

Public Administration and Constitutional Affairs Committee

Oral evidence: Covid 19 Vaccine Certification, HC 42

Thursday 27 May 2021

Ordered by the House of Commons to be published on 27 May 2021.

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Members present: Mr William Wragg (Chair); Ronnie Cowan; Jackie Doyle-Price; Rachel Hopkins; Mr David Jones; John McDonnell; Tom Randall; Lloyd Russell-Moyle; Karin Smyth; John Stevenson.

Questions 60 - 189

Witnesses

I: Rt Hon Michael Gove MP, Chancellor of the Duchy of Lancaster; Dr Sue Hopkins, Epidemiological Consultant, Public Health England; and Kathy Hall, Director General, Delivery, Covid-19 Task Force, Cabinet Office.

Examination of witnesses

Rt Hon Michael Gove MP, Dr Sue Hopkins and Kathy Hall.

Q60 **Chair:** Good afternoon, and welcome to a public session of the Public Administration and Constitutional Affairs Committee. I am delighted to be joined this afternoon by three witnesses and our primary focus will be on the subject of Covid certification. Can I ask each of our witnesses to introduce themselves for the record, starting please with Michael Gove?

Michael Gove: I am the Chancellor of the Duchy of Lancaster and Minister at the Cabinet Office.

Dr Hopkins: I am the Chief Medical Adviser for NHS Test and Trace and the Strategic Director for the Covid-19 response in Public Health England.

Kathy Hall: I am the Director General of the Cabinet Office Covid-19 Task Force and supporting the Chancellor of the Duchy of Lancaster on the certification review.

Q61 **Chair:** Before we launch into our main business, it would be remiss of the Committee not to momentarily at least dwell on some of the issues that were raised at yesterday's epically long Committee. We shall not be detaining you all for that long, you will be relieved to know. Can I read a



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quote that was read yesterday? “We have got big problems coming. The Cabinet Office is terrifyingly shit—no plans, totally behind the pace”. Now, Mr Gove, you were and are Minister for the Cabinet Office. Do you agree with Mr Cummings’s assessment?

Michael Gove: No.

Chair: With that, can I go to Karin Smyth, please?

Q62 **Karin Smyth:** Sorry, Chair, a succinct answer, you do not agree with it but you were also the holder of the National Risk Register. Was the National Risk Register prepared for what came?

Michael Gove: The National Risk Register is a way of ensuring that those in the Cabinet Office and at the centre of Government can work effectively with individual Government Departments. Individual Government Departments are there to own the response to particular anticipated risks. For example, with a pandemic response, the Department of Health and Social Care would be the lead Department and when it comes to flood risk then the Department for Environment, Food and Rural Affairs, where I used to work, would be the lead Department and so on.

Q63 **Karin Smyth:** The National Risk Register—and we have discussed this before in Committee—was late and was delayed from 2019 to 2020. Was it up to date at the time we are talking about, in March last year?

Michael Gove: Yes. Of course, by definition, as the Committee knows and has quite rightly pointed out, it is refreshed in order to make sure that our experience, our judgment and our analysis of evolving risks changes over time. For example, to take an issue that I know is of interest and that is not directly related to today, the National Risk Register is being updated and has to be updated to take account of the increased risk from hostile actors using cyber as a means of posing threats to critical national infrastructure. It does need to adjust over time.

Q64 **Karin Smyth:** Contrary to what we heard yesterday there were plans. You had a plan. The Cabinet Office had a plan. It had assessed the risks and those risks were being managed, as far as you are concerned, at the time we are talking about in February and March of last year?

Michael Gove: There were plans in place to deal with a pandemic. The most likely pandemic that was anticipated was a flu pandemic. As a number of people have pointed out, to take a case in point, plans for a flu pandemic had meant that a particular set of stock of personal protective equipment had been prepared. It was the nature of the coronavirus pandemic, a novel virus, that meant that we had to adjust to deal with a new situation.

While of course there are important lessons to be learned, and of course there were mistakes that were made, I would say two things. Other western democracies were also faced with these challenges and were also



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learning in real time how to deal with them. They have also committed, as we have, to different types of public inquiry so that appropriate lessons can be learned.

Q65 **Chair:** Thank you. On to the main business, if I may. Mr Gove, how long has the idea of Covid certification been under consideration?

Michael Gove: It has been under consideration now for a few months because we recognise that the example of Israel—a country that introduced a green pass certificate system—provided the potential for this country to be able to open up more of the activity that had been necessarily restricted in order to reduce the spread of the virus.

Q66 **Chair:** There was no consideration by Government of studies or reports or policy briefings before the launch of the review?

Michael Gove: There certainly have been debates about what the best way might be of allowing venues in which people inevitably mix socially to reopen, so there will have been consideration at different times of what the testing protocols might be or what other regimes might be in place in order to ensure that people can congregate in as safe a way as possible.

Q67 **Chair:** Were there physical policy briefings that, for example, you could furnish the Committee with?

Michael Gove: I will do my very best. It is the nature of policy advice that is given to Ministers that it should remain confidential. It is a longstanding principle. Some disagree but I think it is important. I will certainly go back and would be more than happy to furnish the Committee with the best available timeline of when different options were considered during the course of our evolving response to the pandemic.

Q68 **Chair:** The vaccination programme has been a great success and that began in December. Lockdown restrictions are being steadily eased and that began in March. Why has the review perhaps come later in the day than it might naturally have best sat?

Michael Gove: One of the things that we wanted to do was to make sure that we had the best possible assessment of evidence and arguments. Covid status certification is a tool. It is not an end; it is a means. It is a means to ensuring that we can open up more of our economy and society.

I briefly mentioned the example of Israel. I had the privilege of visiting Israel with Professor Jonathan Van-Tam and others to see how the system operated there. Obviously, there are cultural and other differences between us and Israel but it undoubtedly helped in the opening up of Israel's economy and society. What we want to do is to see whether there were analogues to our approach here from which we could learn.



Of course, it is the case that a role for Covid status certification in opening up has been made but, as we have been assessing it, we have also seen that as well as the benefits that can accrue there are challenges.

Q69 **Chair:** What is the methodology behind the development of the review?

Michael Gove: We have taken more than 50,000 public responses. What has been particularly useful has been an opportunity to see practically on the ground how Israel's green pass has operated and to talk directly to the people who are responsible for the sorts of venues in which social mixing takes place. Our thinking has been informed all along by the clinical and scientific advice that is available to the Government from the Chief Medical Officer, Deputy Chief Medical Officers and those with expertise in Public Health England and elsewhere.

Q70 **Chair:** You mentioned the example of Israel. Are they still using the green pass in Israel?

Michael Gove: They have decided now to dispense with the use of the green pass in Israel. That is not to say that at some future date they may not see the need to spark up the infrastructure again, but I understand they believe that the rate of vaccination has been sufficient for them now to feel that it has served its purpose. Indeed, it was always intended to be the case for any form of Covid status certification in the UK that, were we to embrace it, it would be for a limited time period.

Q71 **Chair:** When will the review be published?

Michael Gove: We hope to update the House of Commons when we return after the recess. There is an opportunity to consider some significant outstanding factors but we hope to be able to explain what our approach will be when the House of Commons returns. Of course, people have quite rightly linked Covid status certification to stage 4. There is no absolute necessarily ironclad inviolable link between the two but naturally, as we contemplate reopening at stage 4, people will understandably want to know what our approach towards certification will be and how that will operate.

Chair: Thank you. I will bring in other witnesses as we go, but if we go across please to my colleague, David Jones.

Q72 **Mr David Jones:** Mr Gove, some of our witnesses have expressed some scepticism as to the utility of a system of Covid status certification. We heard from Professor Jo Wolff, who said, "You can see behind people's thinking here is the idea that if someone has a vaccine they are safe, that they cannot pass on the infection and so they can go to public places, but we don't know that at this point. We don't have robust scientific evidence and so it could be that the vaccine certificates could be rather dangerous in that they could give people a false impression of safety when they are still infectious". Similarly, our colleague, David Davis, said, "The fundamental question is what problem you are trying to solve and



whether there is an easier and less intrusive way of doing it". What is the problem, would you say to which certification is the solution?

Michael Gove: Certification can be a tool that means we reduce the risk of transmission and make venues and activities safer, but both Professor Wolff and David Davis are right to stress that there is a balance here. You can never make any venue or activity completely safe and quite rightly, as has been pointed out, even two doses of vaccination does not automatically inoculate someone completely against the risk of infection, transmission or indeed ill health. What it does do is dramatically reduce the risk. If one can have confidence that people in a venue have been vaccinated, or have immunity in another way or have recently received a valid test that confirms their negative status, you know that that venue will be safer. Set against that of course must be the question about the cost and the hassle factor that certification will involve. There always must be a balance between the two and, in that sense, I think both previous witnesses were right to stress that.

Q73 **Mr David Jones:** You said it will make the venue safer but clearly it will not make the venue safer for those who have already been vaccinated. Professor Wolff made the point that we still do not know whether vaccination will stop those who have been vaccinated from being infectious so far as other people are concerned. If that is the case, do you agree that the value of certification is somewhat dubious?

Michael Gove: No, I would not say that it is dubious but I would say that it must be set against potential costs. When it comes to science one of the points that has been made to me is that we need to behave with a certain level of epistemic modesty. That means, of course, that science is the most robust and rational way of making judgments but as new evidence emerges we have to refine that judgment.

We do know that one dose of vaccine significantly reduces the risk of being infected, two doses even more so but we also know that with the new Indian variant, the 2 April variant, that there is a greater risk in some cases of transmissibility. We are refining exactly what that greater risk is and we are also attempting to refine exactly how much protection a vaccine brings. Percentages are attached to that and these percentages are the product of sophisticated research but they are in themselves, and can only ever be, attempts to encapsulate where knowledge is at the moment rather than having a perfect and inviolable truth. If I am wrong in that analysis, I know that Sue will put me right. I have tried to explain it in general terms.

Dr Hopkins: Very happy to. We know from the original B117 variant, which was circulating with high frequency in December, January and February in this country, that the vaccine reduced the risk of transmission by about 50% both in household studies performed in England and in Scotland. It also reduced the risk of asymptomatic infection in healthcare workers by about 70%, so that meant that if you do not have even an



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asymptomatic infection by regular testing that can be detected then the risk of transmission of course is not there either.

However, we are cautious with B1617.2—the variant that first arose in India—as with this variant we do not have measures of reduced transmission or measures of reductions in asymptomatic infection. We do know that two doses of the vaccines that are currently in use in the UK provide adequate protection against symptomatic infection but not asymptomatic¹ and, therefore, we are learning more every day.

Q74 Mr David Jones: When would you anticipate the system could be introduced, Mr Gove?

Michael Gove: We could introduce the system in stage 4 as I mentioned earlier, but I would say two other things as well. It is already the case that a significant number of people have downloaded the NHS Covid app. I think the number is 6 million now and it was 5 million a week ago. It is also the case that, as part of the events research pilots that we are undertaking at the moment, we are using both the technology and the methodology that underpins potential certification in order to see how things might work.

Q75 Mr David Jones: You mentioned the app. That I think already incorporates a status certificate. Is that right?

Michael Gove: Yes, I am just looking at my own one here, and my own NHS app confirms the date and nature and batch number of my two vaccinations.

Q76 Mr David Jones: Yes. Given that you have not finished your review yet, why is it that the status certificate has been introduced as part of the app? Is that not putting the cart before the horse?

Michael Gove: No, not at all. I think that, whatever decision is taken, having the infrastructure in place is a requirement of being able to move ahead. My experience has been that at the moment there is no requirement for people to download the app but the popularity of it shows the utility of the app and it serves many useful purposes.

Q77 Mr David Jones: It does, certainly, but so far as the status certificate is concerned the review has not been completed. I think a lot of people would feel rather uncomfortable that the app does include a status certificate when the Government themselves have not yet made up their mind about the utility of it.

Michael Gove: We certainly know that international travel—which we all hope to see return as quickly as possible and as widely as possible—will almost certainly require proof of Covid status certification. Vaccination has certainly been agreed by many countries and many jurisdictions as one of the most appropriate and reliable ways of providing that

¹ But we do not have sufficient evidence on the protection provided against asymptomatic infection. We are learning more every day.



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information. It is a service that the NHS provides and one that citizens are understandably anxious to take up, but there is no requirement to do so.

Q78 Mr David Jones: In terms of international travel, on 28 April the Transport Secretary announced that the NHS Covid app would be used for Covid status certification, but he said that he was in process of negotiating to have it recognised by other countries and, to date, no country has agreed to recognise it for entry. I repeat: do you not think these things should have been resolved before introducing the app in its current form?

Michael Gove: No. I do take the point of your questioning, but I think it would be worse if we agreed a protocol and then did not have the infrastructure in place in order to be able to operationalise it at that moment that that protocol was agreed.

Q79 Mr David Jones: The app cannot be used for the purpose of international travel as we speak, because it has not been agreed and it may well be that other countries decide they want a different form of certification.

Michael Gove: If an agreement were reached and we did not have infrastructure of this kind, international travel would take longer to resume.

Q80 Mr David Jones: Yes, but if it is agreed but not in its current form have we not wasted an awful lot of time on the current design of the app?

Michael Gove: No. I think what the app provides is authentic, reliable, testable information that any citizen can use. Let me hand over to Kathy who may say a little bit more about the work that we have been doing in parallel internationally.

Kathy Hall: The digital certificate and the Covid certificate are based on the WHO interim data standards for Covid vaccination. There are countries that have said they will accept either both or one of those. Obviously, there is wider advice for travel in terms of the green and amber list but there are countries that have said that because we meet those WHO standards they will accept.

Q81 Mr David Jones: Which countries are those, please?

Kathy Hall: Examples would be Iceland, which is on the green list, and has said that our certificates will be acceptable because of meeting the WHO interim data standards.

Q82 Mr David Jones: What about the US?

Michael Gove: I should think that, given America is anxious to ensure that its own citizens who have been double-vaccinated can also travel to the United Kingdom and other parts of Europe, an approach such as we



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have outlined will serve the interests of UK citizens who wish to travel to the United States as well.

Q83 **Mr David Jones:** The US has not agreed the app in its current form?

Michael Gove: No, but I think the US is extremely unlikely to say that the NHS's approach of providing reliable digital documentation or, in appropriate cases, paper documentation of vaccination is not adequate.

Q84 **Ronnie Cowan:** Very briefly just on the back of that, the EU and the Schengen countries have a travel certificate that they hope to roll out at the beginning of July, which will allow people to travel freely between all the countries in the EU and the Schengen Agreement. Is there not some mileage in that, that we can talk to our EU counterparts and see how they are doing this?

Michael Gove: We do.

Q85 **Ronnie Cowan:** Are they agreeing to use our certificate or are we agreeing to use theirs?

Michael Gove: As Kathy indicated earlier, we hope that we will be able to have a World Health Organisation-compliant approach.

Q86 **Ronnie Cowan:** Does that mean we are complying with the EU?

Michael Gove: It means that they are complying with us and with others.

Q87 **Ronnie Cowan:** The plans are for us to have a travel certificate that would allow us to travel freely through the EU and the Schengen?

Michael Gove: The aim would be that the individual countries or jurisdictions would agree mutually or plurilaterally or multilaterally to recognise each other's certification, much as they recognise the integrity of individual nations' systems when it comes to regulating, for example, other health protocols.

Q88 **Ronnie Cowan:** You are tripping over yourself here to avoid saying that we are going to agree with the EU, aren't you?

Michael Gove: I love agreeing with the EU much as I always love agreeing with you, Ronnie.

Q89 **Ronnie Cowan:** That is unusual.

Michael Gove: I think it is increasingly common, or frequent, I should say.

Chair: On that note of concord we go to John Stevenson.

Q90 **John Stevenson:** Mr Gove, what cost benefit analysis is being carried out or has been carried out in relation to certificate systems? Will the results of these be published alongside the promised review?



Michael Gove: Yes, we have been looking at every stage at the impact that certification might or might not have on the economy. To take a case in point, if we want to see the restoration of Premier League football—which I certainly do—in order for that to happen we would want to have, and indeed Premier League teams would also want to have their stadia filled to maximum capacity. Certification may play a role in that if the alternative were, for example, to continue with social distancing or some other form of restriction such as crowd capacity limits.

In that sense, and that is just one example, the deployment of certification and the investment in that infrastructure would enable the economic and social life of the country to return more quickly and safely.

Q91 **John Stevenson:** What costs are there to this potential certification system?

Michael Gove: The NHS is already investing in this technology, but I think there are also potential frictional costs as well if we have a form of certification. There would be costs in terms of testing for those people who have not received vaccination but wished to attend events. One of the points throughout—and this applies in Israel as well—is that you can demonstrate that you are a safer entrant, not a completely safe entrant, to a venue either through vaccination or previously acquired immunity or testing. The cost of testing is a factor as well, which has to be borne in mind.

Q92 **John Stevenson:** At present how is the balance between the costs and benefits, in your view?

Michael Gove: Finely balanced.

Q93 **Lloyd Russell-Moyle:** Mr Gove, what modelling has been carried out on the different scenarios in terms of the results of the next stage of easing if we have a vaccine or Covid certificate versus not?

Michael Gove: I was discussing this earlier today with, among others, Dame Angela McLean and Professor Jonathan Van-Tam. We know that it would have a beneficial effect in those venues where it was deployed but we must be careful not to overstate the effect that it would have. That is why, in my response to John's question, I stress that things are finely balanced. Again, I would like to refer to Sue here.

Dr Hopkins: Most events that people go to are smaller events, meeting indoors. That is where most of the transmission occurs. Clearly the risk of a large event, both travelling to the event, the socialising around the event and the event itself, can potentially be reduced by the use of testing, vaccination or, alternatively, knowing people's prior infection status. All those things together are likely to reduce the risk of transmission by 30% to 50%, not eliminating it as we have mentioned earlier but maybe even higher.

Q94 **Lloyd Russell-Moyle:** Having a vaccine itself is likely to reduce the risk



of transmission between 30% and 50%?

Dr Hopkins: Exactly, so based² on the B117. We do not have the data for the latest variant that is emerging. A negative lateral flow test shortly before entering the event reduces the risk of transmission by about 30% to 50%. We know that if you have had a previous infection, which we now set out to 180 days, the risk of reinfection is extremely low. Probably in the order of less than 20%³ of people get reinfection in that period of time.

All those things mean that we have an idea about the risk of infection of those individuals attending the event and, therefore, the risk reduction by having one of those things in place.

Q95 **Lloyd Russell-Moyle:** There was some very useful research done when we had the tiers that looked at roughly extrapolating that to what that would mean for R rates and what that would mean for the reduction of R rates. I know that we do not talk much about R rates at the moment, and hopefully we will be able to forget about them completely soon, but is there any level at that level to say, "If we do this, this is the level that the replication rate could increase to. If we do not do this, this is the difference it could make"?

Michael Gove: Again, we can make judgments and estimates but they always must be provisional, but yes, we can.

Dr Hopkins: I think we would say that it would be highly uncertain because these are only one of the events. If you take the example of going to a football match, people are only going to do that on an infrequent basis versus, for example, going to a bar at the moment that is open without certification.

Q96 **Lloyd Russell-Moyle:** Small nightclubs are not open at the moment, or larger nightclubs as well. I suspect that is where people are more interested in knowing whether the modelling has been done. Big events that are in cathedral-like venues, where there is lots of air circulation are of course going to have much less risk than sweaty nightclubs in basements where the sweat is dripping off the walls. I am sure that many of us have been in those types of venues at different times of their life. Those are the kinds of venues that people want to get back open. Is there a risk assessment on those kinds of venues for certification versus not?

Dr Hopkins: Yes. The Events Research Programme is looking at exactly that, looking at testing before the events, and as they move into the next phase we will be able to assess certification with vaccination versus testing. That is where we will get the more complete information rather than the estimates that we have now.

² This is the evidence for B.1.1.7

³ In the order of an 80% reduction in risk within a 6-month period



Q97 **Lloyd Russell-Moyle:** Will you be able to make copies of that research available before the announcement is made and potentially immediately to the Committee?

Michael Gove: Alongside any announcement we will lay out our best and clearest thinking about why Covid status certification might be appropriate in particular venues. You make a very good point: that a tightly packed indoor venue and a mass event outdoors are different things. Of course, there are challenges with a mass event outdoors, if people are travelling on the Underground to get there and so on, but absolutely.

Q98 **Lloyd Russell-Moyle:** Will you be able to give advance sight of that to the Committee?

Michael Gove: I will discuss it with the team. We want to make sure that people are as well-informed as possible. I do not know that we could, significantly in advance of any announcement about what we were proposing to do, be able to share all of our working but we will consider what we can do.

Q99 **Lloyd Russell-Moyle:** It would be nice for the Committee to get some of that data, so that we can publish our report in a fair and balanced way and potentially support your announcement in that. If the data is not there, we are not able to support your work.

Michael Gove: I do absolutely take your point. That is very kind, thank you.

Q100 **Chair:** Quickly, in terms of witnesses in the room, if you can speak directly into the microphone, as levels are quite low.

Mr Gove, quickly on international travel and use of certification, what about vaccines that are used in other countries that do not have authorisation in the UK? Will they be invalid for travel?

Michael Gove: This has been a debate in the EU as well, because there are some European countries that have used the Sputnik or Sinopharm vaccines and a question has been raised within the EU about their appropriateness.

Q101 **Chair:** Sorry to be parochial, but what about the UK's attitude to them?

Michael Gove: No, I am stressing that these issues, these questions are not unique to us. Again, I will be guided by the judgment of clinicians and scientists about the reliability and efficacy not just of the vaccines themselves but also the distribution system within the countries concerned.

Q102 **Chair:** They will not be valid in the UK?

Michael Gove: Again, I am not suitably equipped to make that judgment. I would defer to the judgment of others about the effectiveness of any vaccine.



Q103 **Chair:** With no disrespect to any of our witnesses, if not Government Ministers, who will make those decisions?

Michael Gove: The Government Ministers will make the eventual decision but they would be ill-advised, myself included—

Q104 **Chair:** Who will guide the Ministers?

Michael Gove: Ultimately, the Chief Medical Officer and his deputies, alongside other clinical and scientific advisers.

Q105 **Tom Randall:** We have talked about specific venues but, looking at the public as a whole, how is the risk of Covid to individuals and the public assessed and measured?

Michael Gove: There are a panoply of different ways in which we look at those risks. The different risks are the transmissibility of the virus and its variants; the extent to which people have acquired protection through vaccination or other means; and then the consequences if people were to be infected, either vaccinated or unvaccinated. Both the infection fatality rate, the likely hospitalisation rate and increasingly we have to take into account phenomena such as long Covid, which is a portmanteau term for a variety of conditions associated with people who have had the virus. We look at all of those.

The principal aim throughout has been to ensure that we can limit the spread of the disease so that the NHS is there to treat those in need and to advance the vaccination programme, because we know that it provides the maximum level of protection available.

Q106 **Tom Randall:** Would there be a threshold for introducing any certification system?

Michael Gove: The judgment would be to what extent, given everything else that we are doing, would it enable life to return to as close to normal as possible in as many venues as possible? Again, it goes back to the point that we made earlier, there is inevitably a trade-off. There is a cost and there is a hassle factor, versus confidence about these venues being safer. It goes back to Lloyd's point earlier that we can make some venues safer but it is a matter of judgment, on a spectrum.

Q107 **Tom Randall:** I am trying to understand if there is a threshold for introducing them and, also, because you mentioned earlier that it is going to be a time-limited programme. Is there a threshold for introducing a certificate and if we have a certification system how do we get rid of it? By what measure do we then remove them?

Michael Gove: Two important points. The first is a judgment overall about whether or not certification is the right thing to do has to be taken against the incidence of the virus in the country, the prevalence of any particular variant and its transmissibility, set against protection overall, vaccination being the most effective of it. Again, one of the things about the virus is that it has proved fools of all those—including myself—who



have sought to predict things too far in advance. That being said, I think we can be confident that a combination of the vaccination programme and, if necessary, booster vaccines later on this year would mean that we would have achieved a level of protection for the whole population that would mean that we need minimal and I hope zero restrictions on ordinary life.

I do not know if Sue thinks I am being unduly optimistic.

Dr Hopkins: Time will tell, but I think that is the right approach at the moment.

Q108 **Tom Randall:** If there is a set of thresholds, presumably based on those three points that you have set out, will those be applied nationally or regionally or internationally?

Michael Gove: When it comes to Covid status certification then it would have to be a national thing. You could imagine a situation where we say that we think that outdoor venues of a particular size are likely to have people congregating in such numbers that it would be appropriate, so if you were to take a threshold, for example most Premier League clubs with the exception of Fulham have stadia of above 20,000. I think the top eight or 10 teams in a championship have a threshold of around that, and that might be a judgment that you would make. Of course, you would apply that from St James's Park to Brighton and Hove Albion.

Q109 **Tom Randall:** If a national system is in place would that be on a UK-wide basis or will it be a matter for the devolved Administrations?

Michael Gove: You have put your finger on one of the challenges. We have been talking to the other devolved Administrations about the approach that we would take. The devolved Administrations to be fair to them—and if I have anything wrong in characterising their position I am sure that they will be in touch—broadly, the Welsh Administration sees a lot of merit in working closely with the approach that we have taken, but they want to come in behind and they want to see slightly more evidence of the efficacy of the approach that we have been taking. The Scottish Government does believe in the potential for domestic certification to play a role, but they take a slightly different approach towards the potential delivery of it. In the meantime, we are working towards an agreed approach towards paper-based recognition of vaccination and testing.

Of course, one of the big events coming up is the Scotland versus England match in the Euros at Wembley. We want to make sure that, in every sense of the word, there is a healthy contingent of Scottish fans at Wembley for that match.

Q110 **Lloyd Russell-Moyle:** Will there be exemptions, Mr Gove, from the system and what will the basis of those exemptions be?

Michael Gove: Yes, there will be. If we were to go ahead there would be clinical exemptions. There are some people as we know who cannot



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receive the vaccine either at all, or at certain times, and then there are other people for whom testing might be inappropriate. It is a team led by the CMO and DCMO's office that has drawn up a list of potential clinical exemptions. I might defer to Kathy just to say a wee bit more if that is necessary.

Kathy Hall: The HSE are leading thinking about what exemptions might be appropriate, as the Minister just described. I think there are also considerations about whether age exemptions would be appropriate, which is being worked through, particularly thinking about an unvaccinated population. Although there is secondary school testing there is not regular primary school testing, for example, and so that needs to be thought through.

Q111 **Lloyd Russell-Moyle:** With this, you have previously mentioned around antibodies. There is not any regular system of antibody testing for the public. Would that be incorporated in any sort of system that would give an exemption from a vaccine?

Dr Hopkins: In thinking about prior immunity we are thinking about people who have had confirmation of infection because we need to know a date, because what we are looking at is a date stamp of, "We know that you have had an infection in the last six months" and that is what we know is the protection against immunity. We do not have a level of antibody that we know is protective yet. Therefore, we would not feel very confident that an antibody test alone would be sufficient.

Q112 **Lloyd Russell-Moyle:** That would require a PCR?

Dr Hopkins: It is essentially people who already know that they have had the PCR test positive in the past, because that is a time-stamped confirmation of infection.

Q113 **Lloyd Russell-Moyle:** The app at the moment only shows under the travel section. You can download the vaccine part. If you look at my one it does not show that I tested positive in February-March 2020 but it does show that I have now had two vaccines. Is that going to be changed or corrected or is there going to be another system that is put on top? How is this system going to be integrated?

Michael Gove: There will be additional functionality in the app to record precisely that.

Q114 **Lloyd Russell-Moyle:** How do we make sure that we do not undermine the efficiency of the system if we are giving blanket age or blanket exemptions?

Michael Gove: At the time that any announcement will be made I think people would interrogate the exemptions, and they have been drawn in such a way as to be fair but not too extensive.

Q115 **Lloyd Russell-Moyle:** Have there been any international discussions? We have talked about it being used for travel for the vaccine part. Have



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there been any international discussions about the travel part including exemption?

Michael Gove: To the best of my knowledge there has been, but you make a very fair point because it may well be that there are some jurisdictions that might draw their exemptions more tightly than we do.

Q116 **Karin Smyth:** Can I pick up on that before I move to questions about science? In talking about this being a UK-wide look, have you talked with the Irish Government in terms of travel across the island of Ireland and venues that might apply?

Michael Gove: We have had some discussions with the Irish Government, not so much about the applicability of Covid status certification but about other travel and tourism protocols. It is important of course, because of the challenges and opportunities that the Common Travel Area poses, that we would want to have the fullest possible understanding.

As we all know, it is a separate jurisdiction and the Government of the Republic will make their own judgment about what the criteria might be for relaxing rules on entry to venues.

Q117 **Karin Smyth:** I was thinking more in terms of if we were going to go down the certification route and talking about how that might apply for people living in Northern Ireland who were moving north-south.

Michael Gove: It also applies in a way if we have a slightly different approach—although I would hope we have a very aligned approach—between Scotland and England. Covid status certification is designed to attach to venues, so in that sense it would depend on entry into the particular venue. For the sake of argument, if you were travelling from Northern Ireland to a venue in the Republic it may well be that the citizens of the Republic and the Government of the Republic have slightly different rules on what entry might be.

Even in the absence of Covid status certification, those rules might be different on either side of the border as we have seen at different times during the pandemic.

Q118 **Karin Smyth:** We want to talk about the scientific case. We have heard from leading experts on immunology, virology and primary care. Their evidence was clear about the large numbers of uncertainties that would make it difficult to know what the benefit impact of certificates would be. We are interested in what the Government's scientific case is for introducing Covid status certificates.

Michael Gove: I go back to what I said earlier. It can have a role to play in making venues safer.

Q119 **Karin Smyth:** What is the scientific case?



Michael Gove: The scientific case would be that, if you have a group of people in a venue and the people in that venue you are confident have either had the disease or are vaccinated or have recently tested negative, the risk of a super-spreader event, the risk of transmission, diminishes.

Q120 **Karin Smyth:** We would accept that it diminishes and you talked about cost benefits and that it was in the balance, I think you said. The evidence we heard was about the number of uncertainties that we are still experiencing with regards to new variants, transmissibility even after two vaccines. That I may test negative today but positive tomorrow or the day after. How long do you think it will be between a test or a vaccine or that status that you would be considered safe. It may be to Dr Hopkins. What we want to understand is that scientific base. Professor Brewer told us it was very much about a range of probabilities that would support any introduction.

Michael Gove: I think that is right. It is all about degrees of safety rather than absolute safety. As we heard earlier from Sue, we know that research is giving us a better understanding of precisely how effective one or two doses of particular vaccines are in dealing with particular variants, but there is no perfect safety. I will defer to Sue.

Dr Hopkins: I will come back to some of those points that I made earlier. If you had a negative test—the PCR test is the best standard—just before going into a venue the likelihood of you being able to infect or transmit to other individuals would be extremely low: in the order of maximum 5% at that point in time. If you had a negative lateral flow and it was within a very short period, again, the likelihood of you being able to be infectious and transmit to others is low but not as low; probably in the order of 30% to 40%. The longer the time period out from having that test the less certainty there is.

Equally, with vaccination we know that the optimal effect for a vaccination is at least two weeks after the second dose and we know that it probably grows a bit even beyond that. The data that we have particularly for the new emerging variant B1617.2 from India is highly uncertain and the knowledge that we have on vaccinations, particularly related to the previous strains that were in circulation.

Q121 **Karin Smyth:** Thank you for that. That confirms the evidence that we heard about the margin of uncertainty. It remains quite strong and I guess that is when we come back to the cost benefits. What they also told is essentially, given that level of uncertainty, that these were at best one of a number of measures to tackle Covid. The question is back to Mr Gove: what other measures do you anticipate will be kept even if certificates are introduced?

Michael Gove: I don't want to pre-empt the announcement that will be, I hope, on the 14th about progress towards stage 4. We want to have the minimum, but it has always been the case that we can deploy an armoury of non-pharmaceutical interventions. The most significant and



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important thing, of course, is the success of the vaccination programme, making sure that more people are vaccinated. That will make us all safer. You are right that Covid status certification could play a role but, again, we have to be appropriately modest about pinning a precise value on the role that it could play.

Q122 Ronnie Cowan: We have taken evidence from the hospitality, the sports and the performing arts sectors and they have been clear that they need to reopen. They are also clear that if certification can be avoided it should be. Do you agree with this assessment? If it can be avoided, what are your parameters to avoid it?

Michael Gove: If we can, yes, absolutely. Going back to the point that Lloyd made earlier, it is probably a few years, Ronnie, since you or I were heading to nightclubs but, by their very nature, they are a different type of environment to a seated restaurant when it comes to the risk of people spreading infection. The Prime Minister has indicated that, when it comes to standard bars and restaurants, it would be difficult to see certification deployed there. It might be the case in venues like nightclubs that you could see a role for it, but I go back to what we said earlier, which is it is a finely balanced judgment.

Q123 Ronnie Cowan: It is finely balanced but what is it based on: the effects across the United Kingdom, effects in a particular area? What would make that decision that you have to have a certificate or you don't have to have a certificate?

Michael Gove: We would do it on the basis of the type of venue or activity and we would do that—

Q124 Ronnie Cowan: I want to open up a nightclub. When can people come to my nightclub? What are you basing that decision on?

Michael Gove: It would potentially depend on the size and nature of Cowans, which I am sure would be a very attractive venue. The judgment if you opened it up in Renfrewshire would be for the Scottish Government. If you were to open it up in Surrey, the UK Government would make a judgment about whether or not the nature of your venue was one that may require Covid status certification to open.

Q125 Ronnie Cowan: I hear what you are saying. It is Inverclyde not Renfrewshire, the Cowans, but the point here is: what are you basing that decision on? If I have a nightclub here in Inverclyde, at what point are you saying people need a certificate? Is it the rate of infection in my local area or the rate of infection nationally? What are you using?

Michael Gove: The logic would be that in any jurisdiction, Scotland, Wales, England or Northern Ireland, you would have a set of rules. During the course of the pandemic Scotland has at different times said, for example, that you can dine indoors when dining indoors in England was not permitted, albeit without alcohol, because a judgment was made by the relevant authorities in Scotland about what the rules might be.



Similarly, we might say that there are types of venue and types of activity where Covid status certification can play a role. It is one of a number of non-pharmaceutical interventions that can help reduce the risk of infection and, therefore, a tool, a means, that can play a part in infection control.

Q126 **Ronnie Cowan:** I know what the certificate is planned to do. I understand where you are coming from. My question still stands: at what level of infection do you believe a certificate is required to be used? It must get to the point where we say the virus is no longer circulating, no one is being infected, everything is okay, we don't need a certificate. What is that level?

Michael Gove: As I indicated earlier, it will be when we reach a level of protection and immunity in the population where we can feel confident about that. I was bullish earlier in suggesting that that might be later this year or early next year. Sue quite rightly pointed out—

Q127 **Ronnie Cowan:** Surely we cannot do it by date. We have to do it with the numbers. You cannot say it will be August or September. The data should drive that decision not the time of year.

Michael Gove: Yes, but data change over time. We have seen how the Indian variant has created particular variants, as the Kent variant did, but whatever the nature of future mutations of the virus, it is the case that all the evidence that we have shows that the more people who are vaccinated the safer we all are.

Q128 **Ronnie Cowan:** Okay, we shall move on. The industries were concerned that having a certificate in place would make it more difficult for people because they want to spontaneously decide they are going to go to a venue and having to provide a certificate is going to take away that spontaneity. How would it be determined if certificates would be required to carry out a particular activity or enter a particular place? Now it is looking at the scale of a place, outdoor events, indoor events.

Michael Gove: Yes, spot on. I think it would be the case that were certification to be introduced you would probably have a different type of threshold for outdoor events than for indoor events. There are some events that might have a hybrid character to them. I think you are absolutely right as well to say that it is more difficult to envisage them in the sorts of locations that people will visit spontaneously, the pub for example. It is easier to envisage their deliverability in areas where people are likely to book in advance, say, for a Premier League match or a music festival. As with all of these things, there will always be, as we have seen throughout dealing with the pandemic, what one might call edge cases.

To take a case in point, there are some pubs that will have capacities bigger than many nightclubs and so it is important as we look at the nature of venues to think about the activity that goes on in those venues, the number of people who are likely to be there, and then try to make a proportionate judgment.



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If we possibly can and we get the virus down to a low enough level and we are opening more and more venues, we don't want to inhibit spontaneity. We just want to work with those who organise venues and activities that are so important to our lives to make sure that they can be as safe as possible, bearing in mind, as we discussed earlier, the costs and benefits of different approaches.

Q129 Ronnie Cowan: Would these restrictions be carried on to transport, trains, buses, planes?

Michael Gove: One of the things that we were thinking about with venues is that if you have a requirement that someone has Covid status certification before going to a particular event, and that event is one that is likely to lead to people congregating significantly, that is one way of reducing risk. No, we are not envisaging having it on corporation buses, on the Underground or such like.

Q130 Ronnie Cowan: Surely the places you have described are confined spaces. If I get on a plane I am sitting beside somebody and there is somebody sitting to my left and to my right. That is as confined a space as I can think of right now, and I won't need a certificate to get on a plane?

Michael Gove: At the moment, of course, there are protocols in place to allow people to fly within the UK and to a limited range of outlets beyond it. There are specific rules in place to seek to limit infection and it is appropriate that, for example, when we are thinking about international travel that certification could play a role in significantly opening that up.

Q131 Ronnie Cowan: Are you saying that there are services and even places that you think are so essential that they could not be subject to a certificate requirement?

Michael Gove: Yes.

Q132 Ronnie Cowan: Places and examples?

Michael Gove: A Jobcentre, a library, essential retail, Government offices and so on. I don't think it would be right or wise under any circumstances to require certification for those.

Q133 Ronnie Cowan: Generally I am at a bit of a loss as to what we are trying to achieve with a certificate. If I can move freely on a bus and I can go to the Jobcentre, am I not at risk of transferring the virus just as much as I would be if I was sitting outside in a beer garden?

Michael Gove: We cannot reduce risk altogether and we must allow the activities that human beings need to engage in to continue, but we do know that there are certain venues where certification could play a role in reducing risk. We also know that certification will play a role in facilitating the opening up of international travel. As I mentioned right at the beginning, Israel found that certification played a significant role in helping to open up its entertainment and sporting sectors. Israel has now



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reached a judgment that the level of vaccination and the level of infection is such that it no longer needs that form of certification. It clearly helped there; it could help here but there are significant differences.

Q134 **Ronnie Cowan:** If I understand this correctly, right now we are drawing up a list of types of venues, size, scale, model, the uses they are put to it. Someone is doing that right now and there is a threshold that would apply to each of those venues?

Michael Gove: Yes, but the definition as we consider as the Government—

Ronnie Cowan: Who is doing that, all the Government?

Michael Gove: The COVID-19 Task Force, assisted by colleagues in Public Health England, the UK Health Protection Agency, the CMO and others. The brilliant team that has been working over the course of the last year to help protect the public is looking at this as one of a number of tools in the armoury. As ever, what we seek to do is to explore in Government and to discuss with others what the right approach might be. Throughout the course of the last year, there have been different policies that have been contemplated, tested, had their tyres kicked and then in the end we felt that it might not be entirely appropriate.

To take a small case in point, almost exactly a year ago I was involved, with many other people, some brilliant people, in the ventilator challenge. As our understanding of the virus developed, the classic form of invasive ventilator that we were seeking to build and to procure was judged to be less important than other forms of oxygenation like CPAP machines and so on. By definition, if it had been the case that more ventilation of the kind that we were procuring had been helpful, we would have wanted to be in a position to deploy it, and that is what we sought to do to keep people safe.

Q135 **Ronnie Cowan:** After your investigation, quite correctly you are looking into this, but there is a possibility that at some point you will say there is no need for us to have a system where we issue certificates?

Michael Gove: Yes. With international travel, as you quite rightly pointed out earlier, it would be more complicated but I think practically that would be the case. As a matter of personal preference, I think the whole point about certification is that it is a means to an end when dealing with a public health emergency and my own view is that it has to be rescinded at some point in the future.

Q136 **Chair:** Mr Gove, Mr Cowan took apart different aspects of this. Isn't the whole purpose of dangling this prospect merely a means of encouraging a higher uptake of the vaccine?

Michael Gove: No.

Q137 **Chair:** There is no need to encourage a higher uptake. You are not envisaging this as a means of encouraging a higher uptake of the



vaccine?

Michael Gove: I think it is a good thing if more people get vaccinated and it is certainly the case that we have been exploring how to overcome vaccine hesitancy. I know it might seem an odd thought—not to the people in this room—but our whole approach to this has been other countries are exploring and adopting it, it is likely to be used for international travel. Let's see what the efficacy of it might be and let's look at that in a pragmatic way. Let's weigh things up and if in the end we conclude that on balance it is a good thing, we will go ahead, if on balance it is a bad thing we won't go ahead. Quite rightly, as this Committee has brought out, there are ethical and efficiency questions as well. Ultimately it is a means, as other non-pharmaceutical interventions have been, of reducing risk, but by definition these are restrictions on ordinary life and you have to think very hard before placing restrictions.

Q138 **Chair:** You have used the example of Israel, which of course has got rid of the system, but the Health Minister of Israel was quite open that it was the deliberate purpose to encourage higher vaccine uptake among younger people.

Michael Gove: Yes, and they launched it just at the point that their vaccination programme was launching as well, or more or less at the point, and that is one of the differences between us. Certification here would come at a later stage, if it were to be introduced, in the vaccination programme than was the case in Israel. There are lessons to be learnt from Israel but you cannot map Israel's experience on to ours for a host of reasons.

Q139 **Lloyd Russell-Moyle:** Can you confirm that it would be an England-wide policy of identifying venues?

Michael Gove: Yes.

Q140 **Lloyd Russell-Moyle:** There will not be any special cases for Bolton or Bedford or whatever, even if there is a particularly nasty, virulent new strain that comes along?

Michael Gove: If we were to introduce certification, it would be England-wide and it would apply to Bolton and to Brighton likewise. It might be the case in the future that there are specific public health factors in Bolton that might require another intervention, but the aim for certification would be uniformity.

Q141 **Lloyd Russell-Moyle:** Can you also confirm that any pub or venue that is open at the moment will not have additional restrictions with any potential certification put on them? You mentioned large pubs and that is what made me think that there are large pubs that are currently open.

Michael Gove: Yes, with table service. The question would be could you have a very large pub that currently only has table service go back to mingling at the bar and, as we know, there are some pubs that are close to nightclubs in the way in which they operate. These are edge cases but,



yes, there will be no going back from where we are now through certification.

Q142 **Lloyd Russell-Moyle:** Finally, Israel is at 63% vaccinations and we are not very far off that. Is this just a wasting-time exercise because if in a few weeks' time we are going to be the same as Israel and they have suspended theirs, why are we even talking about it?

Michael Gove: We are talking about it because we want to make sure that we come to an appropriate judgment. As I said earlier, the judgment is finally balanced, so I think it would be derelict for us not to explore, given its obvious utility in international travel, what the benefits might be. I think there has been perception among some—and I know not this Committee—that the Government are somehow locked on to this. In the same way as JFK said that he was going to put a man on the moon, that we are going to introduce Covid status certification come what may, hell or highwater. That is not the case. We have been looking at it pragmatically to see if it can add value and, if not, we would not press ahead with it.

Q143 **Mr David Jones:** I understand that about 47% of the adult population have now had two doses of the vaccine. I think it is over 70% have had one dose. The vaccination programme is a stunning success by any measure, but to extend Lloyd Russell-Moyle's point, it seems to me that very shortly we are going to be arriving at the point where the only people who are not vaccinated are those who for medical reasons or other reasons cannot be vaccinated or those who have decided they won't be vaccinated, in which case they have decided to take their chances. When we arrive at that point, there surely will be no purpose at all in having a Covid status certification scheme.

Michael Gove: I think it is certainly the case that if we reach a point where every eligible adult has received two vaccine doses, we will be in a position where the calculus would be very different, of course.

Q144 **Mr David Jones:** In other words, there would be no purpose in going ahead with it?

Michael Gove: Again, we have to make a judgment. The one thing I don't want to do is to make predictions months and months ahead, but the logic of your case is clear, yes.

Q145 **Rachel Hopkins:** What is the likely cost of introducing a certificate system?

Michael Gove: One of the things that we have already been doing is deploying the technology to add functionality to the NHS app. I cannot give a hard and fast figure but I would be keen to come back to the Committee after consulting with colleagues in NHSX. It is difficult to disaggregate the pure cost of Covid certification because some of the things that might be required as part of it—for example increasing testing—we may do anyway, but I think it is only fair for your



deliberations that we try to provide some greater working on our judgment and we will seek to do that. Even if months ago the Prime Minister had said, "Under no circumstances do I want any form of domestic Covid certification", we would still have pressed ahead with functionality for the app for international travel and I think most people would have thought that was the right thing to do.

Q146 Rachel Hopkins: What estimates or considerations or assessments do you have around the cost to businesses and individuals to meet certification requirements? What is the likely cost of that?

Michael Gove: Again, the cost has to be set against whether or not you can open up without it. In the conversations that we have had in particular with sporting but also cultural organisations, the one thing they have been clear about is that none of us like the idea of Covid status certification but if it is a way of ensuring that you can have a full venue it is a cost that they would be willing to bear. I will hand back to Kathy because she has been involved in all of the roundtables that we have had with different organisations and Kathy may be able to put that in an even better context.

Kathy Hall: Obviously, the costs will differ depending on the model of certification. For example, it will be different if you are doing in-person tests versus at-home tests. It will be different about the length of time you have to take the test. All of those different factors need to be taken into account as we consider whether certification is right and what sort of model and that will mean that the costs vary. That would be a factor when we do the analysis of the relative health, economic, social benefits and costs.

Q147 Rachel Hopkins: Many of the sectors we have heard from have raised concerns about how a certificate system would operate in practice, as you have heard, but particularly smaller venues where the cost of introducing certificate verification and enforcement may end up being prohibitive for them. What thoughts have gone into how a system could be introduced that does not pose real practical financial difficulties and just burdens those sectors further, who have already had huge impacts and devastation because of the pandemic?

Michael Gove: One of the reasons why the Prime Minister has indicated that the sorts of venues that are extremely unlikely to have certification are the smaller venues that you have alluded to is precisely because we are very conscious of the additional costs that might be borne. It is already the case that the hospitality sector has had to bear significant cost because of closure. It has had to adjust to social distancing, at-table seating, the use of QR codes and digital menus and so on. We want to make sure that as many people as possible can enjoy hospitality in as relaxed a way as possible. If Covid status certification can help—as we discussed earlier it is a finely balanced judgment—we see a role for it but if the costs exceed the benefits, if the hassle exceeds the greater sense of freedom within a venue, the case is not made.



Q148 **Rachel Hopkins:** We have spoken a lot about the sectors we have talked to who raised concerns also about restrictions being reimposed. To what extent would a potential certificate system guarantee no further restrictions and in particular social distancing being reimposed?

Michael Gove: It is a very good point because one of the reasons why we have been thinking about certification is precisely to be able to dispense with social distancing. If it were the case that there were changes in the future that might require appropriate steps to be taken—significant local outbreaks, particularly of new mutations—we cannot rule out a range of interventions, but the whole point about certification, if deployed, is to try to move us towards fewer other restrictions.

Q149 **John Stevenson:** Mr Gove, you have already said that the certificate system decision is finely balanced. I think you have implied that if it were to be introduced it would at least cover the whole of England. As you will be aware, people like me live in an area close to a border where there is a lot of cross-border activity. Would you not agree that it is in the interests of everyone that it is a UK-wide system?

Michael Gove: Ideally, yes, but I respect the devolved competence of the Scottish Government. To be fair to the Scottish Government, the Welsh Government and the Northern Ireland Executive, the conversations have been collaborative, but I completely agree with you, the more we can work together on this and have interoperability across the UK the better.

Q150 **John Stevenson:** If the decision of Scotland and Wales, or one of them, was not to go ahead with a UK-wide system and you felt it was still positive to do so, would you go ahead with an England-only one?

Michael Gove: Yes, but thinking about what the impact of our own decisions in the UK Government for England are on our friends and colleagues in different parts of the United Kingdom is a factor. As I mentioned earlier, we are weighing up a range of issues and taking into account the views of the Scottish Government is one of them.

Q151 **Chair:** Mr Gove, if you were to say this afternoon that we were not going to have this, we could shorten the session considerably, but I am not quite sure if we are at that point yet. Do the Government plan to introduce primary legislation to underpin such a system?

Michael Gove: Were we to go ahead with a form of Covid status certification, there is a range of potential legislative options, but if we were to have a legal change we would have a vote on the floor of the House of Commons. I think some people have made the point that secondary legislation, which would be done by means of statutory instruments in a committee would be unsatisfactory. I agree with that, but it may be possible that if we need to go ahead one can use secondary legislation but have it debated and voted on, on the floor of the House, by the whole House.



Q152 **Chair:** Before anything was introduced?

Michael Gove: Yes.

Q153 **Chair:** Do you think the Government have the numbers?

Michael Gove: I think it all depends on the nature of the argument made. Everyone I know in the House of Commons, and all the members of this Committee, are very reasonable people who will look at the facts and then if they think the Government have got it right they will support the Government and if they think we have bulked it up they will tell us.

Chair: I am not sure the Chief Whips would agree with you, but we live in hope.

Q154 **John McDonnell:** I do not underestimate the challenge that you have, Mr Gove, on this. As you know, a number of people have raised issues of ethical and legal concerns. How do the Government balance the concerns regarding potential violations of human rights against the public health and protection of the population? In particular, how would individual rights and freedoms under the European Convention on Human Rights be protected if certificates were introduced?

Michael Gove: There are two very important things. The first thing is that, overall, through the pandemic people's freedoms have been restricted for public health reasons. None of us like it but we all know the rationale. We might put the balance on one side of the ledger or on the other a wee bit more, but we understand that. Of course, you are absolutely right, when the principle of Covid status certification was first raised one of the big concerns was: are vaccinations available to people who are older not younger; is this discriminatory on the basis of age?

We know that for a variety of reasons, of which this Committee is familiar, that vaccine take-up among some communities—particularly but not exclusively some BAME communities—was lower, so was there a risk of either direct or indirect discrimination? That is why we wanted to make sure that any form of Covid status certification also allowed for testing and it is why we wanted to make sure that we did everything possible to increase vaccine take-up among communities where vaccine figures were lower.

Even with all of those measures in place, you still have to make a judgment in the round. Of course, one of the things that you quite rightly raised, John, about which we are concerned, is making sure that anything that we put forward is fair, respects people's rights and can command public confidence and assent.

Q155 **John McDonnell:** You have raised the issue of some elements of discrimination, particularly around the protected characteristics, age, disability, region and beliefs, and so on. Have the Government undertaken an equalities impact assessment as would be the norm under potential new legislation?



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Michael Gove: We have been looking at all of the equalities issues and if it is the case that, for the sake of argument, we do bring forward legislation, of course we would make it clear what the equalities issues were that we had taken account of and we would make sure that any decision that we took was in conformity with the requirements under the Equality Act.

Q156 **John McDonnell:** Will that be a full impact assessment? Sometimes it is just a commentary.

Michael Gove: I know exactly what you mean. I will defer to Kathy here.

Kathy Hall: One part of the review's methodology has been to conduct interviews and hold roundtables with a variety of people. We have had five roundtable discussions with different charities and experts on equalities, disabilities and so on, to hear their views. NHSX has also conducted user testing with different groups, including people with low digital literacy, cognitive impairments, and so on, to make sure the digital and non-digital routes take account of that. Depending on the findings of the review, we then do the equality impact assessment, but it has been a fundamental part of the methodology to engage with those issues.

Q157 **John McDonnell:** Will it be published before any legislation is published?

Michael Gove: Yes. If legislation were taken, Members of the House of Commons would have the opportunity to look at that work before deciding whether or not to support our measures.

Q158 **John McDonnell:** It is quite significant for many Members of Parliament, if the Government are to secure a majority on this, that the full impact assessment is published in sufficient time for proper consideration.

Another issue that has come up is that while an app-based certificate system might work for some people, there are large numbers of people in the UK who do not own a smartphone. How would you include those people in the system?

Michael Gove: We thought hard about that. Again, I will defer to Kathy who can tell you about the solutions we would use were we to go ahead.

Kathy Hall: There are currently three routes for people to be able to demonstrate their status for international travel purposes: the app, as discussed; people with access to the internet but no smartphone can go online and download a PDF file or have that emailed to them; people can also ring the free 119 service and request that a letter be sent to them—a range of channels to meet different needs. The NHS will be looking to integrate testing as well as vaccinations.

Q159 **John McDonnell:** You can understand people's concerns about the way in which fraudulent activities might be inserted into this process. I am sure you do.

What do you say to the concerns that one of the purposes and effects of



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a certification system is to coerce people to take the vaccine? Is this a subtle, cunning, Govian strategy?

Michael Gove: Most Govian strategies are neither subtle nor cunning. No.

John McDonnell: People might not agree about that.

Michael Gove: Yes, we want to drive uptake of the vaccine, absolutely, but, no, the certification system is not intended to do that. No.

Following on, and please forgive me, from David Jones' question earlier, when he asked about those countries that have already accepted the NHS app as showing an individual's vaccine status, I think Kathy mentioned that Iceland had accepted. I have just had an update from the team. It is a small number of countries, but significant: Bulgaria, Estonia, Gibraltar, Greece, Poland, Turkey, Moldova, Barbados, Croatia, and Iceland have all said that they will accept the NHS app. It is not everywhere yet, but it is a good mix of nations.

Chair: Thank you. John, any more questions?

John McDonnell: No, thank you.

Chair: Thank you. I am sure there will be a surge of bookings for those countries, Mr Gove, with that news, if people can indeed go. Tom Randall, please.

Q160 **Tom Randall:** If a certification is introduced, will it mean that employers will require staff to prove their status in order to go to work?

Michael Gove: No. Two things: one is that as the Secretary of State for DHSE has said that we are looking at how, as a condition of deployment, people in social care have to demonstrate that they are not at risk of bringing the disease into care homes but, no, it is not our intention to say that contract law should change or the conditions of employment should change as a result of certification.

Q161 **Tom Randall:** You have suggested that you can get on the bus or go to the jobcentre without having to show a certificate but at a music venue or sports stadium where it might be used, the crowd, the people going, would have to show their certificates. Would the stewards and other people working there, people on the door, the ticket checkers and so forth not be required to have a certificate?

Michael Gove: It is already the case that there are Covid-safe rules that venues must follow in order to be allowed to re-open, but they relate to the protocols that the staff follow. We are not intending—for the reasons that you allude to and that John McDonnell mentioned earlier—to introduce something in such venues that is, ipso facto, discriminatory on employment grounds.

Q162 **Tom Randall:** Could you elaborate on what you meant about social care settings making sure that people were not bringing diseases in?



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Michael Gove: I think the Secretary of State has outlined proposals to say that, as a condition of deployment in social care settings, people's Covid status would need to be affirmed. Again, I will defer to Dr Hopkins on this matter.

Dr Hopkins: Yes, I think that is correct.

Kathy Hall: The consultation has closed and people are reviewing the responses.

Q163 **Tom Randall:** Therefore, you are confident, based on how people are being treated at the moment, that any new certification system would not discriminate against employees in any way.

Michael Gove: I don't believe so. I am not an expert in employment law. It is not the case that the Government would seek to make it more difficult for people to be hired. Certain high-profile entrepreneurs have explained that they believe there may be a competitive advantage to their firms for their employees or contractors to demonstrate their Covid status, but, if as a result of the way in which they ran their firm they were discriminating against people in law, it would be a matter for the courts.

Q164 **Lloyd Russell-Moyle:** How do you prevent discrimination against incoming foreign nationals, who are then here in the UK?

Michael Gove: This is one of the tough questions. We want to make sure that people who are from outside the UK have a means of demonstrating their status and we can feel confident about it. This is one of the challenges that we are working through precisely at the moment.

Q165 **Lloyd Russell-Moyle:** Where are you up to on working that through?

Michael Gove: We hope to be able to say more when we come to the conclusion of our process, when the Commons return. I will defer to Kathy Hall because again, with unerring instinct, you have put your finger on a significant, but not insoluble, question.

Kathy Hall: We have to consider different models. We have already talked about the option of recognising other countries' certification systems, if they have them, or access to testing in this country, which would enable people to use test results to demonstrate Covid status. We need to work through the costs.

Q166 **Lloyd Russell-Moyle:** There is a difference between us as a country recognising other certification systems and expecting every venue to be able to identify different certifications. I was speaking to the hospitality sector in Brighton, which relies very much on foreign nationals coming in and holidaying here. Is it that people would be enrolled in the NHS app after there was some recognition of their status? Or are we expecting venues to be able to identify a Bulgarian or French certificate and determine their genuineness?



Michael Gove: One of the things that we want to be able to do is to say that there are certain ways in which you can feel confident. People may be using EU-wide or nation-specific means of certification. Or it may be the case that people can take a test in-country in order to ensure that they can have access to the venue they want to visit.

Lloyd Russell-Moyle: I think venues need to be able to see just one thing.

Michael Gove: Simplicity.

Q167 **Lloyd Russell-Moyle:** What reassurances can you give us that this does not become a sneaking step towards having to prove other health statuses, for instance in relation to other diseases that have previously been stigmatised? It could become very dangerous, if this starts to become a wider health certification.

Michael Gove: I could not agree more. In my view, it has to be the case that the approach we take is time limited and should not be a Trojan horse for other means of seeking to use people's data to deny them access to venues or rights, for the reasons you mention. There have been historic examples of stigmatisation, not least for the experience of people living with HIV. Mercifully, those prejudices have gone now but it is important that we do respect people's rights.

Q168 **Lloyd Russell-Moyle:** When you lay down any primary or secondary legislation, will you be ensuring that it is not just time limited, with an end date, but time limited in the sense that new legislation would have to be laid down for any extension?

Michael Gove: We will be clear, if legislation comes forward, about a review period and a sunset method, yes.

Q169 **Lloyd Russell-Moyle:** Okay. On the same point, can you ensure that this does not become an ID system, through the back door?

Michael Gove: Yes. I think that is important, too. That is one of the reasons for why I said there was a difference in Israel. In Israel, ID is accepted for a host of reasons. In the United Kingdom, again for a host of historical reasons, there has always be scepticism towards that form of national registration simply for operating as a citizen, moving around and so on. It is not intended to use Covid status certification as a Trojan horse for anything like that.

Michael Gove: How would you ensure that venues are not saying, "To know this is you, we are now insisting that you have to bring along your passport"?

Michael Gove: It is a fair question but it is the case that for access to some venues—most nightclubs for instance—proof of age is required. It is also certainly the case that at things like music festivals, Glastonbury or whatever, you need to demonstrate your identity and that you have not



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attempted to rig the system. However, I do appreciate that venues you can enter spontaneously, where you would never expect—

Q170 **Lloyd Russell-Moyle:** If I go to the theatre, I don't usually have to take my passport or driving licence to prove that I can get in to watch "The Mousetrap", or something.

Michael Gove: That is true, but if it is the case that we want to make sure that Covid safe certification has not been forged or misused, and that is the price of making sure that everyone can go into the theatre, requiring some form of validation may be appropriate for a temporary period. Again, I will defer to Kathy Hall. If you had no smartphone, and there was no digital solution, and we sent you a letter that demonstrated either your vaccination status or your overall Covid status, there are technical means by which we can ensure that that letter sent to you at your home cannot be photocopied or forged. It may be that you then have to show a driver's licence or something else just for a match, but we would want to minimise that requirement as much as possible.

Q171 **Lloyd Russell-Moyle:** Does that lead into some of the risk assessments that John McDonnell talked about? We know that people who are poorer do not necessarily have photo ID. This is a debate—

Michael Gove: I would draw a distinction, but I take your point.

Q172 **Lloyd Russell-Moyle:** With voter ID, the proposal is at least that there would be a free form—

Michael Gove: Yes, local authorities issuing a free one.

Lloyd Russell-Moyle: —but you are not proposing that here so how would you ensure that those people who do not have a smartphone, and possibly one of the reasons for that is economic, would then not be required to provide a driver's licence or passport, which they may not be able to afford?

Michael Gove: We would have a means whereby a letter could be posted to someone's address and they could use that letter in a way that meant people could have confidence that it could not be transferred. Again, I will defer to Kathy Hall.

Kathy Hall: NHSX is working with privacy and security experts on the sorts of features you can put into a letter—inks used, and so on—to minimise the risk of fraud. They are also looking at QR codes and the potential to put a QR code on a letter, which can then be verified to show that it is personal to you and which can be scanned to show status but not reveal any data to a third party. There are challenges in all of this, particularly around integrating testing data, for example. We do need to look at exactly the sorts of issues you are raising, to maximise security and privacy and minimise the impact on businesses.

Q173 **Lloyd Russell-Moyle:** You say you "need to look"?



Kathy Hall: We are looking

Q174 **Lloyd Russell-Moyle:** In two weeks' time, hopefully you will present—

Mr Gove, can you reassure me that no one will be barred from entry to venues that they would have been to access previously because they do not have a photographic ID? Or can you not give me that reassurance?

Michael Gove: We will aim to do just that but I am sure there will be some cases where it might be difficult.

Kathy Hall: I think we have to keep looking at it from the perspective of how to make sure that we not allowing fraud while also enabling non-digital routes, looking at the equalities aspects on both sides. We do not want people who find it difficult to access a digital route to not be able to access venues but we also want to make sure that there is no unfair or unequal treatment about the identification needed. It is about weighing up those trade-offs and talking to equalities experts and representative groups to work out the best solutions.

Michael Gove: I have to go to Cabinet Committee shortly but there may still be questions that you and members of the Committee want to ask. I will do my very best to answer any questions in a quick-fire fashion, if that is okay.

Q175 **Chair:** We will be as speedy as possible but would note that it is the job of this Committee to scrutinise you and a Cabinet Committee—far be it from me to suggest—could be moved, but we will leave it at that.

Could I ask about the secondary legislation that you mooted? Of course, that is not amendable is it? Could you give an undertaking of primary legislation as the only legislative vehicle for this?

Michael Gove: There are reasons why secondary legislation might be more appropriate, using some of the provisions already in place. If we were to go ahead, at the time that we would legislate we would lay out why we were legislating in a particular way and, if the House of Commons thought it was unacceptable to have a motion that was unamendable, that might be a factor in the judgment of MPs.

Chair: Thank you.

Q176 **Rachel Hopkins:** I want to return to the digital angle. There does not appear to be a data protection impact assessment on the certificates that the Government have launched through the NHS app, unlike the Covid NHS app. Why is that? Why is no DPIA for the app?

Dr Hopkins: There is a DIPA for the app. It was amended and updated when the vaccination status went in. I reviewed it, to check for myself, just the other day.

Q177 **Rachel Hopkins:** Can we make sure that is sent through to the Committee? It was not in the information we received.



Michael Gove: Yes.

Q178 **Rachel Hopkins:** My follow-up on the digital side is that the health service in the Republic of Ireland has been subject to a ransomware attack. Can you understand why, in the light of that, people need to be reassured about the protection of their personal information and medical details? Do you have any comments about that?

Michael Gove: Completely but not to diminish at all the risk of ransomware or cyberwarfare attacks on critical national infrastructure, which is real. We do everything possible to protect people's data and guard against such attacks, but this goes back to what we were saying about the national risk register earlier. Even with the strongest data protection requirements, you can still find that hostile actors can disrupt the operation of public services. I am not diminishing for a moment the need for appropriate data protection but we need to be on our mettle in dealing with cyber incursions.

Chair: Thank you. I am going to go to John McDonnell and then we will have some quick questions from Karin Smyth and Jackie Doyle-Price.

Q179 **John McDonnell:** The timescale that you have given yourself for potential legislation is rushing up fast now, so we are trying to get as clear as we can about your latest state of thinking.

Grant Shapps, the Transport Secretary, said that the NHS appropriate app is being used for Covid certification for international travel purposes but the privacy notice says it is for travel and then adds, "As the country resumes normal functions, this data will be useful for further aspects of unlocking as they arise". Does this indicate that the decision has already been made to use this app domestically?

Michael Gove: No.

Q180 **John McDonnell:** Let me lead on from that. The privacy notice also lists data as collected by the app. It includes ethnicity, vehicle registration plates, National Insurance number, employer, biometric and genetic information, criminal convictions. Why would this data be needed for Covid certification purposes?

Michael Gove: It would not.

Q181 **John McDonnell:** Even though it is the privacy notice linked to the NHS app used for Covid certification for international travel purposes?

Michael Gove: Yes, but there is a limit on the way in which any of the medical information that you or I have could be accessed by others. We would be in control of the nature of the information that would be shared with third parties.

John McDonnell: Right. Thank you.

Q182 **Karin Smyth:** We want to understand a couple of responses to our report about government transparency and accountability during Covid



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and the data underpinning questions that this Committee, and thanks to witnesses, put a lot of work into to try to help the public and Government to understand the basis of the position.

We were disappointed by some of the Government's responses. Why were the Government not able to state whether the Committee's recommendations were accepted or rejected?

Michael Gove: We responded warmly to many of the recommendations. If the Committee feels that particular recommendations merit reconsideration, I will be happy to reconsider them. My apologies if the response was not as warm as the Committee would have liked.

Q183 **Karin Smyth:** Why could the Government not commit to meeting the Government Statistical Service's good practice guidelines on, for example, data visualisation?

Michael Gove: I have no idea.

Q184 **Karin Smyth:** Perhaps you might want to come back to us.

Why could the Government only commit to "endeavour" to publish statistics underlying data when referenced publicly in line with the code of practice for official statistics? Surely that should be a matter of course rather than a matter of endeavouring.

Michael Gove: Yes, I think that was an acknowledgment of human frailty. Sometimes, in the heat of public debate, people will recall information, deploy it in good faith and it may be the case—for example, when answering a question to a Select Committee or a parliamentary inquiry—that an individual will not, at that point, be able to cite the exact reference. Of course, if it is the case that a fact is challenged or the statistics used need to be revised, it is good practice to write to the Committee or to share with the public any elucidation or correction that is required.

Q185 **Karin Smyth:** The point we want to make is that people came before us to give evidence and we were very keen to have data transparency in order to help the public, and indeed the Government, with decision-making, which is very difficult. With respect, it might be worth relooking at some of those responses to this Committee that do not just endeavour but do meet with the Government's own guidelines, which would give us all a degree of confidence, which I think would be very helpful.

Michael Gove: I appreciate the spirit in which the points are made, Karin. Thank you.

Chair: Jackie Doyle-Price has some final questions.

Q186 **Jackie Doyle-Price:** Chancellor, you are responsible for ensuring that there are good behaviours and the Ministerial Code is one of the tools at your disposal to achieve that. Why were you not more positive about our request that the Ministerial Code could be used to ensure that Ministers do have regard to the UK Statistics Authority's Code of Practice for



Official Statistics?

Michael Gove: I think that as a general rule, Ministers should do everything possible to make sure that their answers to questions, whether they are on public platforms or in Parliament, are as comprehensive and as well-referenced as possible. The Ministerial Code is a matter for the Prime Minister, but I think it is important to make sure that not everything that we would expect of Ministers necessarily needs to be encompassed in every word of the Ministerial Code.

Q187 **Jackie Doyle-Price:** Indeed, and I guess that we ought to accept in good faith that Ministers will always operate in an open and transparent way, but there is reason to look at the code to achieve that.

Moving on, you will be aware that there have been lots of questions about the data that Government have been publishing. In our report, we recognised that the Government have been quite fleet of foot in building a better picture of data but, nonetheless, there is a public-confidence aspect to it. Do you not think we could toughen up our expectations of Ministers?

Michael Gove: No, I think it is a fair point but, particularly with something like the pandemic, important decisions will be taken; in some cases quite rapidly. This goes back to an earlier point of mine. People will be making decisions on the basis of less than perfect information, so it is important that Ministers explain how solid some pieces of information are and that others are the very best estimates and that they explain why they are making the decisions in the way that they are, but sometimes you will have people outside who will contest their judgment. It has sometimes been the case that even Ministers, or those speaking on behalf of Government, have had to stress that there can be no certainty. That this is a model. People sometimes look at a model, assume that it is a prediction, and then criticise Ministers or others when that model does not necessarily result in exactly what has been modelled occurring precisely to the nth degree.

Q188 **Jackie Doyle-Price:** You will be pleased to know that this is my final question: since publishing the roadmap, there has been a lot of discussion about whether we were following the data or dates when implementing it. For a long time, people thought Government were being too cautious but now that the Indian variant has arrived, another question comes up. How can we be objective about assessing whether the Government are reacting to the data and the intelligence picture as opposed to following a timetable?

Michael Gove: It is a very good point. One of the questions we are asking in Government at the moment—and I will ask Susan Hopkins to step in to correct me if I have this wrong—is precisely what the level of transmissibility of the Indian variant is and, therefore, what the risk of an increasing number of people being infected might be if we pressed ahead and of that increasing number of people being infected, people being hospitalised and suffering as a result. SAGE minutes are published. There



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is data—I am sure there could always be more—but we do share data even down to local authority level to enable people to decide whether or not we are acting responsibly.

If it were the case that the level of transmissibility of this variant, and indeed evidence that emerged in future about vaccine efficacy, were to suggest that we should not move ahead on the 21st as we planned, I am sure that that information would be in the public domain and people would be able to judge whether or not we were right to proceed. I will hand over to Susan to put me right if I am being a little bit—what’s the word?—broad brush.

Dr Hopkins: No. We are releasing weekly technical reports from Public Health England, updating all the data we have on the new variants that are emerging. New numbers on the number of cases will be published shortly on the gov.uk website. We will also look at secondary attack rates and vaccine response to the variant that has emerged recently. That will feed into Government, the Cabinet Office, the roadmap and the next stages, as we have said all along, and as we have been encouraging, looking at the data every week—we look at it every day, of course—to ensure that the best decisions are made at the time that is right.

Q189 **Jackie Doyle-Price:** Obviously, it is a subjective judgment on the part of the beholder as to whether the Government have this right or not and we all have different appetites for risk, but clearly the more data you can put before us, which explains why Government have reached the conclusion they have reached, so much the better for public compliance as much as anything else because I think people are reaching the end of their patience. Thank you.

Michael Gove: Thank you, Jackie.

Chair: Thank you. Can I thank the three witnesses, Mr Gove, Dr Hopkins, and Ms Hall. Thank you very much for your time this afternoon? We look forward to seeing you again very soon, Mr Gove.