

OFFICIAL SENSITIVE

Covid Corporate Memory
Interview with Kate Joseph

Date: 9th July; 13.00; MS Teams call

Attendees: Kate Joseph (Director, Covid); Simon Girdlestone, NR (Covid Corporate Memory team)

PART 1: Intro (15 mins)
<p>Thank you for agreeing to have this interview as part of the Covid Corporate Memory project. This project has been set up to document and summarise HMT’s response to the pandemic. We have gone out to all Groups in the Department, reviewed ~900 documents, and are in the process of developing a written summary of what happened. This interview supplements our document review and is intended to help us learn more about how we responded.</p> <p>Today we will ask you some general questions about how HMT responded to the pandemic (resourcing and governance) and some specific questions tailored to you and your role. We don’t expect to cover all questions provided below; these are shared to help steer the conversation and make a good use of time.</p> <p>Information provided to us will be treated sensitively. If you have any concerns about this please just let us know. After this interview we will write up notes from our call and share these with you for your approval.</p>
<p>How did HMT resource our response to the pandemic?</p> <ul style="list-style-type: none">• How did we move internal resource to respond to the situation?• What was the impact of homeworking, how did it impact our ability to give the CX and other ministers the service they needed?• It has been said that HMT used lessons learned from previous crises in managing our response. Was this your experience? What lessons do you think we learned / put into practice?
<p>On Resourcing</p> <p>HMT did a good job on the most part. Testament to this is that the Covid-19 team has endured, the structure that was put in place early on has endured. This illustrates that it was likely the right structure and therefore reflects very good judgement early on. While HMT demonstrated ability to stand up whole teams at very short notice, there are questions over whether this could have been done even earlier in the crisis. HMT has benefited from a pool of resources from SPP, as HMT’s approach to project teams is exemplary, as unlike some OGDs, projects teams retain the ‘best and the brightest’.</p> <p>There has been a lot of turnover during the crisis. This has been managed well with strong continuity but there are inevitable downsides, such as not knowing who to turn to for help with a particular query. There are also questions over whether Kate’s own post should have been created some time before it was, as Dan York-Smith had to bear a lot of the Covid burden initially. Kate’s post was</p>

created in September, and not filled until November. While this partly because Kate couldn't be released from her role for some time, there was need for another Director a while before the post was advertised. Similarly, the two Covid Deputy Directors, Jonny and Alex, took on a lot of high profile cross-Whitehall work without quite enough cover. It was arguably a difficult time for Johnny and Alex at DD level, since they had to deal with very difficult negotiations such as with Local Authorities (namely Andy Burnham), and generally a lot of interactions with people more senior than them. For Dan York-Smith, Johnny and Alex, the workload was far more than it should have been initially.

Kate also highlighted that there isn't a Director General with full responsibility for Covid, rather each DG has interests in different areas of the crisis. For example, Beth Russell is responsible for CJRS. However, for the first six months of the crisis, Clare Lombardelli was heavily engaged. But the Covid Team is the only place where it is all pulled together. This is different from the approach in some other departments.

There is a question whether there had been much thought to the ambassadorial nature of the Covid team's role across Whitehall, and perhaps not necessarily enough either to establishing central mechanisms to drive policy outside of fiscal events.

How did we govern our response to the pandemic?

- What was the governance approach as you experienced it? To what extent were the agreed formal structures followed in practice?
- Who were key decision makers?
- How transparent and robust was this approach?
- How well did HMT work:
 - Across directorates?
 - With key partners such as the Bank and OBR?
 - With other specialists, such as SAGE and CMO/CSA?

On Governance

In the early stages of the pandemic, the Covid-19 Response Board was set up as a form of governance. However, this evolved into a forum for information sharing, which led Kate Joseph to disassemble the board. This is symptomatic of the challenge of the large number of boards across HMT, as the CV19 board and team were required to report to a number of other boards in web of governance. This meant that the Covid Response Board never had a decision making platform in practice, functioned for information sharing.

Despite this, there was robust governance over individual projects. The problem is that the Covid-19 Team lacks leverage to drive work or push for contingency plans. Other than the Chancellor, and perhaps Dan York-Smith during fiscal events, there was not a particular individual or team who could direct policymaking as a coherent package, and guide it down one avenue or another. Kate highlighted that HMT needs to work on ways to bring everything together, as there isn't a way to do that currently aside from Budget process. As a result of this, Covid policy has been a bit piecemeal, if there had been a controlling mind overseeing everything, then perhaps end products would have been slightly different. However, a change such as this is hard to implement.

PART 2: Interview specific questions (25 mins)**Governance and decision-making cross Whitehall**

- Especially in the later stages of the response, many of the submissions suggest that decisions were being made without HMT involvement (e.g. Test and Trace / senior appointments / routine testing). What is your experience of this?
- By the time we get to stage 5 (December 2020 onwards), there is a lack of formal submissions to CX. Why is this? (we may just not have the data)
- What are your reflections about the relationship between HMT and No.10 / Cabinet Office? How did this impact our response?

After November, there was increased awareness in the Department that acceptance that the public health imperative had to take precedence over the winter. There was a shift to the view that until the disease was under control, there would be no moving on. This is why November was the last time CX tried to argue economic route rather than national restrictions, but lost to 'lockdown light'. HMT had been arguing economic restrictions would be catastrophic and should be avoided, but it became clear CV19 was worsening again as we went into winter. There is also the shift in economic climate, as by Autumn HMT was more secure in its ability to finance the spending, the markets had stabilised, there were signs the economy was adapting, and support schemes had some proven success. After this, CX's approach shifted to one that continued to interrogate the data provided by OGDs to good effect but on clinical terms. Importantly, the CX was no longer questioning the basis of proposals, just the data.

There was strong value placed on messaging within HMT, after the first lockdown public comms had led to overcompliance and the de facto closure of the construction sector for example. Therefore, going into the winter HMT placed strong pressure on making public messaging clear to prevent this happening again. While there was broad acceptance cross-Whitehall that economy the was vital, the Whitehall argument was that closing the economy was the best thing for the economy. Clare Lombardelli fought back on this equation, but this formed a large part of HMT's position and XWH interactions during the Autumn and Winter. Eventually, there began to be recognition that this theory was flawed.

Cross-Whitehall Relationships

Overall, XWH relationships got a lot better. The Covid Taskforce and James Bowler's arrival helped with this, as interactions became generally more process focused. This was aided by the December realisation that decisions needed to be made with CX, rather than made and then retrospectively reported to CX. Added to this, CX no longer pushing back with strong opposition to proposals. By the time we were entering Lockdown 3, there was a much more joined up process with far better communication.

Other stakeholders

Negotiations with Local Authorities were very strained. Jonny and Alex were both DDs and did not have the power in these very difficult conversations. Kate Joseph was involved with OGDs on HMG policy strategy but not spending.

One area in which there was an issue was travel. There was originally no HMT team that leads on

travel, now the CV19 team lead on travel. The difficulty in placing this team raised the question of how to organize the department when there is no logical home for an issue. Another example of this is that the vaccines team have been moved around several times. However, the vaccines team have done brilliantly in spite of that.

Vaccines

- Can you tell us about how decisions were made about vaccinations? This includes:
 - Speculative future procurement of vaccines
 - Import of vaccines from manufacturers, especially given pressures with Europe and EU exit.
 - Delivery of vaccines to the public, including logistics and prioritisation decisions

The big decisions on vaccines, namely that HMG would ‘place a lot of bets’ on different vaccines was made a while before Kate began her role. Kate highlighted that Serina Ng and Phil Duffy would be good to speak to as they were heavily involved in the process. When Kate started, her role both Pfizer and Astra Zeneca were approaching approval, and therefore policy was vindicated. The vaccines procurement can be considered an early mover advantage.

On Deployment

CX went with public health advice. This advised vaccinating the vulnerable first rather than vaccinating those most likely to transmit (ie the young). This was because of the heightened pressure on the NHS, and was a straightforward decision-making process with agreement from HMT.

There has been some thinking about re-vaccination, procurement of the next load, and security of supply. However, this is largely out of our time scope.

PART 3: Close (10 mins)

What else do we need to be aware of?

This can be things you’d like to tell us now, documents to review, or a follow up conversation.

It is worth thinking about in the way HMT organizes and governs itself, as the issues that emerged during Covid are still ongoing.

Overall, what do you think HMT did well? What was more of a challenge?

Thank you for your time.

- Our next steps include further interviews and document review, which will then be written up into our final outputs. A first draft of these is going to our Editorial Board on 19th July.
- We may be in touch with further questions, and please do reach out to us if you have additional points to raise with our team.