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Public Administration and Constitutional Affairs Committee

Government transparency and accountability during Covid 19: The data underpinning decisions

Eighth Report of Session 2019–21

Report, together with formal minutes relating to the report

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Public Administration and Constitutional Affairs Committee

The Public Administration and Constitutional Affairs Committee is appointed by the House of Commons to examine the reports of the Parliamentary Commissioner for Administration and the Health Service Commissioner for England, which are laid before this House, and matters in connection therewith; to consider matters relating to the quality and standards of administration provided by civil service departments, and other matters relating to the civil service; and to consider constitutional affairs.

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Summary

This report asks the fundamental question of whether Parliament and the public can hold the Government to account for its decisions. It concerns data, as that has driven the response to the pandemic, but the core messages could be applied to many aspects of the functions of government.

Over the last year, the Government has asked the people to accept unprecedented restrictions on their freedoms, and to accept the many consequences of those restrictions. Individuals have been separated from their families, many have been unable to work, and weddings, religious ceremonies and other life events have been cancelled. Many of the freedoms we take for granted have been curtailed. This has come at enormous cost to both the country and individuals, and many people have suffered hardship both financially and in terms of their well-being and mental health. Not least, it goes without saying that many people have made these sacrifices while mourning loved ones lost to this pandemic. For these reasons, there is a moral imperative on Government to clearly justify each of their decisions. Part of that is making the data that is driving the response, and its interpretation, available so people can understand why they are being asked to make such sacrifices.

The Government needs the public to keep working with them, changing their behaviours and their lifestyles in ways which are often extremely difficult. The Government must build trust and co-operation by being open and transparent about the data. Data transparency is not just a moral issue, it is integral to the success of the response to this pandemic. Transparency builds trust, and trust aids compliance with rules.

The Committee is keen to acknowledge that the Government has had to make complex and difficult decisions, often quickly, on the basis of emerging information. More often than not, there is no obviously correct response but rather a range of possible actions that could have different outcomes for, amongst other things, public health, the economy, and the education of children. These outcomes are not in conflict with each other, as they are often presented, but are closely linked.

This report is not a critique of whether the Government made the right or wrong decisions at various points in this pandemic. Instead it considers whether those decisions were transparent and whether the data underpinning them was available for Parliament and the public to hold the Government to account.

In summary, we conclude that:

- The Government has made enormous strides in its understanding of Covid 19, and the work of officials in Departments, Local Government and other bodies is commendable. However, communication has not always been transparent enough, and accountabilities have been unclear.

- Government communications must focus on informing the public openly and honestly. This includes being frank about uncertainties in the data. At various points throughout the pandemic, data has been communicated with

the apparent intention of creating a more favourable view of the Government —or even to provoke anxiety rather than help people understand risk. This is not acceptable.

- Where Ministers quote statistics, the underlying data must be published and hyperlinks must be provided from Ministerial statements to the data, so that is easy for journalists and members of the public to find. Ministers have not always published the data underpinning the statistics quoted, which means these cannot be readily verified. This is not adequately transparent and is not consistent with the UK Statistics Authority Code of Practice. The Ministerial Code must be strengthened to require Ministers to abide by the UKSA Code of Practice.

- Ministerial accountability for ensuring decisions are underpinned by data has not been clear. Ministers have passed responsibility between the Cabinet Office and Department of Health and Social Care, and the Chancellor of the Duchy of Lancaster's refusal to appear before this Committee as part of this inquiry is contemptuous of Parliament. The Government must make a clear statement of accountabilities before the renewal of the Coronavirus Act, and the Minister for the Cabinet Office must respond to this report, clearly outlining his understanding of his own responsibilities.

- The local response to Covid 19 was delayed because Whitehall officials were unwilling to share data in sufficient detail and data did not move quickly enough through new systems. As we move through the next steps of the roadmap, the Government must share all available data in as much detail as possible with local officials, ideally to patient level. In addition, the Department of Health and Social Care should undertake an urgent review of health data systems.

- Local lockdown and tiering decisions were not transparent enough and this led to confusion and mistrust. The data underpinning the decision to put some areas under greater restrictions than others has not been clear enough, and there were no data thresholds aligned to the indicators for tiering decisions. The Government must publish thresholds for the roadmap to avoid such confusion when decisions to move between steps are made.

- The leisure and hospitality sectors had not seen the data underpinning the decisions to put restrictions on their businesses. The Government should publish the data that underpins the restrictions that will remain in place on businesses at each step of roadmap as a matter of urgency.

1 Covid 19 data – one year on

Progress to date

1. On 31st December 2019, the Wuhan Municipal Health Commission identified a cluster of cases of pneumonia. Twelve days later, on 12th January 2020, China shared the genetic sequencing of *severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)*, which causes Coronavirus disease (*"Covid" or "Covid 19"*).

2. When the Scientific Advisory Group for Emergencies (SAGE) was convened for a precautionary meeting on 22nd January, the minutes reflected that very little was known about the virus or its potential impact on the UK. Of what was known, the minutes state that "there is considerable uncertainty around the data, with almost certainly many more cases than have been reported".[1]

3. In the months since that meeting, the Government has amassed an enormous amount of data on Covid 19 and made much of that available to the public. While this report is critical of the transparency of many of the decisions, the efforts of Civil Servants in Departments, Agencies and non-Departmental bodies, as well as those working in the NHS and Local Government, to stand up new systems and collect new data is commendable. As Professor Sir Ian Diamond, the National Statistician, said:

> The pace of progress made with Covid 19 data and analysis is truly remarkable, and testament to the hard work of colleagues in the Office for National Statistics (ONS) and across the [Government Statistical Service]. You ask what key data do we have now that we did not have in March/April 2020: the answer is really an extraordinary amount.[2]

4. Many of these public servants will have undergone considerable hardship in the last year, as have many members of the wider public, and the Committee echoes the sentiments of Sir David Norgrove when he said in correspondence:

> I pay warm tribute to all involved in this work, at a time of anxiety for them and their families, with all the disruption caused by the need to work from home, alongside the increased difficulty of their professional lives, with many surveys and other sources of data having to be changed or abandoned.[3]

5. The Committee called Professor Sir Ian Diamond, the National Statistician, to give evidence to the Committee in May, prior to launching this inquiry. At that point in time he explained that the Office for National Statistics (ONS) had supported the Government by ensuring deaths data were timely, and by conducting additional analysis to understand more of the factors driving mortality statistics. Alongside this, it was standing up new surveys to understand infection.

6. By January 2021, when the National Statistician wrote to us, much of that work had come to fruition and the ONS was supporting Government with vast amounts of new

1 HM Government, Scientific Advisory Group on Emergencies, Addendum to Precautionary SAGE meeting on Covid-19, 22nd January 2020 Held in 10 Victoria St, London, SW1H 0NN, 29 May 2020, accessed on 1 March 2021
2 Letter from Professor Sir Ian Diamond, National Statistician to Chair, dated 9.2.21 (Covid 19 data)
3 Letter from Sir David Norgrove, Chair of the UK Statistics Authority to Chair, dated 9.2.21 (Covid-19 data)

data. It now produces surveys and analysis on: the impact on businesses; mortality; and school infections. Central to this is the Community Infection Survey, which helps the Government to understand the prevalence of the virus. He stated that:

> as of 23rd October 2020, the Community Infection Survey (CIS) has been publishing as a UK wide survey. This enables the devolved administrations to make better informed decisions using data that is directly relevant to their populations and giving a much deeper picture of the UK as a whole.[4]

7. As the Royal Statistical Society (RSS) noted in its evidence, this work by the ONS is part of a wider effort at disease surveillance spanning multiple bodies:

> There has been significant recent investment in surveillance initiatives in PHE (and devolved nation counterparts), the Office for National Statistics (ONS), Health Data Research UK (HDRUK) and the Joint Biosecurity Centre (JBC).[5]

8. Amongst the many improvements in transparency over the last year is the development of the Covid 19 dashboard which, at the time of writing, contains the following data:

	UK	Nations	Regions	Local Authority (upper and lower tier)	NHS Trusts
Testing data	Yes	Yes	Yes	Yes	No
Covid cases and case rates	Yes	Yes	Yes	Yes	No
Patients admitted to hospital, in hospital and on ventilation	Yes	Yes	Yes	No	Yes
Vaccination data	Yes	Yes	No	No	No
Death data	Yes	Yes	Yes	Yes	No

9. The Committee also welcomes the publication of SAGE papers, which we called for on 18th May 2020. With the exception of one set of minutes, published on 5th May, the regular publication of SAGE minutes started on 29th May 2020. At the time of writing, 77 sets of SAGE minutes have been published as part of a collection of over 590 sets of minutes and scientific papers to Government.[6]

10. However, while we welcome the publication of SAGE minutes and scientific advice, the Committee would like to see more consistent and timely publication. SAGE minutes have been published an average of 49 days after the meeting, and some with significantly

4 Letter from Professor Sir Ian Diamond, National Statistician to Chair, dated 9.2.21 (Covid-19 data)
5 Royal Statistical Society (DTA0042)
6 HM Government, Scientific Advisory Group on Emergencies, Minutes and papers, counts accurate as of 22nd February 2021

longer time gaps. Some minutes are published long after the fact: for example, SAGE 49 took place on 30th July 2020 and the minutes were published 134 days later on 11th December.

11. The *Enhanced SAGE Guidance: A strategic framework for the Scientific Advisory Group for Emergencies (SAGE)* published in 2012 clearly sets out an expectation that SAGE papers will be published:

> Transparency is an important element of democratic decision making and the evidence used to inform decision should be published. In accordance with this, SAGE papers and products should be published in accordance with the Freedom of Information Act. In certain circumstances the MOD may be required to establish and chair a separate SAGE sub-group of security cleared individuals where the outcome is not published.[7]

12. While this report does not review the data in detail, as it is mainly concerned with the data transparency and how data can be used to hold Government to account, we must highlight one important gap in the data. The Committee has been told by numerous contributors to this inquiry that there is insufficient evidence to understand the disproportionate impact of Covid 19 on people from Black, Asian and Minority Ethnic groups. Currently, the death registration and certification process does not record ethnicity, which means there is not a good flow of data on Covid 19 related mortality by ethnicity.[8] In October 2020, the Race Disparity Unit of the Cabinet Office reported that "Work is underway to make recording of ethnicity as part of the death certification process mandatory, to establish a complete picture of the impact of the virus on ethnic minorities".[9] In March, the Minister for Equalities told the House of Commons that this "is not something that can be done overnight—it will probably require legislation—but we are on our way to getting it".[10] In the meantime the ONS has supported the Government in understanding the impact of Covid 19 by analysing existing data. Professor Sir Ian Diamond, the National Statistician, told us that:

> In October we published an update to our ethnicity analysis and using linked Hospital Episodes data were also able to investigate the impact of pre-existing conditions on the risk of death from Covid 19 on ethnic group.[11]

The Committee welcomes the work by the ONS to plug this gap with analysis of existing data but there is still more work to do.

13. This report is primarily concerned with the transparency of this data. Over the next three chapters, the report covers:

i) how well data is understood and communicated by Ministers and officials, and how the way data is communicated informs public understanding and behaviour change;

7 Cabinet Office, Enhanced SAGE Guidance A strategic framework for the Scientific Advisory Group for Emergencies (SAGE), October 2012

8 Including: Greater London Authority, London Office of Technology and Innovation (DTA0024); Health Statistics User Group (DTA0033); and NHS Providers (DTA0020)

9 HM Government, Quarterly report on progress to address COVID-19 health inequalities, October 2020

10 HC Deb (1 March 2021). vol. 690, col. 42

11 Letter from Professor Sir Ian Diamond, National Statistician to Chair, dated 9.2.21 (Covid 19 data)

ii) how data is used to make decisions, including how it is shared with local leaders; and

iii) whether the data underpinning key decisions has been available to enable public scrutiny (including by local leaders and Parliamentarians)

14. This report considers the performance of the Government in Westminster. Early in the pandemic the Westminster Government led a UK-wide response and much of the Covid 19 data remains UK wide. However, where the devolved Governments have used their powers to manage the pandemic response, it would not be within the remit of this Committee to comment. Devolved Governments are held to account by committees in their own legislatures. Therefore, we do not comment on the performance of the devolved Governments where their response has deviated from the UK-wide response. We do, however, feel that many of the recommendations will be relevant to, and might be considered by, devolved Governments.

15. **The Government has overseen a remarkable effort pulling together data on Covid 19 from a standing start 12 months ago. It has also made much of this data and analysis available to the public, primarily through the Covid 19 data dashboard. The Government has responded to requests for new data and improved access to evidence, including a request from this Committee to publish SAGE papers. The work of the Office for National Statistics, the Government Statistical Service, and analysts in Local Government and the NHS is commendable.**

2 Public communication, behaviour, and trust

The purpose of data transparency

16. The ability of Parliament and the public to understand the Government's decisions and hold them account is central to democracy. In the last year, we have seen Government impose some of the greatest restrictions on the people in recent history. The extent to which those restrictions were necessary or successful will be debated elsewhere and for long after the pandemic ends, but this report asks whether the data has been available for that debate to happen. Underpinning each decision is a myriad of data that sheds light on potential health, social, economic and educational outcomes. It is vital that Parliamentarians can see that data so we can understand and scrutinise these decisions.

17. Making this data available is not just a moral or democratic question, it is also central to the response. In the last year, individuals have made unprecedented changes to their lives. These changes have separated people from their families, forced businesses to close their doors, and left young people unable to go to school or attend university in person. Some of those sacrifices have been required by law and some have been based on guidance, but all rely on the co-operation and good will of the public. Individuals must understand the purpose of those requests if they are to be expected to abide by them, and we have heard throughout this inquiry that transparency builds trust and trust aids co-operation.

18. Ultimately, sharing the data underpinning these changes is about "gaining democratic consent".[12] This part of the report discusses the purpose of data transparency and asks whether the Government has upheld its end of this contract.

Telling the story of Covid 19 in data

19. Before delving into a discussion of transparency, it is important first to consider the mechanisms through which people receive information. As outlined in Chapter 1, much of the data and research produced by Government is now available online, including (at the time of writing) over 590 Government papers and the minutes of 77 SAGE meetings. However, it is unrealistic to expect most members of the public to engage directly with this wealth of complex research and, as the Committee heard from witnesses, people receive most of their information through secondary sources. Dr Ben Worthy, senior lecturer in politics at Birkbeck, University of London, told the Committee:

> [The Covid 19 dashboard receives 300,000 hits a day and] there is even some evidence of the public directly accessing scientific journals themselves, but the primary method is the media indirectly. That is both the traditional media and, to a lesser extent, social media.[13]

20. Even with the growth of social media, the primary source of information on Covid 19 remains the traditional news media. As Dr Richard Fletcher, of the Reuters Institute and University of Oxford explained:

12 Sense about Science (DTA0040)
13 Q124

> Television and online are the two most widely used ways of getting news and information about coronavirus, and when we are talking about "online", we are really talking about the websites, the apps, and what we might think of as traditional news brands: newspapers, broadcasters and the like … . It is important to keep in mind that few people in general describe social media as their main source of news, even though many people use it as a supplement.[14]

21. The mechanism through which people come into contact with data will change the way they understand and interpret it because, as Dr Worthy told us, "it is very different to see one isolated number in a tweet or on a website than it is to see data as part of a story in a news article. How they meet this can have an impact."[15] He went on to note the importance of factors such as the political context in which the reader finds themselves, or trust in the source of information. Ultimately, people do not see the numbers in isolation but instead they fit them into narratives or stories:

> … we very rarely look at pieces of data or numbers in isolation. What we often do is narrativize it and fit it within a story that is already in our heads or already in circulation around us. It is not often that we are blank slates examining this, but it is our own prejudices, our own levels of trust that will shape exactly how each individual reacts to this.[16]

22. As Ed Conway, data journalist at Sky News told the Committee, engagement with data-led journalism has been unusually high during the pandemic. This highlights the public interest in understanding the nature of the pandemic through the numbers, so that they can form their own judgement. He said:

> The number of hits that we have had on very data-heavy stories and videos has taken us all by surprise with the amount of engagement that people have. I think there is quite a lot of curiosity about what the numbers say. That doesn't necessarily mean that people are falling into one or other camp and that they are sceptical or passionate about lockdown. It means that there is a deep curiosity. A lot is said about data literacy.[17]

23. Dr Richard Fletcher noted that, while trust in news media is relatively low in the UK, it has grown during the pandemic. He told us:

> … trust in the news media in the UK is relatively low compared with other comparable countries in Europe, for example. We were quite surprised to see that trust in the news media for news and information about coronavirus specifically, when we started measuring it in April, was quite high: around 60% said that they trusted the news media as a source of news and information about coronavirus at that point.[18]

14 Q258
15 Q124
16 Q127
17 Q286
18 Q260

Data presented by Government

24. The Downing Street press briefings have been the key source of information for many people during the pandemic. During the briefings, a Minister (usually the Prime Minister) announces policy and a Civil Servant (often the Chief Medical Officer) will walk through the key data which explains where the country is in the fight against the pandemic. These briefings are one important way in which the Minister shows the link between the data and the decision and demonstrates that they are accountable for that decision.

25. While these briefings have been an important exercise in engaging the public and seeking democratic consent, they have not been without criticism for the way they present some of the data. Witnesses before this Committee have described these briefings as "number theatre" and, as Professor Sir David Spiegelhalter of the University of Cambridge told the Committee:

> Poor examples have happened … when the data has started being used in public relations. I am on record as having complained about what I call the number theatre of briefings, in which big numbers were being thrown out.[19]

26. Professor Spiegelhalter shared the concern of a number of contributors to this inquiry that the Government had, at times, quoted very large numbers in these briefings without context. It is not that these large numbers were false or that they were not grounded in research but that some examples were "not trustworthy communication".[20] He gave the example of briefings which have included "reasonable worst case scenarios" that were "based on extreme assumptions—essentially [the assumption] that we just do not do anything".[21] In his written evidence, he explained that there is a "general problem with using reasonable worst-case scenarios (RWCS) for public consumption":

> The communication at the October 31st briefing announcing the second lockdown was particularly poor … and the projection data of 'up to 4000 deaths a day' was subsequently widely ridiculed. [The graph that was presented] was never intended for public consumption, was based on extreme assumptions, and was demonstrably out-of-date at the time it was used.
>
> This has happened at three important occasions: first in early March when the '500,000' deaths was highlighted, second on September 21st when the red-bars showing a projection of cases doubling every week, reaching 49,000 by 13th October: in fact 13,000 new cases were reported that day.[22]

27. The Government has also sometimes presented data in ways that are hard to access and understand or cannot be easily contextualised or compared to other data. This was referenced in many submissions to this inquiry, and Professor Spiegelhalter was

19 Q123
20 Letter from Professor Sir David Spiegelhalter on follow-up evidence after 24.11.20 oral evidence session, dated 3.12.20
21 Letter from Professor Sir David Spiegelhalter on follow-up evidence after 24.11.20 oral evidence session, dated 3.12.20
22 Letter from Professor Sir David Spiegelhalter on follow-up evidence after 24.11.20 oral evidence session, dated 3.12.20

not alone in saying that "the poor quality of many of the slides shown at past briefings became notorious—too crowded, lots of coloured lines (apparently ignoring guidance on accessibility for those with visual restrictions) with a legend that could not be read".[23]

28. Examples of this were given by many of the contributors to this inquiry, including the President of the Royal Statistical Society, Professor Sylvia Richardson:

> [numbers have been] presented that were both inaccurate and overly-precise. For example, the number of deaths (for the most part, deaths reported on a day in a hospital setting) presented [in early Downing Street briefings] was almost always an under-estimate and the precision of the number presented gave a false impression of certainty … [further examples include] the daily "tested positive" figure, which is not helpful without knowing who has been tested and why, and diagrams of test-results against date which do not specify which date the axis refers to, a clear case of poor practice; there is still no report of the positivity rate, an important indicator, nationally, regionally and locally.[24]

29. Criticism of the presentation of data has not been limited to the Downing Street briefings. The Health Statistics User Group noted:

> Data has been published at many different levels of disaggregation ranging from large areas such as regions and counties down to small local areas below ward level. These give different messages.[25]

30. It is important to note that contributors to this inquiry have also acknowledged improvement in the presentation of data throughout the pandemic. As discussed in Chapter 1, the Government (including the Civil Service Departments and non-departmental bodies such as the ONS) has made great strides in its understanding of the data from an almost standing start at the beginning of 2020. The RSS said in its written evidence that "there have been continued improvements in data presentation—the RSS has held regular meetings with DHSC staff who are clearly committed to improving the reporting and DHSC staff have also engaged positively with UKSA."[26]

31. In February 2021, the Chair of the UK Statistics Authority, Sir David Norgrove, wrote to the Committee about the ONS's role in improving the presentation of data:

> The presentation of data at No 10 press briefings has improved, helped by the later involvement of ONS staff, but early presentations were not always clear or well founded, and more recently a rushed presentation has undermined confidence.[27]

32. However, while much of the effort of Civil Servants to improve the data and its presentation is to be commended, the Committee remains concerned about the presentation of some data and that political considerations might drive the narratives within which those examples are presented.

23 Letter from Professor Sir David Spiegelhalter on follow-up evidence after 24.11.20 oral evidence session, dated 3.12.20
24 Royal Statistical Society (DTA0042)
25 Health Statistics User Group (DTA0033)
26 Royal Statistical Society (DTA0042)
27 https://committees.parliament.uk/publications/4623/documents/46793/default/

33. **The Government has made significant steps in the presentation of data throughout this pandemic, including through the Covid 19 dashboard. But it is still presenting some graphics which do not meet the basic standards that we would expect. The Committee welcomes UKSA and Royal Statistical Society intervention to support Departments in producing clear graphics.**

34. ***Graphics used by Government, for example slide packs and briefings, should meet Government Statistical Service good practice guidelines on data visualisation. They should always meet the accessibility regulations, which are now law.***

The politicisation of data

35. A number of contributors to this inquiry raised concerns that data presented by Ministers was sometimes framed by political considerations. As Full Fact explained in its written submission:

> … Ministers seemed to choose certain numbers in order to paint a more positive picture of the situation—for instance when the Prime Minister overstated the number of schools with returning students, or when the Health Secretary used a confusing metric about the proportion of tests turned around in "24 hours" that actually included tests that were returned the next day".[28]

36. The example of test and trace data was widely cited in the written and oral evidence given to the Committee. Test and trace was introduced in order to inform people that they had been in contact with a person who had received a positive Covid 19 test so that they could isolate in order to prevent further spread of the virus. The success of this programme was reliant on rolling out a large testing programme. In April 2020, the Secretary of State for Health and Social Care had promised that 100,000 tests a day would be undertaken.[29] The Covid 19 daily update on 30th May claimed that "there have been 1,023,824 tests, with 122,347 tests on 30 April."[30] It later transpired that there was significant double counting in this number, prompting intervention from the Office for Statistics Regulation. Ed Humpherson, Director General of Statistics Regulation at UKSA, wrote to us explaining:

> The target of 100,000 tests per day was achieved by adding tests sent out to tests completed. As predicted, there was huge double counting, to the extent of some 1.3 million tests that were eventually removed from the figures in August. The controversy over testing data seems likely to continue to undermine the credibility of statistics and the use that politicians make of them.[31]

37. It is not possible to know whether this was genuine human error, politically motivated or (as is perhaps most likely) a combination of the two. But when UKSA intervened in July, it clearly stated concerns about the Minister's incentive. It outlined that the first purpose of the testing statistics was to understand the epidemic, and the second was to help manage the test programme. It concluded that:

28 Full Fact (DTA 48)

29 HM Government, Health Secretary sets out plan to carry out 100,000 coronavirus tests a day , 2 April 2020, accessed on 1st March

30 Department of Health and Social Care, Daily update, 1 May 2020, accessed 1 March 2021

31 Letter from Sir David Norgrove, Chair of the UK Statistics Authority to Chair, dated 9.2.21 (Covid 19 data)

> The way the [testing] data is analysed and presented currently gives them limited value for the first purpose. The aim seems to be to show the largest possible number of tests, even at the expense of understanding. It is also hard to believe the statistics work to support the testing programme itself. The statistics and analysis serve neither purpose well.[32]

38. More broadly, both the President of the Royal Statistical Society and the Chair of UKSA have said that statistics appear to have been used to further political narratives. The Royal Statistical Society said:

> At times it has seemed that the presentation of statistics has been impacted by political considerations.[33]

39. And Sir David Norgrove, Chair of UKSA told us:

> it is clear that political pressures have led to some of the weaknesses in the handling of Covid 19 statistics.[34]

40. The Committee is very clear in its view that statistics should be used for the purpose of genuinely informing the public and, as is discussed later in this report, it feels that open and honest communication builds trust even when the Government has fallen short of its promises. It is disappointing to hear that so many people who wrote to us felt that data had often been "used as a rhetorical addition to emphasise an argument, rather than genuinely trying to inform the public".[35]

Ministerial and Departmental responsibilities for statistics

41. The first principle of the UKSA Code of Practice for the use of statistics is "Trustworthiness". This includes "honesty and integrity" and that "statistics, data and explanatory material should be presented impartially and objectively".[36] Observance of the UKSA Code of Practice is a statutory requirement on all organisations that produce official statistics, which includes all Government Departments.[37] The Ministerial Code, however, only asks Ministers to be *mindful* of the UKSA Code of Practice.[38]

42. In November 2020, the Office for Statistics Regulation (an arms-length body of UKSA) published a transparency statement on the use of Covid 19 data which set out the following three principles:

> 1. where data is used publicly, the sources of these data or the data themselves should be published
>
> 2. where models are referred to publicly … outputs, methodologies and key assumptions should be published at the same time

32 UK Statistics Authority, Sir David Norgrove response to Matt Hancock regarding the Government's COVID-19 testing data, 2 June 2020, accessed 1 March 2021
33 Royal Statistical Society (DTA0042)
34 Letter from Sir David Norgrove, Chair of the UK Statistics Authority to Chair, dated 9.2.21 (Covid-19 data)
35 Letter from Professor Sir David Spiegelhalter on follow-up evidence after 24.11.20 oral evidence session, dated 3.12.20
36 UK Statistics Authority, Code of Practice for Statistics, accessed 1 March 2021
37 Statistics and Registration Service Act 2007
38 The Cabinet Office, Ministerial Code, August 2019, accessed 1 March 2020

> 3. where key decisions are justified by reference to statistics or management information, the underlying data should be made available.[39]

43. It is evident that Ministers have not always lived up to the expectations of the UKSA Code of Practice. Notably, the Office for Statistics Regulation has written to this Committee on a number of occasions highlighting incidences where numbers have been quoted without underlying data being available. This has included: numbers of prisoners with Covid 19;[40] management information on rough sleepers and Covid 19;[41] and management information on Universal Credit.[42] In many cases (as outlined in correspondence from UKSA, referenced in this paragraph), the responsible department subsequently published underlying data, but it should not take the intervention of the regulator for this to happen. And, in spite of repeated interventions, Sir David Norgrove, Chair of UKSA wrote in February 2021 stating that this was an ongoing problem:

> Ministers have sometimes quoted unpublished management information, and continue to do so, against the requirements of the Code of Practice. Such use of unpublished data leads of course to accusations of cooking the books or cherry picking the data.[43]

44. **Statistics quoted by Ministers have not always been underpinned by published data, which goes against the UKSA Code of Practice. Publishing the underlying data is key to transparency and building trust. When the underlying data is not published, numbers may be used to make politicised points and members of the public, journalists and Parliamentarians have no way of verifying the information shared. This means constructive debate cannot happen.**

45. ***When Ministers or senior officials quote statistics, the underlying data must be published. This is already an Office for Statistics Regulation expectation, and OSR should continue to inform this Committee—as it has throughout this inquiry—when it finds examples of statistics that are quoted without published data to back them up.***

46. ***Going forward, Ministerial statements published on Government websites must include hyperlinks or footnotes directing to the detailed data underpinning any numbers or statistics quoted. This should apply to all areas where data is used, not just in relation to this pandemic.***

47. ***The Ministerial Code needs to be strengthened so it is clear that Ministers are required to abide by the UKSA Code of Practice in their presentation of data. The UKSA Code includes the principle of trustworthiness that builds "confidence in the people and organisations that produce statistics and data". Abiding by the UKSA Code of Practice is a statutory requirement for Government Departments. It is simply not enough to ask Ministers to be "mindful" of the UKSA code.***

39 Office for Statistics Regulation, OSR Statement regarding transparency of data related to COVID-19, 5 November 2020

40 Letter from Ed Humpherson, Director General of Regulation, UK Statistics Authority, 1 July 2020

41 Letter from Ed Humpherson, Director General of Regulation, UK Statistics Authority, 2 June 2020

42 Letter from Ed Humpherson, Director General of Regulation, UK Statistics Authority, 22 April 2020

43 Letter from Sir David Norgrove, Chair of the UK Statistics Authority to Chair, dated 9.2.21 (Covid-19 data)

Informal advisors to the Government

48. In recent months, members of SAGE have appeared on news and discussion panels to share their views on the data used to inform the response to the pandemic. It has, at times, been questionable how helpful these interventions have been in informing the public about the pandemic, especially when different academics have differing views on the data or the response.

49. The nature of SAGE's contribution might not always be well understood by the public. SAGE is not a standing group nor is it a decision-making body. It is formed for the specific and time-bound purpose of supporting the Government during emergencies. SAGE guidance from 2012 states "SAGE aims to ensure that coordinated, timely scientific and/or technical advice is made available to decision makers to support UK cross-government decisions in COBR."[44]

50. SAGE advisors include Civil Servants (such as Professor Chris Whitty and Sir Patrick Vallance) alongside independent academics and scientists providing their advice for free. Unlike Ministers and Civil Service Officials, the independent advisors are not bound by a code of conduct.

51. Previous manifestations of SAGE have met for very short periods of time. For example, SAGE met 5 times between February and August 2016 to provide advice on the Zika outbreak.[45] When SAGE was activated in early 2020 to discuss Covid 19 (with its first "precautionary" meeting on the 22nd January), there could not have been the expectation that it would go on to meet over 80 times[46] and convene 294 named experts (at the time of writing).[47]

52. Arguably, it is not helpful to stop academics from commenting publicly, as this might conflict with their paid employment (writing articles, research and teaching), but given SAGE has moved into the public discourse in an unexpected and unprecedented way, guidance must be given to members on how they should engage with the media. Indeed, the SAGE framework published by the Cabinet Office in 2012 states:

> Most emergencies attract significant media interest and experts are likely to want to talk about their work, the SAGE secretariat should provide SAGE members with clear guidance on confidentiality. This should explain what can and cannot be said for security reasons and the requirement to take account of the FOI Act.[48]

It is unclear if any guidance has been provided to members during Covid 19.

53. **When SAGE advisors speak publicly about the advice they have given to Government it has the potential to create confusion and undermine trust. This report calls for greater transparency, including on uncertainties, but there also needs to be**

44 Cabinet Office, Enhanced SAGE Guidance A strategic framework for the Scientific Advisory Group for Emergencies (SAGE), October 2012
45 HM Government, Scientific Advisory Group on Emergencies, Minutes, Zika Virus, accessed 1 March 2020
46 HM Government, Scientific Advisory Group on Emergencies, Minutes, count accurate as of 22nd February 2021
47 HM Government, Scientific Advisory Group on Emergencies, list of participants at SAGE and subgroups, accessed 22nd February 2021
48 Cabinet Office, Enhanced SAGE Guidance A strategic framework for the Scientific Advisory Group for Emergencies (SAGE), October 2012

clarity about what has underpinned Government decisions. SAGE is made transparent through the official records of discussions and advice published, and it is important that this is not framed or politicised by individual advisors. SAGE members, and experts from other bodies, can play a role in informing the public. However, as it stands, the public is not well informed about the role of SAGE advisors and might not be aware that differences of opinion are an inherent (even encouraged) element of discussion in that forum.

54. ***We are certainly not calling for SAGE advisors to be silenced, but for some expectations to be laid about the appropriate way to communicate considering, amongst other things, the potential for the politicisation of their commentary. Civil Servants advising Government are expected to abide by a code of conduct, and there should be a similar code for SAGE advisors. The SAGE secretariat should produce guidance for members on how to engage with the media, in line with the 2012 Cabinet Office Guidance. This should not be overly restrictive as to prevent individual advisors from undertaking their normal work or from outlining the capacity in which they advised SAGE if required. This should be made public.***

Communicating uncertainty

55. No one is contesting that decisions made by Government have been difficult and have involved a significant degree of judgement. Politicians have been keen to stress that they are "following the science" but in reality science rarely produces a single correct answer. As the Royal Society put it in their submission to the inquiry "at the frontiers of science, there is always uncertainty, and to pretend otherwise would be foolish".[49] Alongside the many connected and sometimes competing considerations, including those of public health and the economy, the data usually contains degrees of uncertainty. As Dr Ben Worthy noted in his submission:

> almost all the data around Covid 19 is complex and contestable, for experts and the wider public. Even data such as death rates has provoked discussion, controversy, and revision.[50]

56. Ultimately, a judgement must be made and justified by Ministers and, as the National Statistician was at pains to note when he gave evidence in May:

> The lockdown decisions are essentially political, but they must be informed by data.[51]

57. Advice produced by SAGE and its subgroups have outlined the uncertainties in data they draw on, but as Professor Sir David Spiegelhalter noted, politicians are not always keen to admit this uncertainty:

> An anxiety that many communicators have about admitting uncertainty is that, if we admit we do not quite know what the benefits of face masks

49 The Royal Society (DTA0039)
50 Dr Ben Worthy (Senior Lecturer at Birkbeck College) (DTA0011)
51 Public Administration and Constitutional Affairs Committee, Oral evidence: The work of the Office for National Statistics, HC 336, Q47

> are and things like that, maybe people will not want to wear them, maybe people will not obey the rules … .That can lead people to overclaim their confidence in the conclusions they are making.[52]

58. While these concerns are understandable, the overwhelming message we have received is that honestly and openness about the data builds trust and confidence. Professor Spiegelhalter went on to say:

> nobody can expect Government or anybody else to have a crystal ball to say exactly what is going to happen … but that transparency, that honesty, that openness is what the public, purely as a duty, deserve to get. Also, pragmatically, the evidence suggests that will not lead to a negative response.[53]

59. And, as Dr Ben Worthy explained:

> It is interesting to note that the public seem to have a quite nuanced understanding of a lot of the trade-offs that are involved here[54]

60. During this pandemic, it is vital that the public comply with Government guidance and laws designed to prevent the spread of the virus. The message that we heard from behavioural scientists was that, contrary to what one might think, admitting uncertainty is unlikely to undermine the public response and might have a positive impact. Professor Stephen Reicher, Professor of Social Psychology at the University of St Andrews, explained to the Committee that:

> Sometimes, there is a sense that people cannot cope with uncertainty and people cannot cope with risk, so we have to phrase things in very simple and absolute ways. Actually … that is a rather problematic view, and … acknowledging uncertainty in our data… either does not undermine confidence or increases it. What really undermines confidence is where you say something such as, "This is absolutely the case" and then it proves not to be the case. Then, people stop believing anything you say.[55]

61. One example of this is the PCR (polymerase chain reaction) Testing for Covid 19. The Committee has received a number of submissions that note that PCR tests are not 100 per cent accurate. Indeed, a number of SAGE papers openly acknowledge this uncertainty in testing data, including a paper on swab testing arrivals from overseas which states "the sensitivity of the swab test (rt-PCR) is not 100 per cent, and the probability of a false negative result changes over the time since exposure (infection)".[56] While the scientific evidence received by Government has discussed uncertainty in testing data, some written submissions we received express a sense that Government policy has been driven by "flawed figures".[57] The resulting risk is that legitimate questions about the accuracy of data, including on testing, can expand into a generalised mistrust of government decision-making when uncertainties are not acknowledged.

52 Q138
53 Q143
54 Q147
55 Q254
56 HM Government, Optimising the swab test regimen of contacts to minimise the risk of releasing falsely negative SARS-CoV-2 individuals from traveller quarantine or isolation following tracing, 16 June 2020
57 Dr Clare Craig (Consultant Pathologist at n/a) (DTA0009)

Data and trust

62. Behavioural scientists told us that people with lower trust in Government and in the science of Covid 19 appeared less likely to follow rules and guidance. Professor David Halpern told us:

> [We] estimate of about 8 per cent of people [in higher tiers] were significantly less compliant. Interestingly, they were not rich or poor—it was quite spread—and it was not particularly men or women, but they had two characteristics. First, they did not really believe in Covid 19. You might say, "Well, that's because they don't believe the data." Secondly, they had low trust in government. The causality of that could go in lots of different ways, but we thought that that was very striking in the data.[58]

63. As Professor Reicher and Professor Halpern went on to explain, there are some significant complexities to consider when talking about trust, especially when considering the role of group or community dynamics. People are more likely to trust people who they see as "one of us" rather than "one of them" and the Committee heard that it is often the behaviour displayed in our communities that influences our own behaviour. Professor Reicher explained, the "social contract" with Government is central to compliance:

> Compliance with Government, and authority in general, is very much a matter of the social relationship between the public and Government and whether we think of the authorities as "others" and acting "for" us. [If] you break that relationship—you break that relationship of trust, undermine common cause and undermine compliance.[59]

64. While behavioural scientists noted that the hard evidence was not absolutely conclusive on the question of trust and compliance (for example, they told us that trust in Government is lower in England than Scotland, but compliance is similar), there was a consensus that sharing data honestly and openly, complete with its uncertainties, was helpful. As Professor Reicher explained, trust is often based on "treating people as if they are one of us: treating them with respect":

> On many issues, we will have different people telling us different things … How do you decide between those different sources?… a lot of the time because of your social relationship to that source. How do we build the trust that leads people to accept the information? Well … a lot of it is about treating people as if they are one of us: treating them with respect, listening to them, being transparent with them. Therefore, providing information is not only the basis of science, but the basis of building up the relationship of trust that is going to be critical to people accepting the information they are given, so the answer is that not only is it important to be transparent with information; it is absolutely foundational.[60]

65. This view that trust was central to a social contract between the Government and the people was reflected in much of the evidence we received. Professor Sylvia Richardson of the Royal Statistical Society told us that:

58 Q255
59 Q238
60 Q240

> The confidence of the public, and all actors in the system, is crucial in any major health protection challenge. The psychological contract of trust, goodwill, and confidence between the public and system leaders is an important component of the response to a pandemic. When this is undermined, the public may disengage from the behaviours needed.[61]

66. There was deep concern that this trust between the Government and the people had been undermined or broken and while many submissions cited political events, Sir David Norgrove reflected the theme of many submissions (including from the Faculty of Public Health, and the Health Statistics User Group) when he referenced the misuse of data. He told us that:

> Perhaps most important is the damage to trust from the mishandling of testing data … The controversy over testing data seems likely to continue to undermine the credibility of statistics and the use that politicians make of them.[62]

67. The Committee also received submissions citing research which outlined the decline in trust throughout the course of the pandemic. For example, Dr Ben Worthy and Stefani Langehennig wrote:

> Politicians were initially aided by a 'rally around the flag' effect'. This has now faded. There was a fall in trust in politicians after March-April and a large drop again in April-May. By September 2020 one detailed study concluded that 'citizens granted the government considerable trust at the beginning … but that has started to fray in response to perceived confusion and mismanagement'.[63]

Anxiety, risk and behaviour

68. Alongside the inherent democratic good of sharing data on the pandemic, there is also a practical imperative of informing people so that they can adapt their behaviour.

69. One theme of the written submissions we have received was an idea that the Government was using data in an attempt to scare the public into complying. Referencing the use of "reasonable worst-case scenarios", Professor Sir David Spiegelhalter stated:

> I don't want to ascribe motivations to anyone, but if someone were trying to manipulate emotions and wanting to frighten rather than inform, then this is the kind of thing they might do.[64]

While he is right that we cannot ascribe motivation, it is a concern shared by the Committee that large projections of infections or deaths are being used in an attempt to stoke anxiety rather than to inform the public.

70. In 2011, the (then) Department of Health published a pandemic preparedness strategy which included papers on public communications. These papers stated that higher rates

61 The Association of Directors of Public Health (DTA0046)
62 Letter from Sir David Norgrove, Chair of the UK Statistics Authority to Chair, dated 9.2.21 (Covid 19 data)
63 Dr Ben Worthy (Senior Lecturer at Birkbeck College) and Stefani Langehennig (DTA0011)
64 Letter from Professor Sir David Spiegelhalter on follow-up evidence after 24.11.20 oral evidence session, dated 3.12.20

of personal anxiety might be associated with people taking measures designed to protect them and their wider community.[65] We tested this theory, asking statisticians whether data was a good way of communicating personal risk and behavioural scientists about how this might change individual behaviour.

71. The overall message conveyed to us by behavioural scientists was that creating a sense of anxiety alone was not sufficient to change behaviour and might even be counterproductive. Professor Halpern told the Committee:

> there are a number of popular views that are sometimes misconceptions. Anxiety is one of those. It makes sense to say something frightening, because you will catch people's attention, but, behaviourally, it is not very effective.[66]

72. Professor Reicher went on to explain to the Committee that:

> Simply inducing fear leads people to turn away and to turn off. What is effective—it is a subtle distinction—is to get people to understand risk and to understand what they can do to mitigate that risk.[67]

73. In practical terms, this means informing people about the scale of the pandemic and associated risk without falling into the trap of using large numbers to induce anxiety. As Professor Halpern explained:

> People were given more information about whether the level of cases in their area was high or low, as well as information about their own personal risk—if it was high or low—and [we asked] would that change what they did? The answer is that it would, really quite significantly, and in particular on social contact ... —15 to 20 percentage points, which is very large— … There is clearly a case for giving people enough information that is consequential for them, and they can do something about it, but throwing stats at people just because you want to get them worried or something is not particularly effective.[68]

74. Equally, the message from statisticians was that big numbers are not even helpful in understanding the scale of the pandemic or individual risk. Professor Spiegelhalter told us:

> What we found is that these numbers … do not make a lot of sense to people, and so it is not the numbers alone. What helps is to give them context by comparing them with other personas. This is the risk of a healthy 25-year-old woman; this is the risk of a middle-aged Asian man with diabetes; this is the risk of an 85-year-old in a care home and something else. If you put those on a scale and say, "You are in here," that enables people to get a much

65 Department of Health, Principles of effective communication Scientific Evidence Base Review, Supporting Documents for UK Influenza Pandemic Preparedness Strategy, March 2011
66 Q249
67 Q248
68 Q241

> better idea of where they lie. Risk communication is a tricky business and it is certainly not a matter of just giving people the numbers. People need help.[69]

Role of the media

75. As noted previously, most people receive information about the pandemic from secondary sources such as media reports (including Ministers featured in the news), rather from SAGE papers or Government websites. This means the media plays a key role in helping the public understand the pandemic and, as we also stated earlier, narrativizing the data.

76. Some poor examples of data being misrepresented by media were drawn to the Committee's attention. For example, Full Fact said:

> We saw a lot of articles and commentators compare the number of deaths from "the flu" to the number of deaths from coronavirus. This is based on a misunderstanding of an ONS release reporting the number of death certificates that mentioned "influenza and pneumonia" or Covid 19. This isn't the same as these conditions being the underlying cause of death.[70]

77. Of course, the "narrativizing" of data can also be a positive. As we discussed earlier, people might struggle to engage with the data directly or understand what it means in terms their own lives. As Ed Conway of Sky News explained:

> Sometimes statistics can be dense; sometimes they are in need of context; and sometimes they are in need of illustration. The role that we play is to try to explain the statistics, to present them in a way that seems relatable and immediate to people so that they do feel they are relevant to their lives.[71]

78. The context in which people receive information is vital to how it is understood, and Ministers, Departments and Government agencies need to be mindful of this when preparing announcements. While some of this is outside the Government's control, transparency in the data release (including notes on uncertainties and mythologies) can, at the very least, ensure the public and journalists are able to check or counter false narratives by referencing back to these stories. The Committee welcomes moves by ONS to update the releases from which the flu and Covid 19 comparisons were made. As Full Fact told us:

> Given the apparent confusion [about Covid 19 and flu deaths], we also spoke to the ONS and were pleased that future releases included a clear statement explaining that a mention on a death certificate didn't mean it was the underlying cause of death.[72]

Full Fact also noted that "the Sun and the Spectator added lines into their stories to clarify this."[73]

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69 Q136
70 Full Fact; Full Fact (DTA0048)
71 Q262
72 Full Fact; Full Fact (DTA0048)
73 Full Fact; Full Fact (DTA0048)

79. The importance of clear data releases was also highlighted by Ed Conway, who noted that the media also had a role in checking statements made by Ministers:

> My instinct with all these things is to try to go back to the data itself, the primary material, and to explain the different contexts whereby you could explain that. Clearly, there is nothing new about politicians taking pieces of information and using them as justifications to carry out their decisions… Our role in this is just to go back to the primary source material and say, "They are saying this. Is that really what the numbers say? Is there an alternative prism through which you could look at these numbers that would come up with a different view?"[74]

80. Ministers said that there is work underway to find out which messages are cutting through to the public. This was not specific to data or to media interpretations, but the Committee welcomes efforts to understand how messages are landing in general. The Paymaster General said:

> [This work] will look at whether those messages are landing, whether they are understood. It will have disaggregated data, so it will be looking at particular audiences. It will also look at the information that has been gathered about behaviour, about where there have been breaches and where there are hotspots around the country, and it will be looking at doing some particular information analysis about why messages might not be cutting through with particular audiences. That is extremely thorough. It will always do focus groups, both to test how things are working and also in the design of those messages as well.[75]

81. **Building trust between leaders and the public is essential to the response. The evidence the Committee has received, including from behavioural scientists, shows that people respond to open and honest information that is clear about the uncertainties within it. Some data has been communicated with the apparent intention of creating a more favourable view of the Government and some data has appeared to have been used to provoke anxiety rather than help people understand risk. It is disappointing to hear that the way data has been presented might have undermined public trust.**

82. ***Government communication needs to focus on informing the public openly and honestly. As we move into the next stage of the pandemic, the roadmap back to lifting restrictions entirely, this becomes even more pertinent. Previous recommendations cover clarity on source information, and adherence to the UKSA Code of Practice.***

74 Q265
75 Q370

3 Decision making

The chain of command

83. Throughout the inquiry, this Committee has struggled to establish who the Government sees as accountable for the data underpinning decisions on Covid 19. Clear accountability for decision making is absolutely integral to our democracy and the system should be quite simple: Departments and their Permanent Secretaries are responsible for advising the Government, and Ministers are accountable to Parliament for decisions based on that advice.

84. This Committee has already raised concerns about the governance of Covid 19 decisions. In September 2020, our report on the Government's scrutiny of Covid 19 decisions explained that that the Government had established four decision-making groups in April (healthcare; general public sector; economic and business; and international) only then to replace them with two Cabinet Committees (the Covid 19 Strategy; and Covid 19 Operations (Covid-O) Committee) by September, and in addition to this, the role of a reported "Quad" of Ministers was unclear.[76] The report concluded that governance arrangements have not been clear and this remains so.

85. Establishing accountability for decision making on Covid19 was not an aim of this inquiry but the Committee had expected that a Minister would be able to account for the data underpinning decisions. Based on publicly available information, the Committee had expected to hold the Chancellor of the Duchy of Lancaster to account, as the responsible Minister.

86. First, it is important to understand the roles of the Chancellor of the Duchy of Lancaster and the Cabinet Office:

a) The Chancellor of the Duchy of Lancaster is a Minister without a fixed portfolio. He is currently the most senior Minister in the Cabinet Office after the Prime Minister.

b) The Cabinet Office sits at the centre of Government. It supports the Prime Minister in the running of the Government and describes itself as the "corporate headquarters of Government".[77]

87. The Cabinet Office is home to the Covid 19 Taskforce, headed by the Second Permanent Secretary (James Bowler), with Director Generals of analysis, strategy and delivery sitting beneath him. The data underpinning key decisions drawn from across Government and balancing a myriad of considerations, including (but not limited to) public health and the economy, comes through this Taskforce. The Cabinet Office is, therefore, the Department through which the Committee would assume Covid 19 decisions are made as only they are well placed to balance all these considerations. As Second Permanent Secretary James Bowler explained to us:

76 Public Administration and Constitutional Affairs Committee, Parliamentary Scrutiny of the Government's handling of Covid-19, HC377, 10 September 2020

77 The Cabinet Office, About Us, accessed 1 March 2020

> I head what is called the Covid 19 taskforce and the role of that secretariat is to bring together all analysis, information and policy for collective decision-making in Government. As such, the Cabinet Committees take decisions on that, and ultimately the Prime Minister.[78]

88. The Cabinet Committees referred to by James Bowler are Covid 19 Strategy (Covid-S) and Covid Operations (Covid-O). Covid-O is a key decision-making body, as the Paymaster General, Penny Mordaunt, explained when asked about the decision to lift the first lockdown:

> Ultimately, these decisions are taken and owned by the whole of Government. That is the decision-making body. Normally they are taken at Covid Operations meetings, which are large meetings incorporating the whole of Government … .Covid-O was a mechanism where you could take decisions swiftly, enhancing the normal write-around processes that you would have normally to clear business. It was also critical in keeping people informed about what was happening on a real-time basis. They would be happening extremely regularly, and they still happen extremely regularly. Sometimes we have had them happen twice a day.[79]

89. Covid-O is chaired by the Chancellor of the Duchy of Lancaster, Michael Gove. The Ministerial accountabilities published by Cabinet Office state that the Chancellor of the Duchy of Lancaster is responsible for "supporting the coordination of the cross-government and the devolution aspects of the response to Covid 19".[80] This Committee would go further than this, and say that Michael Gove is accountable to Parliament for cross-government co-ordination of the response to Covid 19 and for ensuring these decisions are informed by data.

90. Therefore, while only the Prime Minister can stand in front of the country and Parliament and be accountable for key decisions (such as lockdown), it is the Chancellor of the Duchy of Lancaster who we believe is accountable for ensuring that these decisions are informed by data, through Covid-O and as part of the co-ordinated response.

Exercising his accountability

91. When this Committee has asked the Chancellor of the Duchy of Lancaster to demonstrate this accountability, he has failed to do so on numerous occasions. The Chair has put questions to Mr Gove in writing that we understood to be within his remit only for those questions to be passed to the Department of Health. On 18th November, a letter from Mr Gove stated "I will address each of your questions that fall under the remit of the Cabinet Office. The Department of Health and Social Care will respond on your remaining points separately".[81] None of the questions we put to the Chancellor of the Duchy of Lancaster, on the tiering system, indicators, escalation and de-escalation plans and whether local leaders could move more quickly on the basis of their own data, were answered fully. On 10th December, Mr Gove wrote to us stating that "Ministers

78 Q296
79 Q340
80 Cabinet Office, LIST OF MINISTERIAL RESPONSIBILITIES Including Executive Agencies and Non-Ministerial Departments, December 2020
81 Letter from Rt Hon Michael Gove MP, Chancellor of the Duchy of Lancaster on Covid-19 data and local authorities, dated 18.11.20

are ultimately responsible for data transparency and accountable for the policies of Government",[82] and while we would agree with this general statement, it does not answer the question of which Minister is responsible for the transparency of data underpinning Covid 19 decisions. We believe this is Mr Gove.

92. Twice, we called the Chancellor of the Duchy of Lancaster to give evidence to the Committee and twice he declined, sending junior Ministers in his place. It is unfortunate that these Ministers were unable to answer basic questions, including on data related to lifting the first lockdown, tiering, and vaccines. When asked about the first lockdown, the Paymaster General said "I think that is probably better directed to the taskforce in Health. I was not involved in those decisions at that time",[83] only for the Minister for Social Care, Helen Whately, to respond by saying "with regards to coming out of the first lockdown, I was not involved in those decisions".[84]

93. It was particularly disappointing that when asked about later decisions to close hospitality sectors in tier 4, the Paymaster General told us "I have not been involved in the decision-making or preparation of data".[85] Given that this inquiry is about data transparency, we would expect that the Ministers who appear in Parliament to account for the Government's performance on data would be prepared to talk about the data underpinning decisions. Even when questioned on vaccines, a very current issue where the Government has been having great success, the Paymaster General was unable to give clear answers.[86]

94. Given Ministers were alerted to the themes prior to the session and the Committee's expectation was that the appropriate Minister would be put forward, this raises serious concerns about whether, for practical purposes, there is clear Ministerial accountability for these decisions at all.

95. This Committee is clear that the data is complex and drawn from across Government and would not expect that one Department or one Minister to be responsible for producing all of the data that informs decisions. And naturally, decisions should take account of the views of a number of Ministers and their various portfolios. But, we do expect that the lines of accountability are clear and that this Committee should be able to hold a Minister to account for ensuring that decisions are underpinned by data, championing data-use across Government in all circumstances.

96. **Throughout this inquiry, it has been unclear which Minister and Department should be held to account for ensuring decisions are underpinned by data. Data is collected by multiple Departments and other bodies, and this Committee expects a clear point of accountability for decisions made based on data from these various sources. It is not acceptable to pass responsibility for decisions between the Cabinet Office and the Department of Health and Social Care when so much is at stake. Lines of accountability must be clear and decision-making must be transparent.**

97. ***The Cabinet Office must clearly outline responsibilities for decision making, before the Coronavirus Act is considered for renewal after 25th March 2021. This must include***

82 Letter from the Rt Hon Michael Gove MP, Chancellor of the Duchy of Lancaster on Covid-19 data, dated 10.12.20
83 Q299
84 Q300
85 Q330
86 Q345 - Q347

clear lines of accountability at Departmental and Ministerial level, stating which Minister is accountable to Parliament for ensuring key decisions are underpinned by data, and for the data that underpins the decisions.

98. **The Committee was very disappointed that when the Chancellor of the Duchy of Lancaster declined to appear before the Committee on 4th February, Ministers sent in his place were poorly briefed and unable to answer the Committee's questions. The ability of Select Committees to hold Ministers to account for decisions is a vital part of the democratic process. This is particularly true at a time when the country is facing the toughest possible restrictions on our freedoms, and when (as we have previously reported on) detailed scrutiny of the Government's decisions has not always been possible in the timeframes required. The Chancellor of the Duchy of Lancaster's refusal to attend this Committee and account for decisions made by the taskforce he chairs is contemptuous of Parliament.**

99. **This is not the first time that the Chancellor of the Duchy of Lancaster has tried to avoid his accountability to this Committee. He has sought to ration his appearances by refusing invitations and setting short time-limits when he does appear. It is remarkable to note that the Prime Minister has spent more than an hour longer in front of the Liaison Committee in this session than Mr Gove has spent with his departmental select committee.**

100. ***The Committee expects that the Rt Hon Michael Gove will respond to this report, clearly outlining his understanding of his own responsibilities, and the ways in which he should be held to account by Parliament. The Committee will put further questions to him at his next appearance in front of us.***

101. **Written correspondence from the Chancellor of the Duchy of Lancaster throughout the course of this inquiry has not answered questions posed by this Committee.**

102. ***The Government's response to this report should state whether each recommendation is accepted or rejected and should state the next steps the Government will take or provide an explanation for those recommendations rejected. It is not sufficient for the Government to "note" a recommendation, as they have done in the past.***

Using data to inform the response

103. The following section focuses on the way data is shared for the purpose of supporting and informing the response on the ground. While key decisions are made by the centre of Government, the imperative to act sits primarily with local leaders and frontline staff.

Sharing data with local leaders

104. The Committee has received a wealth of evidence from local leaders stating that data was vital to responding, but they felt an inflexible "national by default"[87] response had impeded their ability to work in their communities.

105. In May 2020, the National Statistician had told us that, as the pandemic developed, a more localised data response would be needed. He stated:

87 Q65

> outbreaks are not going to be national… They will be local and will require work from Public Health England. They will require the use of apps and a whole set of different data that could be used to identify a small outbreak and then to take action … [For example] you might just take a school.[88]

106. In the months after that evidence session, the Government did move from largely national measures to local measures. The UK-wide lockdown was eased from early May and local lockdowns were introduced in June and July (starting with Leicester on 29th June), followed by tiering systems in England from October.

107. When we heard from local leaders on 5th November, there was an obvious frustration with the way in which data had shared between the UK Government and councils. Local areas told us that they need a range of data to manage the response. That includes testing data (which indicates level and locality of infection), shielding lists, and social and economic data (to help support local people with shielding).

108. Dr Jeanelle de Gruchy, President of the Association of Directors of Public Health (ADsPH) summed up many of the comments the Committee received when she said:

> The response to Covid 19 has too often been 'national by default' with systems and process designed from Whitehall and limited engagement, and understanding, of the value and role of local councils and Directors of Public Health.[89]

109. The Greater London Authority expanded on this in its written evidence:

> Throughout the crisis, there has been a strong sense that local authorities and other local public services have consistently been omitted from central Government's initial thinking on designs for data sharing. This has manifested itself in challenges related to shielding lists, volunteering, testing data and tracing of complex cases, plus difficulties in accessing relevant data about people who are furloughed or economically vulnerable.[90]

110. The Committee heard that there were public health systems in place prior to the outbreak but that new systems for collecting and disseminating Covid 19 data had been set up from Whitehall outside of these existing systems. These concerns were raised by numerous contributors to this inquiry, including the Health Statistics User Group, Faculty of Public Health and Greater London Authority.[91] As Dr de Gruchy said:

> This country has a really good public health system. I think it was a bit undervalued and not very well understood. … We had a statutory duty to assure ourselves that plans were in place for infectious diseases. All that expertise and knowledge was there, and the data flows, the systems and the relationships.[92]

88 Public Administration and Constitutional Affairs Committee, work of the Office of National Statistics, Q48
89 The Association of Directors of Public Health (DTA0046)
90 Greater London Authority, London Office of Technology and Innovation (DTA0024)
91 Greater London Authority, London Office of Technology and Innovation (DTA0024), Health Statistics User Group (DTA0033), Faculty of Public Health (FPH) (DTA0026)
92 Q65

> There is always data and data flows between the national, regional and local public health systems, but in the early days what happened is that a number of systems were set up outwith either the emergency planning system or the public health systems.[93]

> [those setting up new systems] did not think about how what was decided or done nationally would arrive at a local level or impact locally.[94]

111. The consequences of this approach were manifold and included: interoperability issues, problems with sharing data, extraction of data and concerns about (or mistrust in) data quality. As the Health Statistics User Group stated in its evidence:

> Because *ad hoc* systems had to be created in the NHS, there were a lot of data quality problems especially in earlier months. This not only made monitoring the situation difficult, but contributed to lack of trust in the data, especially as definitions and inclusion criteria changed over time, calling into question the validity of time trends.[95]

112. Councillor Georgia Gould, Leader of Camden Borough Council and Chair of London Councils, reiterated this:

> We were getting [test and trace] data with lots of gaps. Often key information is not filled in, and it is difficult to integrate it with our existing systems. That is a real challenge when we are trying to do our own tracing.[96]

113. When Dr de Gruchy gave evidence in November 2020, she explained that multiple handoffs had resulted from the way testing systems were set up, and this had complicated and delayed the response:

> … what you have is quite a lot of delays in processing data all the way through and lots of handoffs … .You have to get somebody who is symptomatic or ill tested quite quickly … Then the test results have to get to the trace system, then the trace system has to have good-quality data to follow the person up. Then the support to that person in terms of whether they can isolate, whether they need help or support … We have to get people who are positive and their contacts home to self-isolate very quickly. That is still not happening.[97]

114. As the Chair of the Local Government Association (LGA) and Leader of Oxfordshire County Council, Councillor Ian Hudspeth told the Committee, real time testing data is key to acting quickly to stem outbreaks, but this was not available:

> One of the key things of course is that we need data in almost real time to assist in cases, because the earlier that we get data, the earlier we can act upon it and make sure that it is true and valid. That is something we have been struggling with, getting the data in real time.[98]

93 Q56
94 Q65
95 Health Statistics User Group (DTA0033), Faculty of Public Health (FPH) (DTA0026)
96 Q64
97 Q57
98 Q54

115. Compounding these system issues was a reluctance from Whitehall to share granular data with local leaders. We heard that Directors of Public Health were expending time and energy on making the case for seeing public health data that might have enabled them to respond better. On testing specifically, postcode data was not shared with local areas until the first area (Leicester) went into lockdown at the end of June and patient level data was not shared until mid-August, after lockdowns were imposed in Greater Manchester, Yorkshire and many other areas.[99] Additionally, local leaders had asked for more comprehensive data (including negative as well as positive tests) and it took until late August before they had that data. NHS providers were one of a number of contributors to this inquiry that flagged this concern, stating:

> There have also been concerns as to whether the national testing data is being provided to local authorities in sufficient detail to allow them to do their job 'on the ground'.[100]

116. The testing programme was run on a UK-wide basis with some devolved delivery. Both Phil Roberts, Chief Executive of Swansea Council, and Steve Grimmond, Chief Executive of Fife Council, said they were now happy with the data they were receiving after what Phil Roberts described as "slow start". He stated that "until the contact tracing system was up and running effectively, the level of data was not as frequent or as accurate".[101]

117. Further to this, the evidence received suggests testing data was being stored in excel spreadsheets rather than in modern data systems designed to process large volumes of information. Spreadsheets of Covid 19 data were mentioned by a handful of people who wrote to us, including the Greater London Authority, who commented on the need to manually transpose testing data, creating the potential for human error.[102] Ed Conway of Sky News commented:

> I remember, during the initial period of test and trace, there were big question marks about whether the collection of data was in tune with official national statistics guidelines … Some of the data was just being collected on pieces of paper. Some was just being entered into spreadsheets in Whitehall offices rather than going through the normal processes that you would expect.[103]

118. The Committee heard that, while this was happening, local intelligence was moving faster than the national data and response. Joanne Roney, Chief Executive of Manchester City Council, stated that there was a two-week lag between issues being identified in her area and them being evident in national policy:

> We work on the basis of there being a fortnight data lag between what we have locally by way of local intelligence and what may come out from national programme.[104]

99 The Association of Directors of Public Health (DTA0046), Health Statistics User Group (DTA0033),Faculty of Public Health (FPH) (DTA0026)
100 NHS Providers (DTA0020)
101 Q99
102 Greater London Authority, London Office of Technology and Innovation (DTA0024)
103 Q266
104 Q81

119. The cumulative consequence of this slow and centrally-led response was that local leaders were unable to respond quickly enough as the pandemic took hold. This is particularly frustrating given that the National Statistician had told this Committee in May 2020 (6 months earlier) that the next stage of the pandemic response would rely on localised data.[105] As Dr de Gruchy told the Committee in November 2020:

> if we had had all the data we have now in July or earlier, we would have had a stronger response to the epidemic.[106]

Devolved matters

120. Much of the local response is devolved to the nations. This report does not comment on the performance of devolved Government on devolved matters, but the Committee did take evidence from local leaders in Scotland and Wales and asked them to comment on the co-ordination of the response between the nations. While we heard the devolved Governments were working well with local leaders and officials in general, there were some concerns about co-ordination on UK-wide issues. Phil Roberts, Chief Executive of Swansea Council, said:

> the dissonance between policy in different parts of the UK [is] causing confusion to the public. That is amplified if it happens in Wales, because we are not a huge country.[107]

121. Councillor Hugh Evans of Denbighshire County Council also felt that receiving messages from both the UK and the Welsh Governments was unhelpful and left local people trying to work out which applied most clearly to them:

> We work very closely with Welsh Government, and that is the way it should be. The information and data coming out of the Welsh Government now is clearer than it was. There is a bit of a gap with Westminster, if I am honest, in understanding the implications of their statements for the region. We struggle to work that out, and the residents end up pretty confused.[108]

122. Councillor Alison Evison, President of the Convention of Scottish Local Authorities (COSLA) and Member of Aberdeenshire Council, made similar points when she said:

> There have been particular instances recently where the lack of communication has been an issue, particularly if we are thinking … [about the] the economic harm and jobs. Trying to have clarity about furlough payments has been a particular issue recently, and there is a wider issue for local government on finance.[109]

Existing systems

123. This report has noted that existing public health data systems could have been put to better use in the pandemic response. However, the statistical infrastructure of our health

105 Public Administration and Constitutional Affairs Committee, Oral evidence: The work of the Office for National Statistics, HC 336,
106 Q55
107 Local transcript
108 Q104
109 Q108

system is not without fault and the Committee has received a number of submissions commenting on how fragmented the system is (particularly in England). The Chair of the UK Statistics Authority, Sir David Norgrove summed this up:

> We currently have no coherent statistical picture of health in England or of the provision of health services and social care.[110]

124. While Sir David Norgrove commented that, overall, the "statistical system has responded well to the stress and pressures of the pandemic",[111] he went on to say that:

> The disparate bodies involved in the provision of health are in terms of statistical output too often inchoate, to the extent for example that both the NHS and Public Health England produce statistics on vaccinations that are published separately.[112]

125. In May 2020, the National Audit Office (NAO) reported on the fragmentation of digital systems across the NHS. It found that "Changing national strategies have contributed to a fragmented environment" and went on to explain that in addition to the national bodies, including NHS England and Improvement, NHS X and the Department of Health and Social Care:

> Patient records are fragmented across thousands of local organisations, including NHS trusts and NHS foundation trusts (trusts), general practitioners (GPs) and social care providers.[113]

126. The Health Statistics User Group told us that there is "need for a single, consistent and efficient framework for information governance across the health sector."[114] And, the Royal Statistical Society explained that:

> Because of this fragmentation in England, statisticians and data analysts are spread throughout the health system and there is a shortage of statisticians centrally in the Department of Health and Social Care (DHSC), where they were needed to pull together data from this disparate array of sources.[115]

127. The Royal Society observed that "clear, mandated leadership is needed within the Department of Health and Social Care to enable the collection and connection of data from across the health system".[116]

128. At the national level, analytical capability is split across Government Departments and, as the UKSA explained in its written evidence:

> The UK has a decentralised system of statistics where individual departments are responsible for their statistics and departmental statisticians report within their departments. This has strengths we should not lose. It ties statistics and statisticians closely into the policy making of their departments

110 Letter from Sir David Norgrove, Chair of the UK Statistics Authority to Chair, dated 9.2.21 (Covid 19 data)
111 Letter from Sir David Norgrove, Chair of the UK Statistics Authority to Chair, dated 9.2.21 (Covid 19 data)
112 Letter from Sir David Norgrove, Chair of the UK Statistics Authority to Chair, dated 9.2.21 (Covid 19 data)
113 Report by the Comptroller and Auditor General, National Audit Office, Digital transformation in the NHS, May 2020, HC317
114 Health Statistics User Group (DTA0033)
115 Royal Statistical Society (DTA0042)
116 The Royal Society (DTA0049)

> and any change should not weaken that tie. But the complexity of data and statistics in the current crisis has shown the need in these circumstances for a firmer central controlling mind.[117]

129. **The message from the evidence received to this inquiry is frustratingly clear. The Government knew the response would need to be localised and there were local systems in place to manage infectious diseases already (including statutory duties on Public Health Officials) but, instead of allowing local systems to kick into gear, we got spreadsheets from Whitehall and officials refusing to share data.**

130. **Vital information which might have helped local leaders to respond quickly to outbreaks simply did not move quickly enough through the system. Central Government was initially unwilling to share granular data on the spread of the virus, systems were fragmented, and new testing systems were set up outside of the existing systems, causing further delays.**

131. **In May 2020, this Committee heard that local data would be key to the response, enabling local leaders to move quickly, stem small outbreaks and potentially stop a second wave in its tracks. It is impossible to know whether more granular data moving more quickly would have prevented any of the outbreaks that led to the lockdown of whole cities and regions from June 2020 onwards, or even have prevented further national waves.**

132. ***The Government must share all the available data with local areas in as much detail as possible, ideally to patient level. Data which will be key to decision making on the road map should be shared immediately, and ahead of the potential renewal of the Coronavirus Act. The Government should publish a comprehensive list of all data that is available and at what level.***

133. ***The Department of Health and Social Care, with support from UKSA, should undertake an urgent review of health data systems in England. The review should include consideration of the role of the Department of Health and Social Care in bringing together health data from across the different health bodies. The Cabinet Office, with its overarching responsibility for data across Government, should peer review this work and look for lessons learnt to share with other Government departments for future. The Committee will ask for updates from the Cabinet Office at its regular sessions with the Permanent Secretary and for advice from the National Statistician at his regular appearances before the Committee.***

117 Letter from Sir David Norgrove, Chair of the UK Statistics Authority to Chair, dated 9.2.21 (Covid 19 data)

4 Transparency

Local lockdown and tiering decisions

134. This chapter considers whether there was sufficient data transparency underpinning key decisions.

Lifting the first lockdown

135. The first national (UK-wide) lockdown began on 23rd March 2020 and was eased from May. From the 18th May, individuals were given more freedom to meet outdoors, and a phased reopening of schools began on the 1st June. On 13th May, the National Statistician gave evidence to this Committee (ahead of the launch of this inquiry) and said:

> We are through the current peak. As a nation, we need to be worried that, as we come through this current peak, we do not seed another one … We are now seeing a reduction in the deaths in each of those areas [community, care homes, hospitals], but not, at the moment, one as speedy as we would perhaps like.[118]

136. The Committee recognises the inherent complexity of the decision to lift the first lockdown and that it involved consideration of many factors including public health, livelihoods, and education. As previously noted, this report does not pass judgement on whether decisions were right or wrong and recognises that lockdown decisions have ultimately been judgements without an obviously correct or easy answer. Our interest throughout this report is understanding whether these decisions were transparent and informed by data. We did not look in depth at the decision to lift the first lockdown but, given this was an absolutely key decision, we did put questions on this to Ministers.

137. At the core of this inquiry is a basic expectation that Ministers should be able to justify key decisions through explaining the various data considered. The Committee expected that Ministers would be able to talk us through the types of data that were considered, how public health and other considerations were balanced, and the governance and accountability arrangements underpinning decisions.

138. Unfortunately, the Ministers who appeared before this Committee were unable to provide answers to the most basic of these questions and neither had been involved in the decisions.

139. When asked about lifting the first lockdown, the Paymaster General started by saying "I think that is probably better directed to the taskforce in Health" then went on to say:

> the Cabinet Office … is responsible for the co-ordination … across Government, liaising with the Joint Biosecurity Centre, Public Health England, ONS, SAGE, Government Departments and also local government, importantly. It will put the information into various products, including the Covid 19 dashboard, which people will be familiar with.[119]

118 Public Administration and Constitutional Affairs Committee, Oral evidence: The work of the Office for National Statistics, HC 336

119 Q299

140. It is clear that the Department of Health and Social Care could not have made the decision to lift the first lockdown, given the range of wider considerations. Indeed, our understanding is that it did not make the decision and the Paymaster General's own description of events seem to confirm that. It is, therefore, unclear why she felt that question was better directed to DHSC.

141. James Bowler, the second Permanent Secretary of the Cabinet Office gave more detail:

> the lockdown began on 23 March. A roadmap was published on how to unlock on 11 May. That was produced by the Cabinet Office, and collective decision-making was done via Cabinet and Cabinet Committee to inform it. Regarding the data used, it was a mix of health, economic and social data: level rates and location of infection; core healthcare metrics, with care homes being key to that; mobility data; school attendance; economic data; and international comparisons. It is worth saying that that roadmap, as it was called, had a staggered set of unlocking coming out of the first lockdown.[120]

142. However, while James Bowler's answer is helpful in stating the range of data used to inform the decision, the Committee did not receive answers to its core questions. For the lockdown decision to be transparent, it is important to know how various data were weighted against each other. While it is not possible to judge on the basis of this answer whether the decision was data-informed, it can be concluded that it was not transparent, and indeed Ministers who were not part of the decision-making progress were unable to explain it using the information they had been given.

143. **It is deeply worrying that Ministers were unable to answer basic questions about the decision to lift the first lockdown. Proper Parliamentary scrutiny leads to better decision-making and builds trust. While this report does not comment on whether the Government made the right decision, the Committee expects Ministers to be able to justify the Government's decisions and to explain the data underpinning them. Fielding Ministers who cannot answer questions is wilful evasion of scrutiny. Given how absolutely crucial that decision was for the health, wellbeing and fundamental freedoms of everyone in the country, the inability of Ministers to answer this Committee's questions was lamentable and unacceptable.**

144. **It is clear to even a casual observer that the decision to lift the first lockdown (and all subsequent lockdowns) must have also taken into consideration a range of factors, including health, economic and educational outcomes. It is, therefore, our judgement that such decisions can only be made by the Centre of Government, in the Cabinet Office or Number 10. When the Committee has asked about these decisions—both in writing and in person—the Cabinet Office has passed the buck to the Department of Health and Social Care. This is both confusing and unacceptable because the Department of Health and Social Care is clearly not well placed to make decisions that include wider considerations beyond health.**

145. ***Time has passed for Ministers to explain to this Committee why the first lockdown was lifted when it was. It is clear that Ministers are unable to answer that question, and we are sure that this will be picked up by a public inquiry of the kind this Committee***

120 Q302

recommended in its previous report. It is vital, however, that lessons are learnt, and changes made during this ongoing pandemic. The Committee will ask similar questions when Ministers and officials appear before this committee in future and will expect complete and cogent answers.

146. ***This report is not considering the accuracy of decisions, but this Committee has serious concerns about the lack of transparency and clarity in decision-making. The Cabinet Office must outline in its response to this report the range of data and information it will use to lift current and future lockdowns.***

Local tiering decisions

147. After the national lockdowns were eased from May 2020, more localised responses came into effect. In England, local restrictions were introduced in Leicester from 29th June, and in other cities including Manchester, parts of Yorkshire, and later Newcastle from 30th July. From 12th October, these stand-alone restrictions (brought in as regulations under the Public Health (Control of Disease) Act 1984) were replaced with three England-wide tiers with the most restrictive measures (tier 3) including closure of hospitality. On 19th December, the Government introduced a 4th tier (stay at home) which closed non-essential shops, some other venues (including sports venues) and restricted almost all contact between households. Since December, the Government has moved back to a national approach, and from 5th January, there has been an England-wide lockdown akin to the March 2020 lockdown. On 22nd February, the Government announced a roadmap out of lockdown in four phases.

148. The introduction of more localised responses further emphasised the need for data transparency. First, transparency enables local leaders and officials to plan and organise but, secondly, it is vital for people coming within the purview of these restrictions to understand why. This report previously discussed seeking "democratic consent" and how important this is when the Government is asking so much of the public. This chapter considers the moments in which the Government restricted the freedoms of *some* people, depending on their locality. In this system, which has inherent inequalities, democratic consent is even more vital. NHS providers told us:

> As we enter a phase of local surges, it is imperative that the data and rationale on which the Government bases decisions around local lockdowns is clearly explained and accessible to the public and local leaders.[121]

The test for lifting lockdowns or moving tiers

149. Since the first national lockdown was lifted in May there has not been a consistent framework for introducing or lifting restrictions. In June, the Government introduced five tests for lifting lockdown; in November, there were five indicators to make tiering decisions; and the February 2021 roadmap introduced 4 tests for easing national restrictions. All were subtly different and included measures that reflected the specific situation at the time of introduction (for example, the July tests included PPE shortages and the February roadmap includes vaccines). This lack of consistency has not made it easy to plan, and it was clear that there were no clearly defined parameters in place for local tiering decisions in October, (a fact supported by the evidence from local government leaders).

121 NHS Providers (DTA0020)

150. The Committee was told that the lack of a clear framework for introducing or alleviating restrictions in local areas, prior to the November indicators, had meant that local areas were being treated differently from one another. In October, Joanne Roney Chief Executive of Manchester City Council said:

> I think we all understood that the purpose of bringing in the tiers was to have simplified messages for the public and to make it easier to understand. What went slightly wrong was every individual tier ended up negotiating additional flexibilities anyway, so there was still a degree of confusion, not only which tier you were in but how tier 3 in Greater Manchester was different to tier 3 in Liverpool, for example, which is less than 40 minutes away—many families commute and move around.[122]

151. In February 2021, the Committee asked Ministers and officials why there had been changes to the frameworks for introducing and lifting lockdowns and tiering decisions. James Bowler, Head of the Covid Taskforce, said:

> It is about learning and knowing, and each time we know more. In November we set a clear objective of what we are trying to do. We published it in a strategy, and we said, "These are the five measures that we will look at." The reason we chose those five is that we thought that they were the most pertinent. They included the new data that we had on case rates for over-60s. We chose that because obviously we know that over-60s are more likely to be seriously ill and potentially die from this pandemic. This was classic learning and adapting, but I think that the winter plan published in November was very good at setting out a transparent approach of how we were going to operate.[123]

152. The five indicators introduced in November (after the evidence session with local leaders) were designed to create more clarity about how decisions were made on which tier a local area would move in to. The indicators were:

- case detection rates in all age groups;
- case detection rates in the over 60s;
- the rate at which cases are rising or falling;
- Positivity rate (the number of positive cases detected as a percentage of tests taken); and
- pressure on the NHS, including current and projected occupancy.[124]

153. However, the indicators were not underpinned by thresholds indicating which tier an area would go in to at a certain data point. This did not address the key concerns raised in October by local leaders. For example, Councillor Ian Hudspeth, Leader of Oxfordshire County Council and Chairman of the LGA Community Wellbeing Board, had said:

122 Q81
123 Q314
124 HM Government, Covid 19 Winter Plan, November 2020

> there do not seem to be any fixed criteria that say, "If you hit this particular level, you need to go into a different tier". Likewise, my understanding is that there do not seem to be any criteria around which tier we go back into when we move out on 2nd December.[125]

154. When we put this to Ministers and Officials in February 2021, James Bowler, said that putting thresholds in place could lead to "perverse results":

> We took a deliberate decision not to give absolute hard thresholds that would absolutely trigger things moving from tier A to B or 2 to 3, for example. That was a deliberate judgment so that the analytical framework that we use, via the Joint Biosecurity Centre, could consider local circumstances in its decisions. There were all sorts of examples of where, if you used a very hard set of thresholds, you might get perverse results. … For example, if you had an outbreak in a particular Army camp, which you could contain and stop, or a prison, for example, would the whole of that area be put into a higher tier, or not if you felt it was contained? Those are the types of issues that we use so as not to set absolutely hard triggers.[126]

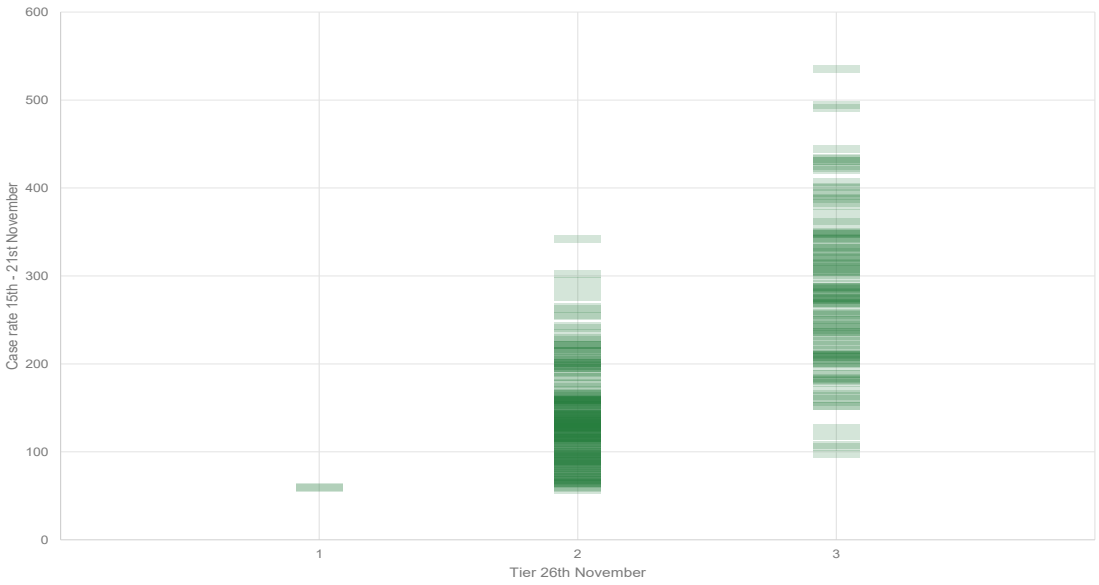
155. Local leaders had called for more consideration of specific local circumstances when making decisions, but as discussed in earlier chapters, the public understands that the Government and local leaders "do not have a crystal ball"[127] and that judgements need to be made. The lack of transparency around decisions creates more mistrust and confusion than being open and honest, even when uncertainties or caveats are noted.

156. As Professor Spiegelhalter explained, when communicating complex data or decisions "you start off with what you know, but then you follow it with what you do not know and … Crucially, you then say, *the advice will change* …". Taking this model and adapting it, it would be more transparent—and build more trust—if Government were to state thresholds for each indicator, then explain that a balance would be struck where an area fell into more than one threshold, and acknowledge that there are unknowns or uncertainties (such as the possibility of an isolated outbreak) that might need to also be considered. Instead, decisions were taken in an opaque fashion, which did not help build public trust and support.

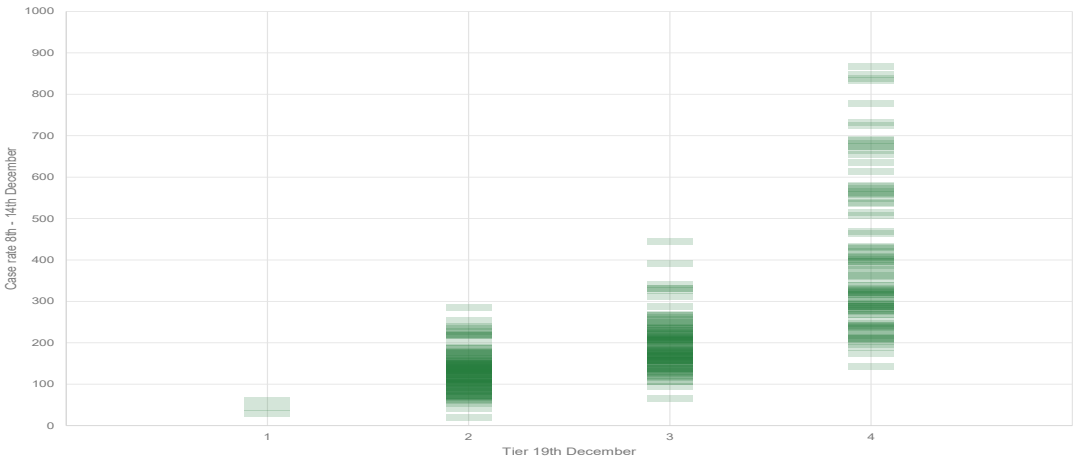
157. In the midst of opaque decision making, there developed a sense of confusion and mistrust. It very quickly became apparent that some areas had been placed into higher tiers than neighbouring areas with worse infection rates. This confusion persisted all the way through to the December lockdown decisions when many commentators looked to infection rates to judge tiering decisions. The charts below, drawn on data submitted to this inquiry by Election Maps UK, shows the 7-day infection rate leading up to tiering decisions on 26th November and 19th December against the tier those areas were put in to.[128] It shows that there were significant overlaps between tiers in terms of infection rate, to the extent that on 19th December 26 local authorities were put into tier 4 in spite of having infection rates in the same range as areas in tier 2.

125 Q72
126 Q316
127 Q143
128 Full data and sources in Election Maps UK (DTA0050)

7-Day Rate (Cases from 15th-21st November) and 26th November tier



7-Day Rate (Cases from 8th-14th December) and 19th December tier



158. In October, some local leaders had requested tiering decisions that were rejected by Government on the basis of unclear or opaque data. For example, Councillor Hudspeth explained that he had asked for his area to be placed tier 2 (the middle tier) but the area had been placed into tier one (the lowest tier). Eight days after his initial request the area was moved up to tier 2.

> [Requesting tier 2] was a system-based decision, it was not something random. It was based on the information that was provided by the director of public health who, as I say, was looking at the trend and he was very clear about that. Then we put in the recommendation, but obviously Government and the Department of Health were looking at other data as well. You would have to ask them for the reasons why we did not move into tier 2 at an earlier stage.[129]

159. This confusion was not aided by the lack of clarity in data underpinning the tiering decisions, even after the indicators were announced in November. While there had been

129 Q74

improvements in the availability of data by this point, data was still fragmented and hard to find. The Chair of this Committee wrote to the Chancellor of the Duchy of Lancaster on 25th November noting:

> It is, however, very hard to find data which explains how well local areas perform under these tests. The data, where it is available, is spread over multiple sources. When users of the Government website search for a postcode, the data they are given does not clearly link back to the 5 tests outlined. Sometimes areas even seem to be doing relatively well against indicators but are still in tiers two or three with no clear explanation.[130]

160. On 26th November, the day after tiering decisions were published, the Government released a slide pack with underlying data.[131] This was a significant improvement in transparency, but the data was only made available after the decision had been made and was not useful for charting a path out of lockdown as it was only point in time data.

161. When this question was put to Ministers, the Paymaster General conceded that finding data was difficult:

> Local data is incredibly important, and I know from my own experience as a local MP—who was put into a higher tier earlier than elsewhere—that getting information about the presence of the variant was very difficult indeed. I think that is a fair criticism.[132]

162. Additionally, witnesses told us that the indicator "pressure on the NHS" was not clearly defined and data was hard to interrogate. As Simon Briscoe, a consultant in statistics and economics, told us in his written evidence:

> The detailed hospital data is of limited analytical value as the bed occupancy data is not set against either the occupancy in the first wave (the data starts from August) or the capacity data (capacity data is quarterly and not split Covid v non-Covid). For any given hospital it is impossible to know if, say, 50 Covid 19 patients is a lot or near capacity.[133]

163. Dr Jeanelle de Gruchy of the Association of Directors of Public Health wrote, explaining:

> It is quite difficult to work out, for instance, bed occupancy percentages and so on because the data changes so rapidly. There have been issues in terms of understanding where things are at.[134]

164. Local leaders also shared their frustrations that they were not adequately informed about tiering decisions before they were made, and they often found out which tier their areas would be in through the media. Cllr Georgia Gould explained:

> One of the frustrations we have had throughout this is that, quite often, key information about decisions is leaked, often on a Friday night or a Saturday,

130 Letter to Rt Hon Michael Gove MP, Chancellor of the Duchy of Lancaster on Covid-19 data, dated 27.11.20
131 HM Government Coronavirus cases in England: 26 November 2020 , accessed on 1 March 2021
132 Q309
133 Simon Briscoe (DTA0041); Simon Briscoe (Consultant at Self-employed) (DTA0038)
134 Q60

> which promotes huge fear in the community and means we have to try to respond at pace while officers are not at work. I cannot overestimate the level of trauma from the first lockdown in places and communities that have been disproportionately impacted, the mental health concerns and the fear among older people. It would have been much better if there was a conversation with us earlier so we could prepare our communications, prepare our reassurance and work with communities… In every single instance of national changes, unfortunately, it has happened in the same way. There has been some kind of leak and we find out from the papers at the same point as our communities do. That is not a good way to prepare.[135]

165. In terms of whether the tiering decisions should have been shared with local areas (specifically local MPs), Ministers shared their concerns about information being leaked. Minister for Social Care, Helen Whately told us:

> If I call MPs saying, "There is likely to be an announcement to do with your area, and there is going to be a tiering change," before I have even finished chairing one of those calls that information is on Twitter and then being announced on the national media, rather than being announced to Parliament. Because we were briefing MPs it was then on national media, but we all know that we try to announce things to Parliament. I would say that there is a dilemma here between always wanting to involve Members of Parliament when things affect their constituents. Also, there is the consequence that then sometimes turns out to be effectively putting the information in the public domain at that moment.[136]

166. The Paymaster General went on to say that:

> It is, first of all, very well understood that giving the public, giving businesses, giving public servants as much notice as possible is a good thing. From having seen decisions being taken in Whitehall, I know that that is very much thought through. Where there has been no notice given it is because of a rapidly changing picture. There is always great pressure on Ministers to take the path of least resistance.[137]

The February 2021 roadmap

167. On 2nd February 2021, the Prime Minister announced a "roadmap" out of lockdown. The evidence for this inquiry was collected prior to this announcement so this report does not comment on it in detail, but lessons can be drawn from earlier experiences.

168. The roadmap contains four core indicators:

a) The vaccine deployment programme continues successfully.

b) Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated.

135 Q80
136 Q310
137 Q306

c) Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS.

d) Our assessment of the risks is not fundamentally changed by new Variants of Concern.[138]

169. The roadmap commits to lifting restrictions in four steps and it sets the earliest dates at which each step can be taken. Step one, from no earlier than 29th March will include allowing socialising outdoors with one other person; step two, from no earlier than 12th April, will open some non-essential businesses and outdoor attractions; step three, from no earlier than 17th May, will lift most social contact restrictions; and step four, from no earlier than 21st June, will lift all legal limits on social contact.

170. The Committee welcomes Prime Minister's commitment to a "data not dates" approach,[139] but notes that the roadmap actually contains several dates and very little in the way of data. The detailed roadmap does have a data annex containing current information on vaccinations, infections and other key indicators. But the indicators themselves do not have any clear data thresholds. Wording like "vaccine deployment continues *successfully*"[140] is not sufficient as success is not defined. The risk of this is that people will not understand the reason for decisions.

171. We have stressed the importance of trust, and there is a risk is that the roadmap will be undermined if the Government is not able to lift restrictions in line with the dates outlined. Transparency will be key to this and while the announcement was clear that the dates outlined are "earliest", the Government must be able to justify any change to the anticipated dates.

172. The Committee welcomes the commitment to sharing decisions seven days in advance of them coming into effect, and the commitment to giving time for data to move through the system before decisions are made.

173. **The framework for lockdown and tiering decisions has changed repeatedly throughout this pandemic. While the Committee does not object to the inclusion of new metrics (such as vaccines), changes in the framework to date have not always appeared to reflect new information. This has amounted to a moving of the goalposts, which creates uncertainty, makes it impossible to see trends and therefore must stop.**

174. ***The priority now must be a clear and consistent framework for making lockdown decisions as a path back to normality is charted. The Committee, therefore, welcomes the roadmap. The Government should not make further changes to it, in terms of setting new tests or boundaries. It is concerning that the roadmap does not appear to contain any guidance for moving back into lockdown in the event of a new variant or other unexpected turn of events, even though the Government has taken the stance that this should be the last lockdown.***

138 HM Government, COVID-19 Response - Spring 2021, 22 February 2021, accessed 2 March 2021

139 Prime Minister's Office, 10 Downing Street, Prime Minister sets out roadmap to cautiously ease lockdown restrictions, 22nd February 2021, accessed 2 March 2021

140 HM Government, COVID-19 Response - Spring 2021, 22 February 2021, accessed 2 March 2021

175. **Lockdown decisions have been met with confusion because the data has been unclear. Data was not initially available for local leaders to understand the tiering decisions and there were no adequate frameworks for escalation and de-escalation in place. While this data has improved, gaps remain.**

176. ***The new roadmap must be updated to point to where data can be found under each indicator. The roadmap indicators should be added to the dashboard, with clear links through to the data at lower local authority level underpinning each one.***

177. **The Government did not publish thresholds for tiering decisions which made it hard for local authorities and businesses to plan. This must be changed for the future. The Committee does not believe including thresholds in the roadmap will cause perverse outcomes (as James Bowler suggested in his evidence). It is, of course, possible that England progresses quickly against some indicators and more slowly against others, in which case the Government would need to make a judgement on whether to move to the next step on the roadmap. Increased transparency created by clear thresholds will increase public trust and confidence.**

178. ***The Government must publish thresholds aligned to the roadmap in ranges or using minimum requirements, and with appropriate caveats if needed. This should be done immediately with the information available before decisions are taken to take the first steps.***

Decisions affecting businesses

179. Decisions at various points to lockdown part or all of the country have had a profound effect on businesses and, as a result, on jobs and livelihoods. In December, the Committee heard from some of the affected sectors. The prevailing message was that the data underpinning decisions was not clear. In fact, Emma McClarkin, Chief Executive of the British Beer and Pub Association (BBPA), went as far as to say:

> The evidence and the data that they have claimed or used to make these decisions has sometimes not even been there. It is more based on perception or a gut feel.[141]

180. A key frustration shared by the witnesses was that measures they had put in place in order to reopen after the first national lockdown was eased in Spring 2020 had not been taken into account when local lockdowns and tiering were brought in later in the year. Andrew Goodacre, Chief Executive of the British Independent Retailers Association (BIRA) said:

> A shop today is very different from what it was back in February or early March in that it has plenty of Perspex screens and protection for employees. There are safe social distancing measures in place. There is hand sanitiser everywhere you go, and face coverings were made mandatory back in the summer.[142]

141 Q191
142 Q189

181. Emma McClarkin explained that the pub sector had invested over £500 million in measures to protect the public, only for them not to be considered when tiering decisions were made.

> We have invested as a sector over £500 million in making sure all the equipment is there for our staff: the face masks; they had visors to begin with; there are Perspex screens inside our venues. We have also created one-way zones, travel zones inside, hand sanitisation, everything. Table service has been introduced and it has made incredibly secure and safe areas to socialise in, and I think that needs to be recognised.[143]

182. Sectors had worked with the Government to put clear plans in place to re-open in spring 2020. Bill Sweeney, Chief Executive of the Rugby Football Union (RFU), explained what this had looked like for sports, and specifically for professional rugby.

> The medical working group had advice from SAGE, the Scientific Advisory Group for Emergencies, and we were given information on the current state of the pandemic and the impact on sport. Probably the most important aspect of that is the fact that it was collaborative, so the chief medical officers of the various different sports were able to work together with Government authorities to work out a roadmap for both the professional and community games to start. … Through the identification of certain protocols and a five-stage process for the return of the professional game, from individual training to group training to the resumption of matches in August, it came about as a result of those protocols. It was a very open process, a very transparent process, and a good deal of collaboration on both sides.[144]

183. It was particularly frustrating, therefore, to hear that some industry representatives felt this hard work had been disregarded as part of later decision-making. As Julian Bird, Chief Executive of the Society of London Theatre noted:

> In order to open venues, seated venues, across the UK, we worked with the Government on a five-stage reopening plan … In August we reached stage 4, which allowed indoor venues to open with a socially distanced audience … compulsory mask wearing [and] temperature checking … [But] The new tiering system that has come in takes very little account of all the work that has happened. For example, in tiers 1 and 2 we now find that caps, or capacity caps, have suddenly been applied, and we have not seen any evidence as to why that has happened. That effectively rips up all the work that had been done before.[145]

184. Witnesses also raised concerns that there would be unintended consequences to the tiering decisions. Emma McClarkin felt that, following the introduction of Covid-safe measures in pubs in spring: "we are a safe, regulated environment to socialise in, as opposed to private households mixing, which we are seeing, where we know the transmission is going up".[146] Andrew Goodacre said:

143 Q191
144 Q178
145 Q195
146 Q191

> closing down simply creates pent-up demand so that when shops reopen you get another wave of people. Instead of having a stable demand in a place, a stable number of people, we end up with surges.[147]

185. There was sense from witnesses that some industries felt they had been targeted in spite of there being very little evidence that they were causing transmission. Andrew Goodacre said:

> SAGE itself has issued a report saying that closing non-essential shops will make very little difference to the spread of the virus.[148]

186. The evidence received on the safety of safety of hospitality venues and shops was far from conclusive. Emma McClarkin stated that "Covid 19 reports that are published weekly, consistently show that hospitality is responsible for only 2 per cent of outbreaks",[149] but other evidence received highlights that a small number of outbreaks have the potential to cause a large number of infections. Professor Richardson, President of the Royal Statistical Society, explained that:

> A small fraction of infected people creates a larger number of infections. Currently the estimate ranges from 5 to 20 per cent of cases seeding up to 80 per cent of infections … .Some social or work contexts are favourable to these superspreading events as they tend to involve having a large number of people in close proximity.[150]

187. Professor Richardson cited research undertaken in Hong Kong involving "detailed back tracing of clusters", concluding that:

> There is substantial potential for SARS-CoV-2 superspreading in settings where large numbers of people gather such as bars, weddings, and religious events. Interventions targeting social settings may be key in reducing the risk of SSEs and SARS-CoV-2 transmission.[151]

188. Of course, none of this evidence is conclusive on whether places people might mix (such as bars, theatres, spectator sports, or shops) can be considered Covid-safe now, with the various measures that have been taken. Nor does it consider newer research on issues like ventilation when considering indoor versus outdoor mixing, But, it does highlight that the Government was not clear on the evidence underpinning their decisions. As Emma McClarkin told us:

> we had no evidence shared with us, with the sector, prior to [the tiers being announced]. It was released after the tiering system had been announced, and that was several days.[152]

147 Q190
148 Q189
149 Q191
150 Letter from Professor Sylvia Richardson CBE, President-Elect of the Royal Statistical Society and Co-Chair of the RSS Covid 19 Task Force on follow-up evidence after 24.11 session, dated 8.12.20
151 Letter from Professor Sylvia Richardson CBE, President-Elect of the Royal Statistical Society and Co-Chair of the RSS Covid-19 Task Force on follow-up evidence after 24.11 session, dated 8.12.20
152 Q192

189. Fundamentally, if the Government is asking businesses to close—risking jobs, livelihoods and the very survival of those businesses—it must be clear why this should happen, and the evidence outlined above demonstrates that the lack of clear communication of any evidence that does exist to underpin decisions has created frustration and mistrust.

190. When these questions were put to Ministers, the Paymaster General said:

> There had been some work done generically to try to ensure that we were engaged properly, as a Government, with business.[153]

191. **The hospitality and entertainment sectors have not seen sufficient data to underpin decisions relating to their industry. The evidence the Committee received was inconclusive over whether restrictions on hospitality and entertainment sectors were sensible and indeed it is not the purpose of this report to come to a judgement on that. However, building trust with these sectors is absolutely essential and the level of transparency has not been sufficient.**

192. ***The Government should publish the data that underpins the restrictions that will remain in place on businesses at each step of roadmap as a matter of urgency. Hyperlinks to this data must be included on pages explaining the restrictions for maximum transparency.***

153 Q330

Conclusions and recommendations

Covid 19 data – one year on

1. The Government has overseen a remarkable effort pulling together data on Covid 19 from a standing start 12 months ago. It has also made much of this data and analysis available to the public, primarily through the Covid 19 data dashboard. The Government has responded to requests for new data and improved access to evidence, including a request from this Committee to publish SAGE papers. The work of the Office for National Statistics, the Government Statistical Service, and analysts in Local Government and the NHS is commendable. (Paragraph 15)

Public communication, behaviour, and trust

2. The Government has made significant steps in the presentation of data throughout this pandemic, including through the Covid 19 dashboard. But it is still presenting some graphics which do not meet the basic standards that we would expect. The Committee welcomes UKSA and Royal Statistical Society intervention to support Departments in producing clear graphics. (Paragraph 33)

3. *Graphics used by Government, for example slide packs and briefings, should meet Government Statistical Service good practice guidelines on data visualisation. They should always meet the accessibility regulations, which are now law.* (Paragraph 34)

4. Statistics quoted by Ministers have not always been underpinned by published data, which goes against the UKSA Code of Practice. Publishing the underlying data is key to transparency and building trust. When the underlying data is not published, numbers may be used to make politicised points and members of the public, journalists and Parliamentarians have no way of verifying the information shared. This means constructive debate cannot happen. (Paragraph 44)

5. *When Ministers or senior officials quote statistics, the underlying data must be published. This is already an Office for Statistics Regulation expectation, and OSR should continue to inform this Committee—as it has throughout this inquiry—when it finds examples of statistics that are quoted without published data to back them up.* (Paragraph 45)

6. *Going forward, Ministerial statements published on Government websites must include hyperlinks or footnotes directing to the detailed data underpinning any numbers or statistics quoted. This should apply to all areas where data is used, not just in relation to this pandemic.* (Paragraph 46)

7. *The Ministerial Code needs to be strengthened so it is clear that Ministers are required to abide by the UKSA Code of Practice in their presentation of data. The UKSA Code includes the principle of trustworthiness that builds "confidence in the people and organisations that produce statistics and data". Abiding by the UKSA Code of Practice is a statutory requirement for Government Departments. It is simply not enough to ask Ministers to be "mindful" of the UKSA code.* (Paragraph 47)

8. When SAGE advisors speak publicly about the advice they have given to Government it has the potential to create confusion and undermine trust. This report calls for greater transparency, including on uncertainties, but there also needs to be clarity about what has underpinned Government decisions. SAGE is made transparent through the official records of discussions and advice published, and it is important that this is not framed or politicised by individual advisors. SAGE members, and experts from other bodies, can play a role in informing the public. However, as it stands, the public is not well informed about the role of SAGE advisors and might not be aware that differences of opinion are an inherent (even encouraged) element of discussion in that forum. (Paragraph 53)

9. *We are certainly not calling for SAGE advisors to be silenced, but for some expectations to be laid about the appropriate way to communicate considering, amongst other things, the potential for the politicisation of their commentary. Civil Servants advising Government are expected to abide by a code of conduct, and there should be a similar code for SAGE advisors. The SAGE secretariat should produce guidance for members on how to engage with the media, in line with the 2012 Cabinet Office Guidance. This should not be overly restrictive as to prevent individual advisors from undertaking their normal work or from outlining the capacity in which they advised SAGE if required. This should be made public.* (Paragraph 54)

10. Building trust between leaders and the public is essential to the response. The evidence the Committee has received, including from behavioural scientists, shows that people respond to open and honest information that is clear about the uncertainties within it. Some data has been communicated with the apparent intention of creating a more favourable view of the Government and some data has appeared to have been used to provoke anxiety rather than help people understand risk. It is disappointing to hear that the way data has been presented might have undermined public trust. (Paragraph 81)

11. *Government communication needs to focus on informing the public openly and honestly. As we move into the next stage of the pandemic, the roadmap back to lifting restrictions entirely, this becomes even more pertinent. Previous recommendations cover clarity on source information, and adherence to the UKSA Code of Practice.* (Paragraph 82)

Decision making

12. Throughout this inquiry, it has been unclear which Minister and Department should be held to account for ensuring decisions are underpinned by data. Data is collected by multiple Departments and other bodies, and this Committee expects a clear point of accountability for decisions made based on data from these various sources. It is not acceptable to pass responsibility for decisions between the Cabinet Office and the Department of Health and Social Care when so much is at stake. Lines of accountability must be clear and decision-making must be transparent. (Paragraph 96)

13. *The Cabinet Office must clearly outline responsibilities for decision making, before the Coronavirus Act is considered for renewal after 25th March 2021. This must include*

clear lines of accountability at Departmental and Ministerial level, stating which Minister is accountable to Parliament for ensuring key decisions are underpinned by data, and for the data that underpins the decisions. (Paragraph 97)

14. The Committee was very disappointed that when the Chancellor of the Duchy of Lancaster declined to appear before the Committee on 4th February, Ministers sent in his place were poorly briefed and unable to answer the Committee's questions. The ability of Select Committees to hold Ministers to account for decisions is a vital part of the democratic process. This is particularly true at a time when the country is facing the toughest possible restrictions on our freedoms, and when (as we have previously reported on) detailed scrutiny of the Government's decisions has not always been possible in the timeframes required. The Chancellor of the Duchy of Lancaster's refusal to attend this Committee and account for decisions made by the taskforce he chairs is contemptuous of Parliament. (Paragraph 98)

15. This is not the first time that the Chancellor of the Duchy of Lancaster has tried to avoid his accountability to this Committee. He has sought to ration his appearances by refusing invitations and setting short time-limits when he does appear. It is remarkable to note that the Prime Minister has spent more than an hour longer in front of the Liaison Committee in this session than Mr Gove has spent with his departmental select committee. (Paragraph 99)

16. *The Committee expects that the Rt Hon Michael Gove will respond to this report, clearly outlining his understanding of his own responsibilities, and the ways in which he should be held to account by Parliament. The Committee will put further questions to him at his next appearance in front of us.* (Paragraph 100)

17. Written correspondence from the Chancellor of the Duchy of Lancaster throughout the course of this inquiry has not answered questions posed by this Committee. (Paragraph 101)

18. *The Government's response to this report should state whether each recommendation is accepted or rejected and should state the next steps the Government will take or provide an explanation for those recommendations rejected. It is not sufficient for the Government to "note" a recommendation, as they have done in the past.* (Paragraph 102)

19. The message from the evidence received to this inquiry is frustratingly clear. The Government knew the response would need to be localised and there were local systems in place to manage infectious diseases already (including statutory duties on Public Health Officials) but, instead of allowing local systems to kick into gear, we got spreadsheets from Whitehall and officials refusing to share data. (Paragraph 129)

20. Vital information which might have helped local leaders to respond quickly to outbreaks simply did not move quickly enough through the system. Central Government was initially unwilling to share granular data on the spread of the virus, systems were fragmented, and new testing systems were set up outside of the existing systems, causing further delays. (Paragraph 130)

21. In May 2020, this Committee heard that local data would be key to the response, enabling local leaders to move quickly, stem small outbreaks and potentially

stop a second wave in its tracks. It is impossible to know whether more granular data moving more quickly would have prevented any of the outbreaks that led to the lockdown of whole cities and regions from June 2020 onwards, or even have prevented further national waves. (Paragraph 131)

22. *The Government must share all the available data with local areas in as much detail as possible, ideally to patient level. Data which will be key to decision making on the road map should be shared immediately, and ahead of the potential renewal of the Coronavirus Act. The Government should publish a comprehensive list of all data that is available and at what level.* (Paragraph 132)

23. *The Department of Health and Social Care, with support from UKSA, should undertake an urgent review of health data systems in England. The review should include consideration of the role of the Department of Health and Social Care in bringing together health data from across the different health bodies. The Cabinet Office, with its overarching responsibility for data across Government, should peer review this work and look for lessons learnt to share with other Government departments for future. The Committee will ask for updates from the Cabinet Office at its regular sessions with the Permanent Secretary and for advice from the National Statistician at his regular appearances before the Committee.* (Paragraph 133)

Transparency

24. It is deeply worrying that Ministers were unable to answer basic questions about the decision to lift the first lockdown. Proper Parliamentary scrutiny leads to better decision-making and builds trust. While this report does not comment on whether the Government made the right decision, the Committee expects Ministers to be able to justify the Government's decisions and to explain the data underpinning them. Fielding Ministers who cannot answer questions is wilful evasion of scrutiny. Given how absolutely crucial that decision was for the health, wellbeing and fundamental freedoms of everyone in the country, the inability of Ministers to answer this Committee's questions was lamentable and unacceptable. (Paragraph 143)

25. It is clear to even a casual observer that the decision to lift the first lockdown (and all subsequent lockdowns) must have also taken into consideration a range of factors, including health, economic and educational outcomes. It is, therefore, our judgement that such decisions can only be made by the Centre of Government, in the Cabinet Office or Number 10. When the Committee has asked about these decisions—both in writing and in person—the Cabinet Office has passed the buck to the Department of Health and Social Care. This is both confusing and unacceptable because the Department of Health and Social Care is clearly not well placed to make decisions that include wider considerations beyond health. (Paragraph 144)

26. *Time has passed for Ministers to explain to this Committee why the first lockdown was lifted when it was. It is clear that Ministers are unable to answer that question, and we are sure that this will be picked up by a public inquiry of the kind this Committee recommended in its previous report. It is vital, however, that lessons are learnt, and changes made during this ongoing pandemic. The Committee will ask similar questions when Ministers and officials appear before this committee in future and will expect complete and cogent answers.* (Paragraph 145)

27. This report is not considering the accuracy of decisions, but this Committee has serious concerns about the lack of transparency and clarity in decision-making. The Cabinet Office must outline in its response to this report the range of data and information it will use to lift current and future lockdowns. (Paragraph 146)

28. The framework for lockdown and tiering decisions has changed repeatedly throughout this pandemic. While the Committee does not object to the inclusion of new metrics (such as vaccines), changes in the framework to date have not always appeared to reflect new information. This has amounted to a moving of the goalposts, which creates uncertainty, makes it impossible to see trends and therefore must stop. (Paragraph 173)

29. *The priority now must be a clear and consistent framework for making lockdown decisions as a path back to normality is charted. The Committee, therefore, welcomes the roadmap. The Government should not make further changes to it, in terms of setting new tests or boundaries. It is concerning that the roadmap does not appear to contain any guidance for moving back into lockdown in the event of a new variant or other unexpected turn of events, even though the Government has taken the stance that this should be the last lockdown.* (Paragraph 174)

30. Lockdown decisions have been met with confusion because the data has been unclear. Data was not initially available for local leaders to understand the tiering decisions and there were no adequate frameworks for escalation and de-escalation in place. While this data has improved, gaps remain. (Paragraph 175)

31. *The new roadmap must be updated to point to where data can be found under each indicator. The roadmap indicators should be added to the dashboard, with clear links through to the data at lower local authority level underpinning each one.* (Paragraph 176)

32. *The Government did not publish thresholds for tiering decisions which made it hard for local authorities and businesses to plan. This must be changed for the future. The Committee does not believe including thresholds in the roadmap will cause perverse outcomes (as James Bowler suggested in his evidence). It is, of course, possible that England progresses quickly against some indicators and more slowly against others, in which case the Government would need to make a judgement on whether to move to the next step on the roadmap. Increased transparency created by clear thresholds will increase public trust and confidence.* (Paragraph 177)

33. *The Government must publish thresholds aligned to the roadmap in ranges or using minimum requirements, and with appropriate caveats if needed. This should be done immediately with the information available before decisions are taken to take the first steps.* (Paragraph 178)

34. The hospitality and entertainment sectors have not seen sufficient data to underpin decisions relating to their industry. The evidence the Committee received was inconclusive over whether restrictions on hospitality and entertainment sectors were sensible and indeed it is not the purpose of this report to come to a judgement on that. However, building trust with these sectors is absolutely essential and the level of transparency has not been sufficient. (Paragraph 191)

35. *The Government should publish the data that underpins the restrictions that will remain in place on businesses at each step of roadmap as a matter of urgency. Hyperlinks to this data must be included on pages explaining the restrictions for maximum transparency.* (Paragraph 192)

Formal minutes

Tuesday 19 January 2021

Members Present

Mr William Wragg, in the Chair

Ronnie Cowan	John McDonnell
Jackie Doyle-Price	Tom Randall
Rachel Hopkins	Lloyd Russell-Moyle
Mr David Jones	John Stevenson

Draft Report (*Government transparency and accountability during Covid 19: The data underpinning decisions*) proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 192 agreed to.

Summary agreed to.

Resolved, That the Report be the Eighth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order 134.

[Adjourned till Tuesday 16 March 2021 at 8.55am

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the inquiry publications page of the Committee's website.

Tuesday 22 September 2020

Professor Sir Ian Diamond, National Statistician, National Statistician, Office for National Statistics; **Ed Humpherson**, Director General for Regulation, Office for Statistics Regulation — Q1–52

Thursday 5 November 2020

Councillor Georgia Gould, Leader of Camden Council and Chair of London Councils; Dr **Jeanelle de Gruchy**, President of the Association of Directors of Public Health; **Joanne Roney OBE**, Chief Executive, Manchester City Council; **Councillor Ian Hudspeth**, Leader of Oxfordshire County Council, LGA — Q53–94

Steven Grimmond, Chief Executive at Fife Council; **Councillor Alison Evison**, Aberdeenshire Council and President of COSLA; **Phil Roberts**, Chief Executive at City & County of Swansea; **Councillor Hugh Evans OBE**, leader of Denbighshire County Council — Q95–122

Tuesday 24 November 2020

Will Moy, Chief Executive, Full Fact; **Professor Sylvia Richardson CBE**, President Elect, Royal Statistical Society; **Professor Sir David Spiegelhalter OBE FRS**, Winton Professor for the Public Understanding of Risk, University of Cambridge; **Dr Ben Worthy**, Department of Politics, Birkbeck, University of London — Q123–176

Wednesday 16 December 2020

Emma McClarkin, Chief Executive of the British Beer & Pub Association; **Julian Bird**, Chief Executive of the Society of London Theatre and UK Theatre; **Bill Sweeney**, Chief Executive Officer, Rugby Football Union; **Andrew Goodacre**, Chief Executive Officer, British Independent Retailers Association — Q177–234

Tuesday 19 January 2021

Professor David Halpern, Behavioural Insights Team; **Professor Stephen Reicher**, University of St Andrews — Q235–257

Dr Richard Fletcher, Reuters Institute; **Richard Earley**, Facebook; **Ed Conway**, Sky News — Q258–294

Thursday 4 February 2021

Rt Hon Penny Mordaunt MP, HM Paymaster General, Cabinet Office; **James Bowler CB**, Permanent Secretary at the Cabinet Office, leading the COVID Taskforce; **Helen Whately MP**, Minister of State for Social Care at the Department of Health and Social Care; **Clara Swinson**, Director General for Global Health at the Department of Health and Social Care — Q295–401

Published written evidence

The following written evidence was received and can be viewed on the inquiry publications page of the Committee's website.

DTA numbers are generated by the evidence processing system and so may not be complete.

1 360Giving (DTA0019)

2 Association of Directors of Public Health (DTA0046)

3 A1 (DTA0002)

4 Ali, Junade (DTA0016)

5 Astin-Gregory, Dan (Founder & CEO, Unstoppable Media Limited) (DTA0005)

6 Briscoe, Simon (DTA0038)

7 Briscoe, Simon (DTA0041)

8 Chapman, Mr David Andrew (DTA0007)

9 Craig, Dr Clare (DTA0009)

10 Centre for Public Data (DTA0031)

11 Election Maps UK (DTA0050)

12 The Faculty of Public Health (FPH) (DTA0026)

13 Fenton, Professor Norman (Queen Mary University of London) (DTA0037)

14 Freelancers Make Theatre Work (DTA0045)

15 Fryer, Professor Anthony (DTA0001)

16 Full Fact (DTA0021)

17 Full Fact (DTA0048)

18 Greater London Authority and London Office of Technology and Innovation (DTA0024)

19 The Health Statistics User Group (DTA0033)

20 Hemming, Professor Karla (DTA0014)

21 Johnson, Mrs Charlotte (DTA0018)

22 Kay, Thomas (DTA0006)

23 Keene, Mrs A (DTA0025)

24 Kerr, Dr Steven (DTA0012

25 King, Thomas (DTA0010)

26 Langehennig, Stefani (Birkbeck College) (DTA0011)

27 Martin, Professor Neil (Queen Mary University of London) (DTA0037)

28 McConway, Professor Kevin (DTA0028)

29 McLachlan, Dr Scott (Queen Mary University of London) (DTA0037)

30 McMonies, Mr Murray (DTA0013)

31 NHS Providers (DTA0020)

32 Newton, Chris (DTA0036)

33 Norris, Dr Jade (DTA0032)

34 Oldfield, Ms Marie (DTA0013)
35 Sense about Science (DTA0040)
36 Smalley, Mr Joel (DTA0013)
37 Royal Statistical Society (DTA0042)
38 The Royal Society (DTA0049)
39 The Royal Society (DTA0039)
40 UK Open Government Network (DTA0043)
41 UK Theatre and Society of London Theatre (DTA0044)
42 #WeMakeEvents (DTA0015)
43 Worthy, Dr Ben (Birkbeck College) (DTA0011)

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website.

Session 2019–21

Number	Title	Reference
1st	Appointment of Rt Hon Lord Pickles as Chair of the Advisory Committee on Business Appointments	HC 168
2nd	Parliamentary and Health Service Ombudsman Scrutiny 2018–19	HC 117
3rd	Delivering the Government's infrastructure commitments through major projects	HC 125
4th	Parliamentary Scrutiny of the Government's handling of Covid-19	HC 377
5th	A Public Inquiry into the Government's response to the Covid-19 pandemic	HC 541
6th	The Fixed-term Parliaments Act 2011	HC 167
7th	Parliamentary and Health Service Ombudsman Scrutiny 2019–20	HC 843
1st Special Report	Electoral law: The Urgent Need for Review: Government Response to the Committee's First Report of Session 2019	HC 327
2nd Special Report	Health Service Ombudsman Scrutiny 2018–19: Parliamentary and Health Service Ombudsman's Response to the Committee's Second report	HC 822
3rd Special Report	Delivering the Government's infrastructure commitments through major projects: Government Response to the Committee's Third report	HC 853
4th Special Report	A Public Inquiry into the Government's response to the Covid-19 pandemic: Government Response to the Committee's Fifth report	HC 995
5th Special Report	Parliamentary Scrutiny of the Government's handling of Covid-19: Government Response to the Committee's Fourth Report of Session 2019–21	HC 1078
6th Special Report	The Fixed-term Parliaments Act 2011: Government Response to the Committee's Sixth report of Session 2019–21	HC 1082