

Most of those who made catastrophic errors on Covid are...

Published: January 13, 2026, 1:51 pm

The House of Commons and Science and Technology Committee and Health and Social Care Committee have published their Report, [Coronavirus: lessons learned to date, examining the initial UK response to the covid pandemic.](#)

As the Committees report (and I reproduce this to give balance to what follows):

Some initiatives were examples of global best practice but others represented mistakes. Both must be reflected on to ensure that lessons are applied to better inform future responses to emergencies.

In particular:

- * *The forward-planning, agility and decisive organisation of the vaccine development and deployment effort will save millions of lives globally and should be a guide to future Government practice;*
- * *The delays in establishing an adequate test, trace and isolate system hampered efforts to understand and contain the outbreak and it failed in its stated purpose to avoid lockdowns;*
- * *The initial decision to delay a comprehensive lockdown—despite practice elsewhere in the world—reflected a fatalism about the spread of covid that should have been robustly challenged at the time;*
- * *Social care was not given sufficient priority in the early stages of the pandemic;*
- * *The experience of the covid pandemic underlines the need for an urgent and long term strategy to tackle health inequalities; and*
- * *The UK's preparedness for a pandemic had been widely acclaimed in advance, but performed less well than many other countries in practice.*

The 38 recommendations made, if implemented by the Government and by public bodies such as the NHS, would ensure that during the remaining period of the

pandemic and in any new emergency, the UK could perform better by having distilled lessons—positive and negative—from the UK's initial response to covid.

The key issue was, it turned out, a simple one. Despite the evidence that action was required the UK believed in herd immunity. The report says:

In the first three months the strategy reflected official scientific advice to the Government which was accepted and implemented. When the Government moved from the 'contain' stage to the 'delay' stage, that approach involved trying to manage the spread of covid through the population rather than to stop it spreading altogether. This amounted in practice to accepting that herd immunity by infection was the inevitable outcome, given that the United Kingdom had no firm prospect of a vaccine, limited testing capacity and there was a widespread view that the public would not accept a lockdown for a significant period. The UK, along with many other countries in Europe and North America made a serious early error in adopting this fatalistic approach and not considering a more emphatic and rigorous approach to stopping the spread of the virus as adopted by many East and South East Asian countries. The fact that the UK approach reflected a consensus between official scientific advisers and the Government indicates a degree of groupthink that was present at the time which meant we were not as open to approaches being taken elsewhere as we should have been.

In other words, people died because what was glaringly obviously necessary was not done.

I still hope that prosecution are brought. I see no reason why those who caused the unnecessary early deaths of tens of thousands of people should be allowed to get away with having done so.

This was not the only error though. This is pretty grim reading:

The Government and the NHS both failed adequately to recognise the significant risks to the social care sector at the beginning of the pandemic. Until the social care working group was established in May 2020, SAGE either did not have sufficient representation from social care or did not give enough weight to the impact on the social care sector. Without such input and broader expertise, Ministers lacked important advice when making crucial decisions. This, coupled with staff shortages, a lack of sufficient testing and PPE, and the design of care settings to enable communal living hampered isolation and infection control, meant that some care providers were unable to respond to risks as effectively as they should. This had devastating and preventable repercussions for people receiving care and their families and put staff providing social care at risk.

That last sentence is the charge sheet. Johnson, Hancock, Whitty and Valance all have cases to answer. Three of them are still in places of authority. In all three cases that astonishes me. But it does explain why the errors are continuing.