains strong working relationships with its stakeholders and is well placed to engage with them on behalf of central government in relation to test, trace and isolate or other pandemic-related issues. As such, DCMS would be well placed to take an advocacy role, reflecting the views of the sector into wider policy and decision-making.

Statement of Truth

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

Signed: _____ Personal Data _____

Dated: 12/06/2025