

Public Administration and Constitutional Affairs Committee

Oral evidence: Responding to Covid-19 and the Coronavirus Act 2020, HC 377

Tuesday 14 July 2020

Ordered by the House of Commons to be published on 14 July 2020.

[Watch the meeting](#)

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

Questions 110-188

Witnesses

I: Edward Argar MP, Minister for Health, Rt Hon Penny Mordant MP, Paymaster General, Katherine Hammond, Head of the Civil Contingencies Secretariat, Cabinet Office, and Clara Swinson, Director General for Global and Public Health, Department of Health and Social Care.

Examination of witnesses

Edward Argar MP, Rt Hon Penny Mordaunt MP, Katherine Hammond, and Clara Swinson.

Q110 **Chair:** Good morning and welcome to another public meeting of the Public Administration and Constitutional Affairs Committee. I am here in a Committee room in Portcullis House with a small number of staff required to facilitate the meeting, suitably socially distanced from one another. My colleagues and our witnesses are in their homes and offices across the country.

The Committee is very grateful indeed to all our witnesses for taking the time to appear before us. Could I ask our panel of witnesses to introduce themselves for the record, starting at the Cabinet Office with Penny Mordaunt?

Penny Mordaunt: Good morning. I am Penny Mordaunt, and I am Paymaster General.

Katherine Hammond: Good morning. I am Katherine Hammond, and I am director of the civil contingencies secretariat in the Cabinet Office.

Edward Argar: I am Edward Argar. I am Member of Parliament for Charnwood and Minister for State for Health in the Department of Health and Social Care.

Clara Swinson: Good morning. I am Clara Swinson, director general of global and public health at the Department of Health and Social Care.

Q111 **Chair:** The list of ministerial responsibilities has not been updated and published since October 2019. I will begin by asking both our ministerial witnesses, starting with Penny, to outline their ministerial responsibilities.

Penny Mordaunt: A large part of my job is dealing with aspects of the negotiations in the transition period with the EU. I look after the civil contingencies directorate, including critical national infrastructure. I am also the cross-Government lead on cyber.

With regard to covid, my involvement has been limited to some aspects of death management, and also our cyber resilience. I was asked to take the covid Bill through the House, but my only involvement prior to that was with the clauses relating to my areas of responsibility, which were about funerals and death management.

The other aspect that I have been involved in on covid is that, in the first few weeks of the crisis, I set up a cross-party method for keeping Members of Parliament informed, and trying to get the correspondence teams in other Departments to respond at the speed that was needed for Members of Parliament—particularly new Members of Parliament.

Edward Argar: In normal times, my responsibilities are NHS operational performance, working on the legislation that will underpin the long-term plan for the NHS, finance efficiency and commercial, NHS capital, land and estates, transformation, the sponsorship of NHS England and Improvement, the NHS England mandate, departmental management and corporate functions, and the EU future relationship and trade. In normal times, it involves relations with the devolved Administrations, although at the moment, given their importance, the Secretary of State has been leading on that. Would it be helpful, Chair, if I also set out the different strands of covid work and ministerial accountabilities across the Department?

Q112 **Chair:** If you could—particularly for yourself, Ed. Perhaps you would be kind enough to write to the Committee with the other details.

Edward Argar: I am very happy to do that. The strands of work that fall under my portfolio are NHS critical-care bed capacity, ventilators and oxygen supplies, and broader peripheral supplies related to that—the consumables that go with ventilators; the kit, for want of a better way of putting it.

Q113 **Chair:** Thank you very much. Katherine Hammond, what are your responsibilities, and what is the civil contingencies secretariat responsible for, particularly in relation to the coronavirus pandemic response?



Katherine Hammond: The civil contingencies secretariat, which is normally just referred to as CCS—I will use the shorthand if that is all right—has a number of roles, focused on, first, understanding risks and the capabilities you need to deal with them. Secondly, we work very closely with the lead Departments for those risks on planning to respond should they happen. In the event of a civil contingency occurring, we have a co-ordinating role in relation to the central Government response, and particularly, we are the secretariat of Cobra. We have a role in relation to crisis doctrine and crisis facilities across Government, and we also work on critical national infrastructure and on recovery. In relation to covid, our role has evolved a little through the response, but we have consistently been secretariat to Cobra, in the early stages working very closely with our colleagues in the Department of Health and Social Care. We did a huge amount of the work standing up for the initial response, we have been consistently responsible for dealing with excess mortality, which the Minister referred to, and we have also had a central role in situational awareness and understanding—what has been going on throughout.

Q114 **Chair:** Thank you. I direct a similar question to Clara Swinson in your role as director general.

Clara Swinson: I am responsible for our emergency preparedness and response teams at the Department of Health and Social Care. I cover our international and EU works, both on EU exit and our wider international work and, clearly, our co-operation on public health matters internationally. I am responsible for co-ordinating the work of the coronavirus response and our governance across the Department. Clearly, as that has expanded since January, all my directors general, working closely with our permanent secretaries and our chief medical officers, are responsible for different bits of the response. I have a co-ordination role and also hold the policy responsibility for non-pharmaceutical interventions and social distancing from a health perspective.

Chair: Thank you. The next question is from Karin Smyth.

Q115 **Karin Smyth:** Thank you, Chair. The first question is to Penny Mordaunt. Why have the Government argued that the Civil Contingencies Act 2004 could not have been used for covid-19 on rule of law grounds?

Penny Mordaunt: Katherine is probably best placed to give you chapter and verse on that, but it has been argued that if we are trying to give as much scrutiny as possible to that Act, especially given the potentially huge infringements that there were on people's daily life and their civil liberties in certain circumstances, it ought to be given enormous parliamentary scrutiny—or as much as possible. Also, the peculiarity of the Civil Contingencies Act is that it can only be used in particular circumstances. If there is a possibility of enabling it to be the Bill that you wish to be put through to be scrutinised, then it should be. Those were the principles on which it was based, but Katherine can add more to that.

Katherine Hammond: To add a little more, we are talking about the second part of the Civil Contingencies Act, which gives the Government the ability to take emergency powers should they need them. As the



HOUSE OF COMMONS

Minister said, the spirit of the Act is that the powers are to be used as a last resort only. As such, the Act contains what we refer to as a triple lock on its use. Three conditions have to be met. The first is that an emergency, as defined by the Act, is occurring or is about to occur; there is a condition about imminence. The second is that you really do need to take the power to deal with that emergency. The third is that it is genuinely urgent. In combination, those three things mean that if you can take a piece of legislation through the House and allow it to have prior parliamentary scrutiny, you should do so. The Civil Contingencies Act contains provisions for parliamentary scrutiny after the power has been taken. In relation to this pandemic, there was time to take the Bill through the House, albeit on an accelerated timetable.

Penny Mordaunt: The only further thing I would add to that is the possibility that a Bill, in the case of covid, might have been needed was one of the findings of Cygnus—the exercise that was done. Clearly, some prep work had been done thinking about the sorts of things that we would need to be able to do. It was something that clearly we could—because we did—prepare for.

Q116 **Karin Smyth:** Epidemics are listed in the explanatory notes to the Bill. The advice we have had in Committee thus far, including legal opinions, is that it clearly could be used for this purpose—something that was occurring or likely to occur—and that is a very helpful addition, Minister, that some of the findings of Cygnus, which obviously has not been published, also indicated internally that there could be some changes. The inference is that the decision was political, not legal. How would you respond to that, Minister?

Penny Mordaunt: It was done on a legal basis. Cobra and, again, the Department of Health, which has led on the Bill, might be able to give you more information. Legal advice would have been taken on the prep work related to exercises that were done, and when the covid crisis hit, advice would have been taken on that. To bring you back to the point, given the potential scenarios, the potential powers switched on in the covid Bill and what we might have had to do, that route would have given Parliament a greater amount of scrutiny and ability to influence—as we had in my area of funerals and death management—than just using the Civil Contingencies Act. It was an important distinction. Edward would be able to tell you more, but the overriding principle is one of parliamentary scrutiny.

Q117 **Karin Smyth:** Before I pass on to my colleague, if the lessons of Cygnus were talked about and learned from, why did the Government not bring forward some amendments or updates to the Civil Contingencies Act to cope with what we have known for a long time, which is that a novel virus would hit this country?

Penny Mordaunt: The Civil Contingencies Act is there for a particular set of circumstances. It is an interesting question what that scope might be. The work of the Department of Health and Social Care, supported by the civil contingencies directorate and other parts of Government, in the wake



HOUSE OF COMMONS

of Cygnus would have been to look at certain areas where, potentially, in a pandemic situation, we might have to introduce certain powers. They had prepared and had some things put together in advance of a crisis hitting. Clearly, however, we can only prepare so far—there were very particular circumstances around the covid situation that Health would have wanted to ensure were covered. Despite the speed with which the Bill was put together and put through, a lot of attention was given to ensuring that only the powers that were absolutely necessary were taken. Also, although the provision to do certain things was in place, there would be further steps in order to switch some of those powers on and off.

Q118 Chair: Before I bring Ed in to answer that question, I think it was said that the CCS is for use in a particular set of circumstances. Will the Paymaster General give us an example of what such circumstances might look like? We know that that is not a global pandemic, so what might such circumstances be?

Penny Mordaunt: It would have to be something that we could not prepare for. The CCS is there for when we cannot bring Parliament together or put legislation through in a particular way. It might be not just a particular type of event or crisis, it might be something that was affecting legislative scrutiny. It may be something of that nature. It is there to ensure that action and powers can be taken if one is completely unable to do what we did. We offered parliamentary scrutiny, which was the right route.

Q119 Chair: Notwithstanding the usual rebuttal that I would get to the next question, I will ask it nonetheless: is it possible to share that legal advice in confidence with the Committee? I understand if the Minister is unable to give an answer now, but I ask the question none the less.

Penny Mordaunt: I am not the lead Department on the Bill. If you are referring to advice related to the Bill, that would be a question for the Department of Health and Social Care, but on normal grounds the Government do not generally issue the legal advice they have received. That is probably a question for the Department of Health and Social Care.

Chair: Okay. I will go to Mr Argar.

Edward Argar: I endorse what has been said by Penny. On the question from Karin, I think I am right in saying—tell me if I am not—that there are two issues. Karin was asking why we have the new legislation as opposed to the Civil Contingencies Act 2004, rather than posing the related question of why use the 1984 Act rather than the 2004 one as the basis of the regulations. The two Acts are similar but are different in their own way. On the subject of the former as addressed by Penny, I endorse everything that she said on the matter. I note, Chair, your point about legal advice and I will ensure that the issue is raised in this Department and put to the Secretary of State. We will write to you in response to that.

The decision to take forward the new legislation this year was on the basis of the legal position outlined by Penny and Katherine. That position is that because, arguably, we knew about it earlier in the spring, and it was not



imminent and immediate. We were able to get legislation through that would, essentially, back up the suggestion that we did have the time to do that. My second point—which refers to Penny’s key point—is that, for something of this significance, if there is the time to put it through as primary legislation in the House of Commons, however swiftly, I believe that it is right that that parliamentary scrutiny is able to be had with Members in both Houses able to comment on and debate the Bill. That democratic accountability and scrutiny is a key part of why we felt it appropriate to put new legislation through. I could go into the detail of that legislation’s genesis if you wish me to, but I will pause there unless you wish me to.

Chair: It is fine to pause there, and explore other aspects in greater detail as we go forward.

Q120 **Karin Smyth:** Chair, as Mr Argar has split my question, my other question in response to Ms Mordaunt was: if lessons were learned from Cygnus within the Department, why were they not brought forward to parliamentarians in advance when we knew there was a novel virus as part of the pre-planning, even from 2011, and Cygnus told the Government what might happen? Why was legislation not brought forward in advance, rather than this urgent legislation that was brought forward in February? That was really the nub of my follow-up question.

Edward Argar: The reality is that, as we saw earlier this year, although the Cygnus exercise primarily looked at pandemic flu, it did look more broadly at other pandemics, and work was done on what sort of legislation might be needed to address flu. The work done on the legislation was essentially around flu. Earlier this year, we saw—almost day by day in February, March and April—the world, not just this country, beginning to understand how this pandemic, this virus, worked and how it behaved. In many ways, it was very different from flu, not least because with flu we have a vaccine and we have an understanding of how it works. Therefore, different provisions were needed, which is why you will have seen that the work was done in the last few weeks of February and in early March in the normal way, in a sense, through the economic and domestic affairs secretariat, the Cabinet Office and others.

However, as we saw the disease accelerating rapidly and saw the need, for example, for Parliament and other places to shut down so people were not brought together, the work was accelerated to get that Bill and that legislation prepared swiftly. We worked in close partnership with the DAs to ensure the legislation could be put through Parliament before the long Easter recess, before the predicted London peak would hit, and without Parliament needing to be recalled. A lot of work had to be done in that short period of time based on the new understanding of the disease, which was not understood in the previous preparatory work.

Q121 **Mr Jones:** Penny, if it was indeed the case that there was not sufficient urgency to call for the use of the Civil Contingencies Act, why was it that the Government provided Parliament with so little sight of the Bill in advance, and why was it that the Government used fairly aggressive timetabling powers to rush the Bill through in one day?



HOUSE OF COMMONS

Penny Mordaunt: Apart from the clauses on death management, I have not been responsible for producing or managing the Bill. I was asked at the 11th hour to take the Bill through the House, so, as the lead Department, Health would probably be best placed to answer your question.

Q122 **Mr Jones:** Could we ask Ed Argar that question, please? I do not know whether you heard it.

Edward Argar: Of course, David. I touched briefly on that at the tail end of my answer to Karin. My understanding of the timescales is that CCS was the lead on the Bill that came out of Cygnus until 20 February, when, because this was very clearly a health-focused Bill, it was handed over to DHSC as the lead. Work began at that point, in tandem with the information that the CMO and SAGE were giving us about how the disease would behave.

You will potentially remember some of the very worst-case scenarios that were predicted at that time, not necessarily as likely but as possible, with very high numbers of deaths. We were watching what was happening in Italy and elsewhere, so a lot of work was done from late February on this Bill, with a number of cross-Government meetings at pace over the following two or three weeks. That work was to get other Government Departments to input what they needed in this Bill, and also to work with the DAs—I suspect we may come to this later, so I will not go into detail now—to ensure their voices were heard in this process.

The Bill had its First Reading in the Commons on 19 March, so that is basically about three and a half weeks' worth of very intense work on drafting it, working with other Government Departments and tweaking the Bill as we understood more about the disease week by week. There were amendments made during that process, but the real reason for the speed with which it was put through the House was that it was ready by the end of that week—Thursday 19 March and Friday 20 March. That only left about a week, if I recall, before the House was scheduled to go into the Easter recess.

There were two key factors in that. The first was that the scientific and medical advice from the CMO and the chief scientific advisor at that time was, "Stay home". The Prime Minister had made his statement on 23 March, the day it was debated in the House, which was basically saying, "Stay home unless you have to go to work." There was no desire from us to recall Parliament during Easter, in contravention of the advice we were giving.

The second point was that, as we understood more about how the disease was behaving, the first peak was expected to be in London, ahead of the rest of the country. We believed that was likely to come around the first or second week of April, so first of all, you would not want MPs coming back to London during that period. Secondly, we determined that we needed this legislation in place as precautionary legislation, in a sense, to provide

those contingency powers ahead of any region of the UK experiencing a peak of the disease.

Q123 **Mr Jones:** The devolved Administrations had sight of the draft Bill almost four weeks before the House of Commons did. That is right, isn't it?

Edward Argar: They were engaged in initial conversations. From your evidence session on the 23rd with the devolved Administrations, they saw the first draft of the Bill—I think the Minister from Scotland said—on 21 February, so just shy of a month before. But that was an outline of what provision might or might not be included. As many of these powers are devolved to the devolved Administrations, it was important that they had input into the drafting of the Bill at that point.

Q124 **Mr Jones:** The work that you have just described sounds extremely urgent. It is the sort of thing that—again, to repeat a question that has already been asked—one would have thought might demand the use of the Civil Contingencies Act. Was it never considered that the part 2 powers of the CCA might be used temporarily to allow Parliament longer to give consideration to the Coronavirus Bill?

Edward Argar: There are two points there. First, the advice received was that although the CCA could cover some elements of this, it did not contain all the powers that subsequently went into the Coronavirus Act. The second point is—related to that—is of course the legal test and the assessment of whether there was sufficient time to get legislation through, which it was showing there was. We could anticipate that and whether the CCA's coming into force would have been justified in those circumstances. I note that, in the evidence session of the 16th, there was a mixed legal opinion about that from your academic and legal witnesses. Those were two key factors.

The other point is that, although I do not think the CCA would have given the necessary powers even had it been deemed to do so as a stopgap, there was no certainty—with Parliament going into recess at that point—about how long the so-called lockdown would last, and about when and if Parliament would be able to return anytime soon. Therefore, rather than relying on those powers, however imperfect, for a long time before Parliament might have been able to resume, it was felt important that Parliament had the opportunity early on to debate this. However truncated that process may have been, it was felt better to put that legislation through while Parliament was sitting, rather than to hold off and see whether Parliament might be able to sit in the future. That was the thinking there, David.

Q125 **Chair:** Back to me now. I have a question for Penny. We heard that the Coronavirus Bill was based to a large extent on the draft flu pandemic Bill, which was worked on with the devolved Governments. Given that it was always likely to be an urgent piece of legislation, why was the Bill not subject to greater pre-legislative scrutiny by Parliament? Notwithstanding the introduction of the Coronavirus Bill, why was that earlier draft Bill not given greater parliamentary scrutiny?



Penny Mordaunt: My understanding—it is an understanding, because, obviously, I came into this post at the beginning of this year—is that although as much work as could have been done in general terms had been done, there were particular aspects of the Coronavirus Bill, or, indeed, there could have been other scenarios that we were facing that required specific aspects. That is the reason why, as Ed has outlined, the Bill was timetabled as it was. The prep work was only ever there in general terms. We felt that some specific things—for example, in the clauses on death management that I am familiar with—were necessary for this particular scenario.

Q126 **Chair:** It is our Committee's understanding that the drafting of the flu pandemic Bill was a direct result of the findings of Exercise Cygnus. What actions were taken as a result of Exercise Cygnus? One of the most basic questions that I will pose is, when were the findings of that exercise circulated to Ministers?

Penny Mordaunt: Again, the Department of Health and Social Care will be able to give more detail and judge what detail it gives you. For example, speaking in general terms, we have just discussed the legislative workstream that came from that. There would have been issues there. There would have been similar workstreams on PPE, social care and resilience in the workforce. Those would have been taken forward by the lead Departments for those areas—not just Health, but Departments like Local Government, for example, with the local resilience forums.

I asked for the statements that you have, Chair, on coming into office. I made a request at the start of this crisis for the recommendations of Cygnus to be circulated to all Ministers. I was conscious that we had a lot of new Ministers. The recommendations were circulated. My understanding is that at the time of the Cygnus report, the report and recommendations were circulated to Departments. I also understand that that report was discussed at an NSC forum—one of the sub-committees of that forum. I was not part of those forums. That is my understanding of how the findings were disseminated.

As a Minister in post today, I received a copy of the Cygnus report several months ago at my request. I do not know whether other Ministers have had that.

Q127 **Chair:** Thank you for outlining that. But that report is from a few years ago now, which is plenty of time. Are you saying that Ministers have not seen it? At the time of the production of that report, which Ministers were sent a copy?

Penny Mordaunt: Again, Health is the lead Department, so it should be able to tell you that. My understanding, having asked this question, is that it was circulated to Departments at the time, although that does not necessarily mean that it was put in front of Ministers. However, I know that Ministers who were on a particular sub-committee of the NSC would have seen it. Based on my understanding, that does not include all Cabinet

Ministers, but it would include the Ministers who were part of that NSC forum. Again, Health will be able to tell you.

Q128 **Chair:** That is fine. I have seen a copy of the report at Cabinet Office. It was exactly the same as the leaked report, which was on *The Guardian* newspaper website some months before, so I can confirm that it exists. But you seem to be painting a picture in which the report may have been circulated to Departments, but there is no clear indication of what learning was done and how that particular learning was disseminated to those, for example, in social care. I would like to put the same question to Ed, if I may. It is a straightforward question. When did you see a copy of the report into exercise Cygnus?

Edward Argar: As you will be aware, Chair, I came into this post late last year. Post-election, as it were, I got back to work over Christmas. The first formal copy I saw was the same one, probably, that you saw, but I had been briefed on the contents of the report.

Q129 **Chair:** The first time you saw that, it was the leaked copy on *The Guardian* website.

Edward Argar: The first formal time I saw it was the leaked copy. But I had been briefed on the contents of the report, I should say.

There are four key strands, as you will be aware. I will not go into too much detail, but I will set out the key strands of learning from within it. The first was about planning for legislative easements, which would come into effect primarily during a flu pandemic. Of course, the CCS led on that and was responsible for it. It handed responsibility for that back on 20 February, when it became the covid-19 Coronavirus Bill.

The other key element was ensuring that we had surge capacity and capability in hospitals and similar. You will have seen, and we may come on to this later, the work done by NHS England very swiftly to increase capacity, both in ICU and through the Nightingales and the use of the independent sector. Those learnings filtered through into what NHS England did on that operational front.

A third strand was ensuring that the plans put in place for a pandemic reflected insights into public behaviour and public reactions to a pandemic and to the measures put in place. That is another strand of work that has been reflected throughout the covid-19 response, because how people respond to regulation and guidance is key to whether we get consent and therefore compliance with it.

The fourth strand was, of course, improving the co-ordination of the different roles that exist across different Departments and different elements of the government system—local government, social care, NHS and central Government.

All those strands were taken forward. They were considered by not only central Government, but the scientific and medical expert advisory groups—for example, SAGE and similar—and local emergency powers.



HOUSE OF COMMONS

Those different strands were taken forward in different ways. For example, as I understand it, the work on the pan flu Bill was started back in 2017-18 and has been progressed.

Q130 Chair: Yes, as an outcome of the findings. You mentioned that date of February earlier this year and who was responsible for or owned the report, so to speak. I think you indicated that it was the CCS. If I go to Katherine of the CCS, could you elaborate further on that for us? Before February 2020, did the findings report of Exercise Cygnus rest in your jurisdiction, as it were it?

Katherine Hammond: I think the February date the Minister referred to was specifically relating to the Bill, so maybe I could just say a little about preparations for the Bill and how that was taken forward. That was a very clear recommendation from Cygnus; we could see from that exercise that there were likely to be powers that Government would want to take in that extreme scenario, so the pandemic flu Bill work—a joint piece of work between my team and our colleagues in DHSC, but with contributions from a huge range of Departments and devolved Administrations—ran from 2017 onwards.

When we found ourselves, in the early part of this year, looking at something that could become a pandemic, the action in February was for Departments to look again at the provisions that they had prepared for the pandemic flu Bill and to consider whether they continued to be useful in the pandemic that we might find ourselves in and whether there was anything additional that should be drafted in legislation. Exactly as the Minister said, we had a foundation document, but it was important to look at where that needed to be adapted and made bespoke to this particular scenario.

As the Minister says, we kicked off that piece of work, asking Departments to look again, and then the Department of Health and Social Care stood up the Bill team to take that forward. That pattern of shared working between the two Departments is also true of a lot of the other workstreams that have been described coming out of Cygnus. Obviously, there is a particular responsibility for health and social care measures, but, for example, the work on ensuring that sectors are able to plan for absence rates caused by a pandemic was a joint piece of work with a huge number of Departments. There has been a very collaborative effort over the past couple of years.

Chair: Thank you for that, and my apologies if I used the Cygnus report as opposed to the Bill in that question. For clarity's sake—this may be a question to pose to Penny, or it may be a collaborative effort—could you write to the Committee with a full list of things that were changed following Exercise Cygnus? That would be very helpful to us in our understanding and would shed greater light. We will move on now to our next question, which is back with David Jones.

Q131 Mr Jones: Ed, your Department, as you have already outlined, was the lead Department in preparation of the Coronavirus Bill. As you will know, the Civil Contingencies Act contains a wide range of parliamentary



HOUSE OF COMMONS

scrutiny provisions for any emergency measures that may be implemented under that Act. Why is it the case that the Coronavirus Act does not contain analogous powers for parliamentary scrutiny?

Edward Argar: My understanding—and I could be wrong—is that the powers you are referring to are, for example, the powers to make regulations, which I think have to be laid as soon as possible, have to be passed within seven days, and they lapse within 30. Am I right?

Mr Jones: That is correct, yes.

Edward Argar: So what we have done with the primary legislation, the Coronavirus Act—it is important, again, to draw the distinction between the scrutiny powers in that and under the 1984 Act, under which many of the regulations are being put in place. They again are different, and I think that is what Karin alluded to in her question at one point. In terms of the legislation we have put through, it is essentially legislation to cover for contingencies. A significant number of the provisions, as you will be aware, have not been implemented. They are not being used yet.

The safeguards we have put in place—I think, again, your witnesses on the 16th commented on the different layers of parliamentary scrutiny and oversight in the Act, and in the 2004 and 1984 Acts. What we have put in place—which I think, if I recall their words, they said it was different but it was not inappropriate—were the two-monthly reviews, in terms of publication of those, the six-monthly formal review by Parliament, and the vote and debate in Parliament on that, and then of course the two-year sunset clause.

I did hear in previous evidence sessions some references being drawn to what the Scottish Government have done in terms of the information it publishes ahead of their reviews and ahead of the six-monthly review, making more information available to parliamentarians in good time—i.e. some weeks before that debate. It is something we are certainly open to and certainly happy to look at, because I think that will improve parliamentary scrutiny in that debate—so not just what we do at the moment, which is publishing on the web for transparency which provisions have or have not been used, but also more broadly the rationale for why we think they are still needed or why we don't.

I do not want to prejudge that six-monthly review, but what I will say is in terms of strengthening that transparency, those safeguards, and the information to Parliament, that is certainly something we are open to, and I have asked officials to look at, well in advance of that review date.

Q132 **Mr Jones:** Would you be able to write to us to let us know what decision you make in that regard?

Edward Argar: I will. It is something that will be ultimately for the Secretary of State to decide, but I think it is a not unreasonable request, which I have heard the Committee make in previous sessions. I do not know what your Report will say, although I suspect that may be an element of it. I think it is important, in giving Parliament as much



information as we can, as ever, to make an informed decision, because of course it is not only the right thing for Parliament to debate these things, but parliamentary scrutiny can both improve our legislation and, of course, by debating it in the proper way, improve the building of consent and therefore, in my view, compliance with regulations and legislation. It is certainly something I will take up with the Secretary of State, and of course I will write to the Chair about that.

Q133 Mr Jones: Thank you. Penny, as you will be aware, in evidence to the Public Accounts Committee Alex Chisholm, the permanent secretary to the Cabinet Office, said that while Exercise Cygnus tested public health preparations for a pandemic, to his knowledge there was no corresponding exercise to assess the economic impact and plan an economic intervention response to a pandemic. Given the obvious economic risk which in fact has become all too clear in retrospect, why were such preparations not made?

Penny Mordaunt: Clearly, Cygnus was focused on one particular general scenario. There are significant differences between coronavirus and a flu pandemic, even of very large proportions. I think some of the economic consequences of that would not have been played out in Cygnus itself. However, Cygnus sits alongside a whole raft of other scenarios and exercises that go on, and some would have had potential direct economic issues or logistic issues about how financial markets operate and so forth. The lead Department for those preparations is the Treasury, so although Cygnus did not necessarily generate an action point in that respect for the Treasury, it would have been part of the cross-Government risk register and certainly would have been part of the Treasury's own resilience work.

Q134 Mr Jones: I ask this just for clarification. As you know, a pandemic is listed as a catastrophic threat on the risk register. You mentioned that other exercises would have been done to assess the issue of economic impact. What exercises were those?

Penny Mordaunt: There are cross-Government exercises, but there are also exercises that individual Departments do themselves. The civil contingencies secretariat will hold the cross-Government risk register. It will identify those risks—some in the public domain and some not in the public domain—and it is the Departments that are leading on particular aspects of that that would be putting those plans in place. So the Treasury, as well as being part of any cross-Government exercise, whether it is on terrorism or foot and mouth, for example—we had an exercise in 2018 that looked at foot and mouth, which clearly has some economic impact on particular sectors. It would have been the Treasury and other Departments that would have been leading on the preparations should that happen in real life.

Q135 Mr Jones: Again, I ask this just for clarification. Although Exercise Cygnus was assessing the public health impact of a pandemic, you are saying that there was a separate exercise or exercises—plural—that were assessing the potential economic impact of a pandemic. Is that right?



HOUSE OF COMMONS

Penny Mordaunt: What I am saying is that the Cabinet Office, if you like, provides the administrative support to the Government's risk register; it is individual Departments that are the lead in particular areas, that take forward the preparation works should certain situations come to pass. What Katherine and her colleagues do is run cross-Government exercises that look at a whole raft of scenarios, and that is within the normal drumbeat. Indeed, you may have taken part in many of them yourself. They range from terrorism events through to health, security and cyber-attack, and all sorts of other scenarios. In addition, individual Government Departments will run their own exercises, which may be internal; they may pull in other Departments. In terms of economic resilience, it is the Treasury that leads on those aspects.

Q136 **Mr Jones:** Surely the permanent secretary to the Cabinet Office would have been aware, when he gave evidence to the Public Accounts Committee, of what exercises were conducted to safeguard against the economic impact of a pandemic, yet he told the Committee that he had no such knowledge. That is remarkable, isn't it?

Penny Mordaunt: There are, as part of Departments' day-to-day business, exercises and resilience planning that go on. In the Cabinet Office we have a team of professionals for whom this is their bread and butter. There will be experts also in other Departments and other civil servants that do this as part of their job. I would not expect a perm secretary to be aware of every single event going on in another Department as part of their day-to-day planning. Certainly the perm sec would have been aware—or have a list in preparation for your Committee—of major cross-Government exercises that were going on, but the Treasury would be planning and preparing for a whole raft of scenarios, both in terms of economic shocks and impacts on the economy, and also things like attacks on the infrastructure that supports financial markets, for example.

Q137 **Mr Jones:** I wonder if Katherine Hammond has anything to add to that.

Katherine Hammond: One point to add is that of course the same impacts can be caused by different things, so the important principle for how we plan for crises in the UK is that often that planning is cause-agnostic. We know that multiple things can cause an economic shock. The key thing is to be ready for the economic shock regardless of the cause.

Q138 **Chair:** Forgive me, Katherine, for interrupting you. Can I ask a specific question? In your role in co-ordination or, as has been put, administrative support, were the Treasury, BEIS and other Departments for the economic response asked to produce pandemic preparation and contingency plans routinely?

Katherine Hammond: Yes, Treasury, BEIS and others have been part of the pandemic flu programme that the Minister described, which has been running since the findings of Cygnus in early 2017. So they have been thinking about the impact of a pandemic on [*Inaudible*] sectors for which they are responsible throughout.



HOUSE OF COMMONS

Chair: I am sorry I interrupted you. David Jones, do you have a further question?

Q139 **Mr Jones:** There is one other thing that I would like to ask. You have indicated that there were a number of exercises. Is it possible for you to give us a precis of the exercises that were carried out in written form so that we may give consideration to the matter?

Penny Mordaunt: Certainly we can write and give you a comprehensive list, but I can give you a quick overview. You would have had exercises testing counter-terrorism. I have personally played a part in a number of those over the years. There are obviously exercises around leaving the EU and looking at our critical national infrastructure. Exercise Blackthorn looked at an outbreak of foot and mouth disease, and there were also exercises to review responses to particular contingency plans.

Q140 **Mr Jones:** What we are particularly interested in is exercises that were assessing the potential economic impact of a pandemic. If you could give us a list of those, it would be really helpful.

Penny Mordaunt: We can certainly supply the information that we are responsible for. If you were to get a comprehensive list, it would need to come from the Treasury because many of the things that they would have been doing would be internal to the Treasury as part of their day-to-day work. We can certainly request that information.

Q141 **Rachel Hopkins:** To Penny Mordaunt, there has been some confusion around the 2019 national risk register. The Chancellor of the Duchy of Lancaster told this Committee that it was available in the public domain, but then followed up in writing to say that it has not been published. Could you explain why the 2019 national risk register was not published in 2019, and why it has still not been published?

Penny Mordaunt: My understanding is that the piece of work updating the previous register was done, but because of the covid situation, circumstances have changed quite dramatically. I have seen the 2019 register, and there are not that many changes or surprises from its predecessor, but it was felt that a further piece of work needed to be done to update it and put it in the public domain. Katherine may want to add to that.

Katherine Hammond: I will add a little, if I may. I want to draw a small distinction between the different risk products that we use. It is absolutely right that the national risk assessment, which is the document that is used internally within Government and by emergency planners, was updated in 2019. What we then do is turn it into the public-facing document that you are referring to—the national risk register. The intention was to do that in the early months of 2020, but obviously events have intervened. Exactly as the Minister says, it is now the moment to review how the landscape has changed. It is our intention to publish it, having completed that review. There is a bit of a sequence there.

Q142 **Rachel Hopkins:** How much variation is there between the 2019 and



2017 versions?

Katherine Hammond: The risk picture evolves all the time. There are some trends there that you would absolutely expect. On cyber-risks, for example, our understanding has improved over those years. Pandemic flu remains the top normal threat—the top hazard risk—and has been so for some years. In relation to pandemics, there is not a huge difference.

Q143 **Rachel Hopkins:** Thank you. It would be helpful if you could put some of that information in writing to the Committee so that we can have a broader understanding of it.

Penny Mordaunt: We are certainly very happy to do that.

Q144 **Chair:** Penny, could you set out very briefly the processes and stages by which the CCS has co-ordinated the response to covid? Or is my question phrased incorrectly? Has it co-ordinated the response?

Penny Mordaunt: The governance of the covid crisis has changed. The secretariat clearly had a co-ordination role, in terms of the events leading up to the covid crisis. My personal view is that I would like the civil contingency planning officials here to have a bit more welly, in terms of those things—in terms of exercises.

Q145 **Chair:** Forgive me; it is very difficult doing this interruption down the line—it must sound rude, but I do not mean to be. Are you suggesting therefore that it really has not had an effective co-ordination role because it simply has not had the powers to ensure that things have been done in the Departments that it is at least supposedly co-ordinating?

Penny Mordaunt: There are two things, Chairman. There is the preparation and resilience that you build prior to an event happening, and then there is the management of the actual crisis and recovery. I always felt prior to coming into this role that we should be putting more obligations on Departments and Ministers to do particular things.

I will give you an example from another situation: one of our former colleagues, on his first day in ministerial office, was chairing a Cobra on Grenfell. I think there should be requirements on Ministers to train. If MPs are looking to have a career as a Minister, it is a good thing that they train and are prepared for events, just as we require civil servants to do. Again, the secretariat has no authority to do that, and I hope that is something that will be picked up in the integrated review.

I also think Departments should be required to do particular things if we feel they are adrift from their pieces of work. Generally speaking, the secretariat here is very effective in working with other Departments to get them to do particular pieces of work. Katherine gave a good example earlier about workforce resilience, so I think—

Q146 **Chair:** Forgive me; I am rather rattling through these questions. Could I ask candidly if there is a thing that perhaps has not been done to its best possible standard, or any aspect of the Government's response to covid-19 whereby the CCS has at least advised or set an objective for a



HOUSE OF COMMONS

Department but the Department has not done that? Is there an example you could give that would suggest the advice of the CCS was not heeded by a Department, and something could have been done better?

Penny Mordaunt: I think the secretariat has been effective in where it—I mean, it is really there to try and unblock things and progress things. Just to give you a couple of examples, we might feel that local resilience forums need to be bolstered to ensure they have the strength they need. Again, that is not necessarily a criticism of them, because they might be dealing with a number of different things: some LRFs were still dealing with flooding issues when covid hit, for example. On issues like that one and social care, for example, there are lead Departments, but there are also responsibilities that are spread across Departments—healthcare, local government working together. The secretariat is very effective in getting things to happen when it is not necessarily clear which Department is going to lead on an issue.

What would be helpful—this is my personal view, although I have commissioned some work to be done on this—is if the secretariat had a more robust role in requiring people to train to ensure that not only Departments, but individuals and key decision makers are fully prepared if they find themselves around the covid table. Clearly, there are already exercises and inductions that are done, but I think they could be better and more consistent in the requirements we make of individuals.

Q147 **Chair:** I will remain with both of you at the Cabinet Office for my final question before we move on. It is a straightforward question: what powers do the Civil Contingencies Secretariat and the Cabinet Office have to ensure compliance by Departments, or indeed devolved Administrations?

Penny Mordaunt: Katherine is probably best placed to talk to the operational aspects. We have a clear responsibility and function, but it is the action points and the decisions taken in forums such as Cobra that trigger actions to happen. It has a facilitation role and a support role, but clearly it is the decisions that are taken—certainly, when there is a crisis going on—at ministerial level that drive action.

Katherine Hammond: Briefly, we talked a lot about the second half of the Civil Contingencies Act. The first half of that piece of legislation places legal obligations on people to both understand and plan for risk. That is a really important part of our system, where the vast majority of emergencies in the UK are dealt with at local level. The Minister has set out our role very clearly. We are of course part of the Cabinet Office and one of the things it does is use its convening power to identify issues, resolve them and move them along. That is as effective a technique in relation to civil contingency planning as it is for other forms of policy development. As we have already referred to, ultimately, if things cannot be unstuck, there are ministerial fora in which decisions can be taken. So there is a clear pathway to resolve any issues in planning, underpinned by those obligations to *[Inaudible]*.



Chair: Moving on, Ronnie Cowan.

Q148 **Ronnie Cowan:** A question to the Paymaster General: at the outset of covid-19, Penny, you hosted daily meetings every morning and they were really well run. We really appreciated you running through MPs alphabetically. It kept us up to date with what was happening in a fast-moving situation. Since then, we have had Cobra and the ministerial implementation group. Those mechanisms were working at a much higher level. We seemed to have intergovernmental arrangements that, unusually, were working satisfactorily, but they were ended very suddenly. Why?

Penny Mordaunt: I will answer that to the best of my ability. Again, I have not been directly involved in that, but clearly I am aware that across the crisis, the governance arrangements have changed, starting with Cobra, then moving to the MIGs and then further evolved. I think that is to be expected as crises change. There is the immediate impact of a situation—Cobra is a very useful forum for that. Then, we were into a phase where there were clear workstreams, whether it was around social care, or the economic impact and resilience or others—international, as well. Now we are into a different phase.

Katherine may have views on what has been most effective. What we always try and do—it is at the heart of the directorate's work—is to really look at continuous learning. Part of that is how we get decision makers to be well informed, situationally aware, but also ensure that we have the right people able to contribute to decisions.

Q149 **Ronnie Cowan:** I appreciate your answer, but you are answering a completely different question. The meetings were in place on a daily basis and they were ended abruptly, with no consultation with the devolved powers. Why?

Penny Mordaunt: Which meetings are you referring to, Ronnie?

Ronnie Cowan: The daily meetings that happened with the devolved powers, including—I think Mike Russell was the representative from Scotland. All three devolved powers have told us those meetings ended and there was no consultation whatsoever.

Penny Mordaunt: I am not sighted on that, I am afraid. I have not been involved in that. I don't know whether Katherine can—

Clara Swinson: I think you are referring to the ministerial implementation groups and the shift away from that phase of operation, which the Prime Minister announced at the end of May. I think what the Minister said is exactly right, which is that the governance of this pandemic has evolved, based on its different stages.

Ultimately, of course, the decision on the committee structure is always for the Prime Minister on the advice of the Cabinet Secretary. I think the Prime Minister set out his desire to streamline that process a little to integrate primarily a strategic meeting and an operational meeting, which has a moving cast list depending on the agenda.



Q150 **Ronnie Cowan:** Without any consultation with the devolved powers. We were in a situation where we had a decent intergovernmental relationship going—something we have lacked—and yet again, the UK Government adopted a “doing-to” attitude rather than a “working-with” approach. Why were the devolved powers not consulted on the ending of those meetings?

Penny Mordaunt: I am not able to answer that question. Neither Katherine nor I have been involved in those processes. Certainly, from things that I was involved in—Cobras; the ministerial implementation groups that I sat in on, largely for information; and conversations with the devolved authorities on other matters, such as the European stuff—they concurred with what you have said, in that there was a very collegiate, consultative and non-political way of working together, which was extremely welcome to everyone in those forums.

That is something of which I am very conscious, and I would want to ensure that it is one of the learnings that we have in the directorate about how we can really ensure that people are informed, involved and able to take those decisions. I am not involved in creating those structures and have no say on how that governance is changed. I and Katherine note when it works well and ensure that we can continually improve it. I can only take your comments and feed them back.

Q151 **Ronnie Cowan:** What are the current arrangements for the co-ordination of the UK’s response? How regularly are people meeting with the devolved powers?

Katherine Hammond: The structure is the one that I referred to briefly at the end of my answer—a meeting chaired by the Prime Minister, which is focused on strategy, and a second one chaired by the Chancellor of the Duchy of Lancaster, which is focused on operations. As the Minister says, we are not the part of the Cabinet Office that is running either of those meetings, but I know that the Chancellor of the Duchy of Lancaster is in regular contact with his four-nation counterparts via regular telephone calls co-ordinating the pandemic effort. Those links, I know, continue to be important, even though the overall committee structure has changed.

Q152 **Ronnie Cowan:** For my benefit, the Chancellor of the Duchy of Lancaster is in regular contact with all the devolved powers regarding ongoing discussions on the covid-19 crisis?

Katherine Hammond: That is my understanding, and I think reflected in—*[Inaudible.]*

Penny Mordaunt: It will be at all sorts of levels. Just in the Cabinet Office, I am in contact with the devolved Administrations on a list of issues, Minister Chloe Smith is obviously on others, and individual Departments will be as well with regard to the paths that they are leading on. I am sure that even in areas that are devolved responsibilities, clearly there are parts of Ed’s portfolio where it makes sense for the four nations to be in touch with each other. So there is a lot of interaction, but it is at many levels.



HOUSE OF COMMONS

Katherine Hammond: A particular one to add is the very close working between the chief medical officers across all of the Administrations, which has been [*Inaudible.*].

Chair: I beg your pardon for interrupting. I noticed that Ed wanted to come in there.

Edward Argar: Only very briefly, Chair. I entirely endorse what Penny has said and I think she is absolutely right. As the crisis of the pandemic has evolved, so too have the governance structures. What were initially separate—to a degree inter-related—but discrete strands of work, which were reflected in the different working groups, have now come together more.

To go to Ronnie's specific point about Scotland, at a departmental level I know that officials regularly talk with their counterparts in all the devolved Administrations. As Katherine and Penny have said, they regularly happen at CMO and chief scientific adviser level. For example, in the case of DHSC, Matt Hancock, as the Secretary of State, has regular calls with his opposite numbers in Northern Ireland, Wales and Scotland. For example, Jeane Freeman is his direct opposite number and he talks to her regularly. The last note I saw was about fortnightly, if not weekly, calls and meetings at that level that Matt will have around the devolved Administrations. I may be a little out of date there, but they regularly happen, and I see the readouts of them. Those calls happen.

Penny is right to say that the governance around this, which sits with neither her nor me in terms of Committee structure, has evolved as the pandemic has progressed. But at multiple layers there is a strong working and communications relationship.

Q153 **Ronnie Cowan:** There has been a lot of talk in the media this morning about the potential for a second wave—not predicting it but looking at the potential for what could come along, which could be incredibly damaging. Are we already looking at the potential for that? Would that ramp up from fortnightly meetings? Rather than regular fortnightly meetings, would there be daily meetings, where people are on top of this situation before it gets on top of us?

Edward Argar: On that, Ronnie, forgive me for correcting myself, I said I think it is fortnightly, but it may be weekly. I get the readouts as I don't sit in those meetings. At the moment, with the disease not beaten but in decline, that seems the most appropriate rhythm for those meetings. At CMO, and equivalent specialist and official level, there will be daily conversations about aspects of the pandemic.

Obviously, if we were to see a repeat—hopefully not as bad—of what we saw earlier this year, when the governance and communications arrangements evolved as the pandemic went on, then those arrangements could be reviewed again and evolve again, depending on the nature of the threat that we were facing from the disease at a particular point in time.



HOUSE OF COMMONS

I would also note that, at the moment, the arrangements, on an operational level, seem to work well. I think it was on a media round at the weekend that the First Minister of Scotland praised the Chancellor of the Duchy of Lancaster for how closely they worked over a possible cross-border outbreak around Cumbria and into Dumfries and Galloway. I think I recall her saying how the communication and co-ordinated response had worked very well between her and him.

Underpinning this is the fact—it may have been Mr Russell who said this, when he was a witness before your Committee on the 23rd—that this has been a very good example of cross-four-nations working, because every nation has worked on doing what is right and needed based on the United Kingdom as a whole, as well as for each of the four nations, rather than thinking about politics. It has been a very good example of very effective working.

Q154 **David Mundell:** I would like to go back to the Paymaster General and the Cabinet Office, but first I echo Ronnie Cowan's remarks about the calls that you did, Penny. They were very useful in those early days of the lockdown. I know many MPs were grateful for your work in that regard.

I want to be clear whether the Cabinet Office sees itself as having a role in co-ordination and in co-ordinating across the United Kingdom. As we have heard, since the lockdown began there is now very significant divergence, if not in terms of absolute approach, certainly in terms of dates, times and numbers of people who can meet and where, and what they can do. Is it not the role of the Cabinet Office to seek to have the most co-ordinated possible approach across the United Kingdom, while always, of course, respecting the devolved settlements?

Penny Mordaunt: I am very conscious of that; indeed, on the calls that people have kindly mentioned, we had lots of examples of where there was divergence of particular rules and the impact on businesses on one side or the other of the border. In terms of clarity of message, consistency is incredibly important, but I would just say that I think that that was well understood. I was involved with meetings more at the beginning of the crisis, but I think people very much came at it with that particular attitude.

We can certainly point out where we think it makes sense for particular things to happen, whether in terms of policy or particular practices that are going on. Clearly, there are devolved issues, and there are also issues that are going to be dealt with at a very local level—for example, how the police go about their business in their own area—and some of those variations might be absolutely right for operational effectiveness. What is important is that when Katherine and her team flag issues that they think will be operationally difficult, or they want information shared because it is absolutely necessary to operational effectiveness, that is listened to. I think Katherine and her team are very respected across the four nations, and certainly, in Whitehall, when they make those requests they are listened to.

Q155 **David Mundell:** What role did they play, for example, in the quarantine



HOUSE OF COMMONS

arrangements for people travelling to and from the United Kingdom? Although Mr Argar has found some favourable comments from the First Minister—I must try harder do so, because I wasn't aware of them—I think she described the arrangements for making the quarantine arrangements as "shambolic", and Mr Drakeford, the First Minister of Wales, described them as "utterly shambolic".

Penny Mordaunt: Those policies will have been developed by particular Departments, and the decisions that were taken to arrive at the final policy will have been taken at the co-ordinating Ministerial Implementation Group. They will have been decisions by Ministers, and the chief Departments—it will have been Transport, the Home Office and the Foreign Office, but with others feeding in—will have arrived at proposals. Other Departments will have been making their arguments for people to be added to exemption lists and so forth.

If you are talking about the co-ordinated aspects across the four nations, it is the Department that is leading on a particular policy area that will take the lead on consulting those they need to and on taking particular aspects into account. Just so that you are clear, where we, and I in particular, would come in would be to try to pick up issues, particularly from Members of Parliament. I will give you an issue for Scotland: the oil and gas industry and the difficulties that people working in that sector might have with particular quarantine regulations. We can pick up and flag issues, but it is for the Departments to arrive at their policies, and that policy will have been signed off by the CDL-chaired public sector MIG. Does that help?

Q156 **David Mundell:** It does help, but I thought the role of the Cabinet Office in co-ordination was to highlight issues that might arise to Departments that might not have the same level of detailed knowledge of the devolution settlement. To look at a situation that has arisen now, my constituents are not able to travel to Spain without having to quarantine when they come back, whereas Mr Stevenson's constituents—some seven miles from my constituency—do not have to go through that quarantine.

Penny Mordaunt: That aspect is not the civil contingencies secretariat. Clearly, the Cabinet Office has a co-ordination role across Government, but the forums decided particular policies during this crisis. Some decisions are clearly taken in a small group with the Prime Minister. Other decisions will go to the public sector—the co-ordinating Ministerial Implementation Group. Those are the forums where Ministers decide on particular policy issues. There is no override that different directorates in the Cabinet Office have on those sorts of policies. Clearly, given the vantage point that we have, we can flag issues that are of concern.

Another example is different construction businesses on either side of the border. At one point in the crisis, one set were able to work, and another set were not. That clearly has implications for those businesses on one side of the border. We can flag these issues; indeed, that was one of the benefits of those daily calls. In addition to, hopefully, being able to help parliamentarians, a lot of whom were new parliamentarians, to navigate

Whitehall during this crisis, it enabled us to pick up daily issues that were going on. On the same day that the examples I have given were flagged, we were feeding that into Departments and to the Prime Minister directly.

Q157 Mr Jones: The pattern in Wales tends to be that the Welsh Government adopt Westminster policies and relaxations, but about two weeks later. This is something that we have noticed for some time. It causes a considerable amount of confusion in Wales, where people tend to take their news from national UK media. Is it not possible for there to be more co-ordination between the Westminster Government and the Welsh Government, to ensure that these relaxations take place at the same time?

Penny Mordaunt: In meetings where I have been present, both Whitehall and the devolved Administrations have been very aware of the need to ensure that messages are well understood and consistent. What you say could be said about many other policy areas as well, but that is the nature of devolution. One aspect of this crisis, particularly going forward, is that we are potentially going to have—we can see this happening in some parts of England—different rules applying in some places and not in others, because of the nature of the spread of the virus. So it may be the case that there are certain parts of the country, which perhaps have not been hit badly in this first wave, that may have to protect individuals, and public services may need to have these local lockdowns. That presents communication challenges, but I think that is one reason why the Prime Minister and his core team set out these levels, just as we have terrorist threat levels, because it is easier to try to communicate what level your local area is at and, as a consequence, what rules follow from that.

So that is a communication challenge. Given this opportunity, I will just put on the record my thanks to the Central Office of Information, which is also based in the Cabinet Office. Alex Aiken and his team have done an incredible job throughout this crisis of getting complicated and nuanced messages out to people in an effective way, and I say “effective” because we have seen that messaging driving behaviour. But they have this challenge in terms of communicating that, and, actually, it is the same challenge whether we are talking about Scotland or we are talking about Leicester.

Q158 Rachel Hopkins: Why has an equalities assessment of the Coronavirus Act 2020 not been published?

Penny Mordaunt: That is one for health, I think.

Clara Swinson: I am happy to take that question. As I think you know, an impact assessment was done in March, in the time available, and as comprehensively as it could be, alongside the declaration on the ECHR. Of course, on lots of regulations and in the time since then, we have learned more about the equalities impact, not least with Public Health England reports on black and minority ethnic impact.

The Committee raises a good point. In terms of the equality impact assessments that it is our duty to do on regulations and throughout, I



HOUSE OF COMMONS

think we will be able to provide further information on the equalities impact not just of the Coronavirus Act 2020 but of other parts of our response.

Q159 **Rachel Hopkins:** Thanks. You say you will provide further information to the Committee. Will you be publishing an equalities assessment?

Clara Swinson: We have certainly done further work that we will be publishing, and I think we can provide that to the Committee, yes.

Q160 **John Stevenson:** Penny, I just want to touch on the rule of law. As a country, we clearly believe in the rule of law. So why does Government guidance state that people can only meet in groups of up to six from up to two households when the law contains no such limit?

Penny Mordaunt: I think that is probably best answered by Health. I have not been cited on or been part of any forum that has set the social distancing rules. So I am sorry—I can go and find out for you, but that is not something that I am involved in or have background knowledge of.

Edward Argar: Thanks, John. The bottom line is that what is in the regulations or in statute, as you rightly allude to, is the law. That is what can be enforced, and that is what people have to abide by. But alongside that, of course, there has been, first, various guidance published, and also statements by Ministers—the Prime Minister and others—emphasising particular messages. I think that has been extremely useful, because, essentially, the guidance has put flesh on the bones of the legislation—the legislation being what is actually compulsory—and it has also clarified a lot of subsequent questions that individuals have about what the advice is in circumstance A and circumstance B.

However, I think that what is at the heart of your question—correct me if I am wrong—and what I agree with you on is that this process is important. At times, I suspect, the messages may have become blurred, between what is compulsory—a legal requirement—and what is strong guidance, be it on medical advice or otherwise. Where I would share your view, I think, is that it is important that in messaging from Ministers and in the guidance, it is clear that it is guidance that is intended to help and support someone in deciding how to behave, rather than a legal fact with an associated penalty. Throughout this, the importance of clarity of language has been important.

Q161 **John Stevenson:** I think it has been confusing for the public. We could argue that, actually, Ministers have misled the public, because they have basically said one thing when the law of the land, which we all have to follow, has said something completely different. Therefore, people have adjusted their behaviour when they did not need to.

Edward Argar: I would slightly challenge the final sentence, John, about people changing their behaviour when they did not need to. I believe that the guidance—this is the same with the CMO and others—is what people need to follow to help tackle the disease. But you draw a distinction,



HOUSE OF COMMONS

rightly, between what they may need to do and what they have to do—that is, what is in legislation and what is enforceable.

I do not think that Ministers have in any way misled; they have sought to highlight what is legislation, but also to highlight what guidance means or how you might interpret that to keep people safe and to achieve the outcomes desired. It is not always possible in for example—I did a number of these—a five-minute interview on the “Today” programme to set out in detail what is statute and what is guidance, which people are well advised to follow on top of that. I try to use the language of guidance and what is in regulation or in law.

You are right that the whole pace of this and the nature of the changes that have had to be put in place have moved so swiftly that, while I think the overwhelming majority of the British people have made common-sense, pragmatic decisions, stayed within the rules and done the right thing, there will be areas where that has been blurred or not entirely clear. I entirely accept that. I feel that that is a reflection of the pace at which the disease and the response to it have evolved and changed, in terms of both replacing regulations and changing guidance.

Q162 John Stevenson: If a Minister thinks the guidance is important, why should it not be put into legislation? If you clearly had the power to do so—you have been moving at pace with regards to legislation—and if you thought it that important, why not put it into legislation?

Edward Argar: It is also important that what is put into legislation is deemed to be enforceable and practically useable in legislation. To take one example—possibly a controversial one—on the discussion around 1 metre or 2 metres for social distancing, the reality is that we could put it in law, but it would be very difficult to enforce what exactly was 2 metres—was someone a bit shy of it or at the right distance? One consideration is what is good law and can therefore be defined and enforced.

Otherwise, something can be put in guidance—strong guidance, from the chief medical officer and others, based on the scientific evidence at the time—and we can have faith, which I do, in the common sense and pragmatic response of the British people.

There is that other filter: first, it is what we can define in a statute or in a regulation, for Parliament to debate and consider; and, secondly, what is enforceable? There are a number of considerations there.

Q163 John Stevenson: Thank you. Penny, it is understandable that the initial lockdown regulations came under the urgent procedure, but as we have come out of that and eased the lockdown, do we need to continue with the urgent procedure? *[Inaudible.]*

Penny Mordaunt: Sorry, are you directing that at me?

John Stevenson: Yes, I was, Penny.



HOUSE OF COMMONS

Penny Mordaunt: Again, this is a matter for Health, which is the Department that will lead on the legislation. If you are asking me my view—

John Stevenson: It is procedural, in many respects.

Penny Mordaunt: It is. What I was going to say was that the principles I set out at the start apply. If you are dealing with any type of legislation or further powers that infringe on civil liberties, or deal with areas of services being withdrawn or arrangements put in place, for example for individuals in care, the highest possible parliamentary scrutiny should be your default setting. Those are the principles that I think have guided what people have done on this. You will have to go to Health for specifics on any future legislation that you might be considering.

Edward Argar: I agree with everything Penny said. We have to view what has happened previously through the prism of the pace at which the disease and how it behaved was changing, as well as the nature of the regulations. I am clear, as Penny is, that when legislation goes through the proper parliamentary scrutiny, it is improved and is more likely to gain consent and compliance.

I hope that as we are moving into a phase where the disease is better understood, where we are past the first peak and where infections and death rates are coming down, we can revert to a more normal parliamentary rhythm of these things. Any decisions on that will be a matter for the Leader of the House and the shadow Leader, as well as the usual channels through the Whips in terms of scheduling business. As a parliamentarian, I hope that we can get back to a more normal parliamentary rhythm around this.

Chair: Just as we go to Karin Smyth, bear in mind that part of the Minister's constituency is affected by the local measures in Leicestershire, so he may have recused himself from the process. I think Clara will pick up any gaps.

Q164 **Karin Smyth:** Thank you, Chair. We would like to look at local lockdowns. Penny Mordaunt, how long have local lockdowns been part of the Government's coronavirus strategy?

Penny Mordaunt: Again, that is probably best answered by Health and Social Care. It has always been well understood from what the Government advisers and scientists have been saying that that has remained a possibility for some time, because of the way in which the virus potentially moves through the population and parts of the country may not have been hit as hard as others. I am sorry that it is not an area that I am directly involved in.

Clara Swinson: It has been part of the Government's strategy since the beginning. In the early stages, when we were containing the virus, when there were people who had caught the virus in Italy or elsewhere, we had quarantine for those coming in from China and a number of other



HOUSE OF COMMONS

countries. We then had closures of GP surgeries and so on in Brighton when there was a set of cases there.

In March when we moved to the national lockdown, that was a comprehensive national position. The document that the Prime Minister and the Cabinet Office published on 11 May—the recovery document—set out that in the next phases, as different bits of the national lockdown could be lifted, while we hoped that there would not be local outbreaks, we would look at containing local outbreaks, as there had been on a smaller scale, such as the closure of Weston Hospital last month and, under the regulatory position, those that Leicester and parts of Leicestershire are currently in.

Q165 **Karin Smyth:** To be clear, shall we say that it was part of the strategy from the beginning, since February, that local lockdowns would be necessary?

Clara Swinson: Certainly, local outbreak management control, which could lead to different sectors being closed, was part of the strategy from then.

Q166 **Karin Smyth:** Is that the Government's strategy? Can I just clarify the difference between the Government's strategy and what would normally be part of public health responsibilities locally? Are you saying that the Government strategy included potential local lockdowns from February?

Clara Swinson: You make an important distinction. We have asked each local area now to have a local outbreak plan. Whether that is done with the responsibilities of the director of public health locally or under national regulations, you can decide where to draw the distinction, but certainly, local outbreak control, including some closures, was part from the beginning.

Q167 **Karin Smyth:** It is not a distinction that I am drawing. It is a distinction that exists—I think we need to be very clear on that. Perhaps we can flesh that out a little bit. I'm not sure if this is for you, Ms Swinson, or back to the Cabinet Office. What discussions did the Government have with local authorities about potential lockdowns, and when did they have them?

Clara Swinson: After the recovery strategy that I mentioned in May, which announced the setting up of the Joint Biosecurity Centre, taking data at a national, regional and local level alongside Public Health England, through that period, looking at the progress of the virus throughout the UK and, from my perspective, into England, those discussions happened throughout June.

As the Secretary of State set out in his oral statement the day before the regulations for Leicester, that is a position where there is a daily call at bronze level, where the Joint Biosecurity Centre, Public Health England or a local DPH can escalate an issue to the daily call nationally. There is then a Silver Command chaired by a CMO, that would look at areas of concern,



and a Gold Command that puts things to ministerial level, at national level, as required.

Q168 **Karin Smyth:** I think we need to go back to the Cabinet Office. That is a description of an operational process that started, I think you said, in May, with the biosecurity unit, and after some legislation, although we have identified that the Government were starting to consider local authorities back in February.

At what point were the Government saying to local authorities, “You will need to do lockdown. The current public health laws do not allow you to lockdown an entire area, therefore something different needs to happen.”? Did that discussion take place?

Penny Mordaunt: I think the distinction here is between what has been outlined, which was very much focused on a particular lockdown that needed to happen or was in the process of happening, and generally preparing local government and, critically, local resilience forums for the possibility that that might happen.

The lead Department on that is Local Government—MHCLG. They had a regular pattern of speaking to, in some cases, all local authorities, and in other cases, the LRFs, but many other meetings have taken place. I know from a question I raised some time ago that those meetings run into the many hundreds. There were an enormous number and it will have been in those forums that these issues would have been raised and discussed. Again, I am not in those meetings—I am not sighted on that, but I am trying to be helpful. I am just explaining that that would have been the lead forum for preparing local government and the local resilience forums for whatever scenario may have followed.

Q169 **Karin Smyth:** Okay. Just for clarity, I have been part of local resilience forums in a former life. What we are trying to establish is when did the Government know that, and give local authorities that responsibility and support for a lockdown?

Let’s look at Leicester. The lockdown was brought in on 30 June, but the statutory instrument was not made until 4 July. Given we have had an answer that says that this was part of the Government’s thinking back in February, does that mean that elements of the lockdown were legally unenforceable for those first few days from 30 June to 4 July in Leicester?

Penny Mordaunt: Again, you will have to direct that to Health. We have not been involved in that aspect of the response, I’m afraid.

Q170 **Karin Smyth:** It is a Government question about whether the lockdown was legally enforceable. Yes or no?

Clara Swinson: The Secretary of State for Health made the statement on 29 June—I would need to double-check the date—but the regulations were put in place then. Because the national regulations were changing on 4 July, it was the fact that Leicester was excluded from those from the 4 July. Other actions that were taken, for example in Leicester, from 30



HOUSE OF COMMONS

June, such as the closure of schools, were not enforced by regulations, as nationally.

Q171 **Karin Smyth:** Perhaps we need to clarify my first question about how long local lockdowns have been part of the coronavirus strategy. We might want to come back to that before we end this session to be clear so that we do know. What information is being shared between local authorities and the UK Government to help inform those local decisions on local lockdowns?

Clara Swinson: To go back to the first part of your question, I have talked about local outbreak control and the 11 May documents. You have heard the Prime Minister and others talk about the whack-a-mole strategy. In terms of where the things are enforceable in regulations and local lockdown—moving to that phase—I would put it in that phase set out in the recovery document.

Turning to your second point on data, Public Health England's weekly surveillance report breaks down data at a local authority level. Postcode-level data and case data are shared with the local director of public health and the local authority under a data-sharing agreement that was put in place at the end of June, I think.

Q172 **Karin Smyth:** Can I ask the Ministers who is responsible for deciding whether local lockdowns are necessary? I think Mr Agar can answer that one.

Edward Argar: I cannot answer with reference to Leicester, if that is all right, because, for obvious reasons the permanent secretary's advice was to avoid conflict of interest because it affects my—

Karin Smyth: It is clearly a question about who decides.

Edward Argar: It is a policy procedure one. The decision on whether a local lockdown is necessary is made by the Secretary of State and the extent of that lockdown is made by the local authority leaders under advisement from Public Health England.

Q173 **Karin Smyth:** This is not for you, Mr Argar. Why was the draft legislation on lockdown in Leicester not published in advance of that lockdown?

Clara Swinson: It was published alongside the regulations on 4 July. Of course, there was a large change in the regulations lifting various bits of the lockdown on 4 July and the Leicester regulations were put out at the same time.

Q174 **Karin Smyth:** We knew from other countries and it is well known within Public Health, which has responsibilities locally for the management of the outbreak of diseases that it was likely that we would need local lockdowns. To go back to my first question, were local lockdowns part of the Government's coronavirus strategy from the beginning or is that something that was only contemplated and legislation brought forward at the end of June? I am not sure this is a total Department of Health matter but you look as if you are going to answer.



HOUSE OF COMMONS

Clara Swinson: I would clarify—I am sorry that you did not like my previous distinction—the local outbreak control in the first phase and in the contained phase was part of the strategy and the action plan that the Government put out about local control and outbreak control.

Q175 **Karin Smyth:** Local control of the disease is different from a local lockdown. That is the point we really want to understand.

Clara Swinson: Things that could be shut locally either in February or, for example—the Weston hospital or the meat factory—that can be done at different times under—

Q176 **Karin Smyth:** Existing legislation.

Clara Swinson: Yes. In terms of local lockdown, it is Leicester that we have seen, obviously, as part of that. As the Minister set out, that is a Secretary of State decision and taken to collective agreement if necessary in Government.

Q177 **Karin Smyth:** Final question to the Cabinet Office. Ms Mordaunt, you mentioned local resilience forums. There are suggestions that, as this has largely been a health issue, the local resilience forums, which are led by the police, need a different sort of leadership locally. What conversations has the Cabinet Office had with the local resilience forums through the police about that issue?

Penny Mordaunt: Not all of them are headed up by the police.

Karin Smyth: Apologies, that is true.

Penny Mordaunt: However, a great majority of them are. The lead Department for the resilience forums and for having those conversations is the Ministry of Housing, Communities and Local Government. Earlier in the crisis, through Cobra and other forums, particularly thinking about the devolved Administrations and the resilience forums that they are directly responsible for, informational issues were cascaded and communication was done through those channels. In terms of policy, continuous learning and structures around local resilience forums, that is a policy area managed by MHCLG. From a civil contingencies perspective, the most important thing that I can say on LRFs is that they are really the front line.

People tend to focus a great deal on work that is done in Whitehall and at a national level at devolved Administrations. However, it is the LRFs that have done the heavy lifting. Good two-way communication, including timely and accurate data so that they can properly prepare and plan, is fundamental to a good response. That has been the focus of Katherine and the team.

Q178 **Jackie Doyle-Price:** A question first for Penny. On 18 June, it was announced that the UK's track and trace app was moving to a Google and Apple framework. Can you advise us what the timetable is now for the new app coming online?

Penny Mordaunt: I am sorry, Jackie, that is an NHS issue. I have not been involved and am not sighted on that, and neither is the secretariat.



Q179 **Jackie Doyle-Price:** Before I move on to Ed Argar, this is a significant and expensive item of Government policy. What is the role of the Cabinet Office in the governance of the management of that aspect of our coronavirus policy?

Penny Mordaunt: The Chancellor of the Duchy of Lancaster is part of the small group that has been advising and taking decisions on a daily basis with the Prime Minister. He also chaired the public sector implementation group. That is a sort of mother implementation group to which all policy decisions were fed and was a speedy way of doing what would normally be write-rounds in Whitehall. Those were the basic mechanics. Katherine outlined earlier how those implementation groups have evolved. The reason I am not able to answer all those aspects is because I have not been part of all those forums. I have had a very limited personal involvement—only in cyber and in death management. I am afraid, for the detail in terms of the app, you will have to direct that to healthcare.

Q180 **Jackie Doyle-Price:** Bearing in mind that you referred to the committee chaired by the CDL and part of that is in terms of committee decisions to what tools we are going to use, presumably, that group would have looked at the experience of apps in other countries before coming to the decision of commissioning our own app.

Penny Mordaunt: No. Again, it might help to clarify some of the governance. The public sector group either was to socialise a policy around Ministers in Whitehall or was part of a clearance process that was necessary. For example, the quarantine policy will have come to that group. In terms of other aspects, such as looking at SAGE data and taking decisions on the balance between, for example, opening up the economy and social distancing measures, those will have been taken in other forums. Again, healthcare will have been part of that conversation.

It very much depends on the nature of who needed to be involved in those decisions. The public sector Ministerial Implementation Group was very broad; it had representation from most Government Departments, so it will have looked at particular issues. In terms of the other issues, these were held at more close quarters and would have looked at particular aspects of healthcare—certainly, I think, early decisions around testing, tracking and those sorts of things would have been taken in those forums.

Q181 **Jackie Doyle-Price:** Over to you, then, Ed. Do we have a timetable for the new app?

Edward Argar: No, we do not have a firm roll-out date for that, and it would be wrong to set one arbitrarily, because a lot of work is still being done on it. In terms of the genesis of this, as you will be aware, NHSX were commissioned by the Secretary of State to develop an app that worked for the conditions in this country and was interoperable with other NHS systems and similar, and that was piloted on the Isle of Wight. It is in the nature of any pilot that you test it, and in this case that threw up



some real challenges with how it operated. It is a shame that that is how it played out, but that is the nature of a pilot and a test.

We are now looking, as you know, at the Google and Apple option or other options. The reality in this space is as Baroness Harding has said. First, the app will be helpful, but it comes atop the broader test and trace programme. And we are not alone. You have mentioned, I think, international comparators and asked whether we have looked elsewhere. The reality is that, around the world, other countries are struggling with this issue as well. Germany is often cited. It has had, I think, about 12 million uses or downloads of its app, and that is a variation on the Google and Apple app. I think France developed its own one, and was one of the earliest in Europe to launch it, and it is still struggling to get above about 2% downloads and take-up of it. Singapore, I think, launched one. It got about 20% of the population signing up to it and is now looking to change away from that and transition to a different approach.

The reality is, in this space, that track and trace is proving effective in following the virus and tracing the virus at this point. The app would be a useful addition on top of that and would add a layer of functionality, but it is not simple, so there is still a lot of work being done to try to get something that actually does the job.

Q182 Jackie Doyle-Price: Isn't it time to call time on this? You have already said that the virus is in decline but not beaten. Clearly, a lot of money has been spent on this, but at what point does it become an irrelevant tool?

Edward Argar: I think, at the moment, that it is right that we continue to work on it, look at not necessarily developing our own app but what we can do with Google and Apple and others, and work with existing platforms, because at the moment, with the disease where it is, this is a useful additional tool, a useful additional functionality, and, although I hope it does not happen, we can't entirely rule out that there will be a second wave, either later this year or early next year. I have not seen the latest projections on that, and we still don't know how this disease is going to behave. Therefore, this could be, still, something of value in helping to tackle that. I take your point: at what point do the financial costs and the delays outstrip—are we going to get it in time, and is it actually going to do the job it's there for? I think, at the moment, that it is still right that we continue to explore those international options or the existing platforms.

Q183 Jackie Doyle-Price: We are short of time, so I will quickly ask you a couple more questions. First, what has happened to the data from the Isle of Wight pilot?

Edward Argar: That data is being analysed, as I understand it, by the NHS and Public Health England. As for our data protection impact assessment, we said that, in accordance with the law, that data would not be kept longer than is necessary, so it will be retained for the period of the public health emergency, and we are seeing what we can learn from that about the behaviour of the disease. We have said we will not retain it



HOUSE OF COMMONS

longer than is necessary because it is personal data, and we will ensure that the necessity to retain it while this pandemic goes on is routinely reviewed at least every six months.

Q184 **Jackie Doyle-Price:** Quickly, the R number has been cited as the key to successfully ending lockdown. Can you tell me how useful the R rate is in determining when and where a local lockdown should occur?

Edward Argar: I can touch on that, and then Clara might want to come in with specific examples around Leicester, which I, for obvious reasons, will avoid talking to directly, because I am directly involved in that.

R is the reproduction number: the average number of secondary infections produced by a single infected person. It is different from the growth rate, which is the speed at which the number of infections changes day by day. They are both relevant factors in this. You are right to highlight the challenges that R alone can pose, because, as you go down to a smaller and smaller number of tests and a smaller and smaller number of people and as the sample gets smaller, that can be a limiting factor in what you can actually glean about how swiftly the disease is spreading or what its replication rate is at a very low level. For example, because of that, estimates of R for geographies smaller than regional levels do become less reliable, and it can be more appropriate to identify local hotspots through, for example, monitoring different data, such as the number of cases, hospitalisation rates and death rates.

There are other factors in terms of not just R or infection rate data that will be weighed by public health professionals and local authorities as public health bodies may be considering local lockdown or not, which are things like patterns of movement between particular areas and, potentially, hotspot areas, familial and other links, and where people go to work and where they travel to and from, so it is not a pure judgment on the basis of R or infection rates. It is more complex. I am sorry. I am not a medic or a scientist, so I probably have not explained it as clearly as perhaps Jonathan Van-Tam would, but I hope it makes sense.

Q185 **Tom Randall:** Penny, you may have seen the Public Accounts Committee report of 8 July that said that the Government says it is committed to building up PPE stocks to meet longer term demand, but we are not convinced that it is treating the matter with sufficient urgency or that the procurement is robust enough. The Government needs to have a clear understanding of what is needed and how to distribute it. Could you tell us what estimates have been made of the likely demand for PPE in a second wave?

Penny Mordaunt: I can get the figures; I will have to send them to you. Again, Health is leading on that. What the Cabinet Office is doing is providing some support from some of our procurement experts. Certainly, in the early part of the crisis, there was a surge to put some of our team in to support healthcare. They are still providing assistance, but in a different capacity. The sorts of things that we are looking at are the more upstream challenges that we face in the international supply chains. Again,



HOUSE OF COMMONS

other parts of the Cabinet Office will also be dealing with, potentially, some security aspects around that as well. So that is the type of way that we are supporting the PPE effort. On the calculation of numbers of gloves and how many materials are required to produce stuff domestically, those numbers are being led by Health.

Q186 Tom Randall: Reflecting on the experiences from what may be the early wave—the first wave—are you looking at distribution networks and pinch points for any second wave? Is there any stockpiling going on ahead of a potential second wave?

Penny Mordaunt: Yes, and again Health will be able to give you the details about that. In addition to the national systems that healthcare had in place and has built on, and looking at glitches in the system around NHS supply lists and so forth, we should not forget the local response. One of the key learnings for me is that, particularly on social care, you had an awful lot of organisations—not necessarily sat in the public sector, but private and independent organisations—that needed PPE but were not on the radar of certain public sector bodies. Those local distribution networks and the knowledge that sits in LRFs and local authorities really are fundamental.

To give you an example from my local patch, the local search and rescue service, which was not involved in the covid response—although it had been trained in covid protocols and had vehicles, local knowledge, mapping skills and auditing skills—delivered the last mile of PPE. That was local people, who had the perfect offer, being put in place and doing something that worked in that local area. As well as the national systems and the international supply chain stuff that is being done by central Government, fundamental to good delivery networks is the local aspect. That would be one of my key learnings from this crisis.

Q187 Chair: On that last mile, can I ask Ed briefly to add anything to that?

Edward Argar: I will be very brief, Chair. Mr Randall is absolutely right to highlight that. This is one of those areas, as across the piece, where we rightly saw in the early days of the pandemic a huge change in what was required. We went from supplying PPE to about 250 or 260 hospitals and other trusts to up to 58,000 organisations. That is a huge change.

We also saw international demand causing challenges, in terms of price. We saw factories shutting down because of covid, and supply lines interrupted. Then, of course, we had to get the PPE out. I pay tribute to Penny, Theodore Agnew and their team for their work. I also pay tribute to the military and James Heappey, the Armed Forces Minister, for the work they did in meeting that emergency and getting the distribution out.

In terms of the future—you are asking about the lessons learned, which we are learning in real time—this is one area where we are doing exactly that. In the seven days to 5 July, 134 million items of PPE were still being distributed, and that is with the crisis declining. We are doing the modelling of what future needs there will be, either in situations like this or if there is a second peak. There is also a multi-stranded approach to



HOUSE OF COMMONS

stockpiling and getting it in place now. We are getting PPE in regional distribution centres where we can so that it does not have to travel long distances. We are getting the logistics in place. Alongside that, as Penny said, we are looking at international supply lines and at what we can do here to build on the amazing efforts by British businesses to help step up to the mark during this crisis.

Q188 Chair: Thank you ever so much. Just one final question from me. It is a massive subject, but I would be grateful for a very brief answer from both Ministers. Can I ask for your very brief reflection on what form a public inquiry might take, and what its purpose would be? Can I begin with Penny?

Penny Mordaunt: The most important thing that we are concerned about with civil contingencies is ensuring that the country is well prepared for any and every eventuality. Throughout this crisis, continuous learning has taken place. If there is to be a deep dive, or an inquiry of some description, what I would want is it to be done in a timely way that yielded some practical learnings. The whole point of this is that we get better at responding to, and anticipating, these sorts of events. Clearly, many forms of inquiry could take shape. For me, it is about, "Does it make us safer?" or "Does it help us to do our jobs better and to protect the people of this country?" I am sure, Chair, that people will be listening to your Committee's recommendations with interest.

Chair: Thank you. Ed, may I pose the same question to you?

Edward Argar: I endorse absolutely everything that Penny has said. Decisions on timing and the nature of any sort of future inquiry will sit, ultimately, with the Prime Minister—the Prime Minister and the Cabinet Office, I think, formally do it, but it will be the Prime Minister who makes a decision like that, or the Cabinet.

Penny is absolutely right to highlight that what is important here is that, first, we continue to learn the lessons in real time—which is one of the things that I touched on in my answer to Mr Randall about PPE—so that, should there be any recurrence of this disease, we are already better prepared than we were when it was a new disease to everyone around the world. Secondly, more broadly, it is about how those lessons can help better prepare our country for not only future pandemics, but other disasters or crises that we may face—so where there is learning across that.

The short answer to your question, Chair, is that decisions on such issues sit well above my and Penny's pay grade, I fear, but I think that we are as one in what we believe needs to come out of any learnings and lessons learnt, which is a country that continues to evolve its response to be even better prepared next time.

Chair: I thank the Ministers and their officials, and all the team members for today's meeting. I note that a number of things will be written to us in due course, for which I am very grateful.



HOUSE OF COMMONS