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Contents

Introduction	3
Research Question.....	3
Research Design.....	4
Data collection and sampling	5
Critical Discourse Analysis	6
Operationalization	6
Preliminary analysis	7
Evaluation of research.....	9
Conclusion.....	11
Bibliography.....	11
Appendix	12
Transcription of Boris Johnson speech 23/03-2020	12
Transcription of Boris Johnson speech 30/04-2020	14
Transcription of Boris Johnson speech 20/06-2020	16
Transcription of Boris Johnson speech 03/07-2020	19
Transcription of Boris Johnson speech 31/10-2020	22
Transcription of Boris Johnson speech 05/11-2020	25
Coding book	26

Introduction

In the early 2020, covid-19 was classified as a pandemic by WHO on March 11th, little over a month after the first cases were reported in the UK on January 31st. The pandemic shifts the focus and seriousness of response strategies towards the political leaders, and Boris Johnson. With a pandemic soaring among citizens, one of the first sources of information the public relies on is the one stated by the government, and their prime minister Boris Johnson. On March 23rd, Boris Johnson announced the first implementation of a national lockdown to suppress the spread of the disease, later easing them, to reinforce restrictions once again (Analysis, 2020). With the root in balancing public health safety and avoiding an economic disaster, the development throughout 2020 of government restrictive implementations cause for change in discourse to justify decisions.

The purpose of this study will therefore be to examine how political context might shape the prime minister's way of framing the perception of threat of covid-19. The study will firstly discuss the research question and research design. Thereafter, the methodology, data collection, operationalization and critical discourse analysis will be examined and discussed. Combined, these will lay the basis for the preliminary analysis and reflection of research which will conclude the study.

Research Question

To be able to study political context, we define three distinct periods which illustrate the development of covid-19 throughout 2020. These periods were characterized by the government either tightened or loosened pandemic restrictions and focused on the possible differences in discourse between them. This leads to the following research question:

How did Boris Johnson change his discourse regarding the threat of coronavirus during the development of the Covid-19 crisis in 2020?

To conduct a qualitative study is suitable with regards to this research question, as we aim to probe for deeper insights at a micro level. This descriptive research question exhibits three important features. First of all, it directly mentions Boris Johnson as our focus of data collection. This narrows our study to only look at the discourse of the prime minister, and not at other political leaders in the UK. Secondly, we are interested in the political context of the Covid-19 crisis as it developed during 2020. The UK saw shifting national policy between tightening and loosening restrictions as the year

went on, and we want to study how this was visible in the discourse of Boris Johnson. Thirdly, our focus of analysis is Boris Johnson's discourse regarding the threat of coronavirus. We will not offer our own definition of "the threat of coronavirus", as we focus on how Boris Johnson might have defined it differently during 2020. In this regard, we are particularly interested in e.g., how Boris Johnson discusses the deadliness of the virus.

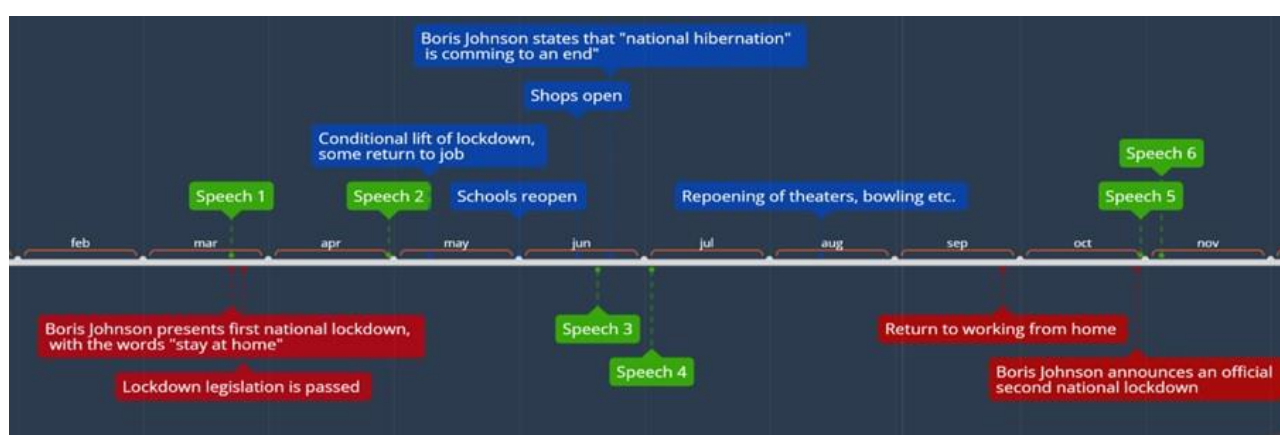
Research Design

As the research question has taken form, we turn to the development of a particular research design. The research design contributes as a navigating structure to guide our collecting of data and further analysis (Bryman, 2012). As we have chosen a research question that aims to understand a possible change in Boris Johnson's discourse on the threat of covid-19, dependent on a settings variable of tightening or easing of national restriction, our RD will reflect this prioritization. We have therefore decided upon a longitudinal single case study, with a comparative setup of John Stuart Mills comparative logic of most similar systems and a critical discourse analysis (Bryman, 2012).

The longitudinal design of our research allows us to study the discourse of Boris Johnson over time. Particularly by breaking down three specific time periods of the previously described tightening or loosening of restriction. This is pivotal for our research question, as it is based on a possibility of change in the used discourse. Furthermore, following the comparative logic of John Stuart Mill, we utilize a most similar research design, as we have chosen six separate cases of speeches by Boris Johnson from his regular covid-19 briefings throughout 2020. These speeches belong to the same genre, as they are nearly identical in their setup and communicate to the same population about the same topic, within the same country. This ensures relatively similar background variables and enables us to focus on the changing variable of restriction status and the outcome variable, which is determined from our critical discourse analysis. Lastly, as Covid-19 still remains a very new subject of research and even more as a matter of discourse, we have chosen an inductive method of analysis. However, we have sought theoretical guidance from the theory of securitization, which argues that political elites can frame events such as Covid-19 through their discourse, as threats to their "existential security", thereby obtaining legitimacy for much wider measures to be taken (Baysal, 2020). This theoretical guidance has assisted in doing our discourse analysis, creating codes and themes.

Data collection and sampling

As our study and RQ is designed to analyze a possible change in covid-19 threat discourse of Boris Johnson we turn to the key sampling technique of qualitative research, the purposive sampling. This is pivotal as the purposive sampling allows us to sample cases in a tactical manner, ensuring that they are relevant and useful for our research question (Bryman, 2012). We started by utilizing the typical case sampling technique defined by Bryman (ibid, 2012, p. 419), which enables us to pick out a case depending on the interest of our research question. This led us to the official webpage of the UK government which posts PowerPoint slides, videos and transcriptions of all previous covid-19 briefing and speeches done by Boris Johnson. To remain within our RQ, we turned to a second round of sampling to ensure that selected covid-19 speeches matched our research goal. We therefore applied a sampling on the basis of unit of analysis, specifically a criterion approach. Our first criteria was that the speeches had to be done solely by Boris Johnson without any medical professionals' involvement. Secondly, they had to be live and aimed at communicating directly to the public. Lastly, to best answer our RQ, we needed speeches from different time periods of the covid-19 situation in the UK. This was done by establishing a timeline of either easing or tightening restrictions for the public. The established timeline is shown beneath, where central policy decisions that we used as markers of restrictions are pointed out. The red policies indicate tightening of restrictions, while the blue indicate easing of restrictions. Furthermore, the six speeches that followed these criteria and therefore were chosen for our study are also marked on the timeline in green.



Critical Discourse Analysis

Both as a method for data collection and as a framework for data analysis, we have chosen Critical Discourse Analysis (CDA) as the overarching approach to our study of discourse. CDA is a variety of discourse analysis which lays its focus on how discourse relates to relations of power in society – how power is constructed by language. In comparison to discourse analysis, CDA tends to consider the context when analyzing discourse to a greater extent. Furthermore, CDA lends itself to the idea of intertextuality; analyzing text in relation to other comparable texts (Bryman, 2012). These three key features of CDA are the reasons as to why this approach is particularly well suited for our research question. We are interested in how the discourse of Boris Johnson portrays governmental power in crisis, whether his discourse changed as a consequence of changing political context and whether this is visible when conducting an intertextual comparison of different press briefings of his. One could argue that we have taken inspiration from qualitative content analysis (QCA) in our method of data collection. This is because we have conducted a somewhat systematic process of coding when we interpreted the transcripts that we chose (our method is more thoroughly explained below). However, since we have defined discourse in our research question and since we thereby have reduced the transcripts into examples of discourse rather than overarching themes, we believe that CDA is more naturally fitted to our research question than QCA.

Despite the strengths of CDA mentioned above in relation to our research, it is important to note the weaknesses of this research approach as well. One common criticism of discourse analysis in general is that the analytical work may sometimes be too speculative, since it requires the researcher to add meaning to the discourse being studied (Bryman, 2012). We have tried to mitigate this by making sure that we have clear and coherent arguments for the interpretations that we make in our analysis. A further topic of controversy often mentioned in relation to discourse analysis is its anti-realist nature; that the material world is seen as merely constructed by discourse (Bryman, 2012). There are alternative approaches however, as it can be argued that discourse can be seen as representing actors' efforts to reshape existing social and political structures in society (Reed, 2000). This approach is the one that we have attempted to follow in our research.

Operationalization

When our research question and research design had been collectively decided, we began discussing our approach to the core concept of threat of coronavirus. Firstly, we thought that an approach by

defining the concept ourselves was a proper approach and defining it as threat to public health and evaluating how Boris Johnson's statements correlate to that. But after reconsideration, we saw that our research question required us to see how he defines the threat towards public health instead of our own interpretation and how his discourse changes over time regarding that concept. By doing so, an inductive approach can easily be argued to be the optimal approach. Additionally, our definition of meaning is explored as threat to public health. For us to be able to operationalize our concept, we need to state our definition of meaning (Sartori, 1970). Since our research question and design uses an inductive approach, we conducted our coding and analysis without our operational definitions declared and throughout our coding we saw our operational definitions forming through the assignment of examples emphasizing the use of linguistic tools to analyze the discourse. By choosing an inductive approach, we also saw the need to sensitize our concept of threat to fit our research design. Sensitizing the threat of coronavirus makes the concept provide us with an approach that is beneficial for our CDA, that provides for general sense to what to explore and then reveal the different operational definitions that we seek in his speeches (Bryman, 2012, P.388)

Due to our choice of critical discourse analysis and how our research question is formulated we saw only the need to transcribe past statements made by Boris Johnson. These statements were available on the UK government website which eased our archive selection, and we could immediately begin with our coding. We decided to execute our coding separately at first and later compare our coding between us. We chose two texts each within the same time span of lockdown measurements that we had divided among ourselves. In regard to the approach of coding and establishing the coding framework, an inductive approach was applied to further emphasize the role of performing the coding by ourselves. While an inductive approach was applied, the core concept of threat perception was utilized. By dividing the longitudinal study into three different development stages, we argued for it being beneficial for our analysis to have made the coding without influence of the two other development stages. These coding results were then compared and discussed thoroughly through a presentation for the other research members in the aim of finding some of their linguistic differences and thereby benefit our analysis of the research question.

Preliminary analysis

In this section, we present the main findings of our research and an analysis of the possible connection between discourse and drastic policy measures, such as national lockdowns, as influenced by

securitization theory. After a discussion of the development of discourse during the crisis in 2020, we attempt to answer our research question given the analysis that we have made. In later sections, we will reflect upon the quality of our research and briefly offer a conclusion to this paper.

In the spring of 2020, we found that the discourse regarding the threat of coronavirus mainly concerned its deadliness and that the situation constituted a national emergency. Regarding the virus, phrases such as *“invisible killer”* and *“save lives”* are often mentioned by Boris Johnson. Regarding the acuteness of the situation, he e.g., describes it as a *“national emergency”* and as *“...the biggest threat this country has faced for decades.”*. His rhetorical approach differed throughout the initial phase of the crisis, mainly with regards to the use of data. This is probably because the availability of data increased as the crisis went on. Instead, this initial phase is heavily characterized by emotional argumentation and qualitative statements regarding the consequences for e.g., the NHS if no action is taken. We saw a substantial difference between the discourse chosen by Boris Johnson in the periods of spring and summer in 2020. As a lockdown policy was chosen in spring, the discourse accompanied was heavily focused on deadliness and essentially an existential security threat to the nation. This could be seen as a discourse that serves the purpose of justification of the drastic measures. Conversely, throughout the summer government policy was to ease restrictions which was accompanied by a discourse mentioning very little regarding existential threats or deadliness, but rather that the virus threatened our way of life and the state of British businesses.

As the covid-19 crisis developed further throughout the summer of 2020, the U.K. began reopening and easing restrictions. In this period, we observed a discursive framing of *“the ordinary way of life”* and the *“life and success of businesses”* as what was threatened by Covid-19, exemplified by sentences like *“...lockdown... but it has also had a devastating impact on our way of life and our economy.”* Furthermore, the key discursive argumentation approach was to present statistics suggesting a positive trend of the pandemic. Again, we saw a difference in discourse in the periods moving from summer to the fall of 2020. The discourse of covid-19 threats quickly turned focus back on public health disasters and deadliness. Beyond refocusing on these subjects, the discourse used when discussing them, developed substantially in the direction of increased seriousness and possible tragedy. We see this in sentences like: *“Who would get oxygen and who wouldn’t, who would live and who would die”* and *“And let me explain why the overrunning of the NHS would be a medical and moral disaster beyond the raw loss of life”*. This increased dramatic discourse can be seen in the

light of a reintroduction of tightened restrictions. This could suggest that Boris Johnson found it necessary to increase the seriousness in discourse even further, to remotivate people to follow restrictions and to justify the second round of drastic measures, after some resistance to such measures could possibly have been mobilized in the public.

The last major developmental efforts examined was the reinstatement of a national lockdown where we saw that the discourse of threat of coronavirus is perceived to be mainly focused on saving lives, but also not to create a situation where the NHS is overrun and businesses going into bankruptcy. The use of moral dilemmas as “*who would get oxygen and who wouldn’t, who would live and who would die*” and the use of “*together*” and “*act now*” are recurring themes mentioned by Boris Johnson. Much like in the spring of 2020, the fall saw a national lockdown being implemented. Therefore, the contexts of these two periods were very much alike with regards to policy. However, Boris Johnson’s discourse differs in the sense that the spring lockdown saw a focus on direct threat to public health, whilst the second lockdown saw both a focus on the health threat as well as a regard for societal functions such as the NHS, the private sector, and schools. A possible reason for the heavier focus in his discourse on business recovery in the fall than in the spring, could be that the crisis had been going on for a longer period of time in the fall. Therefore, businesses had been struggling for longer in the fall than they had in the spring and were therefore in a greater need of economic recovery policies than they were in the spring.

To best possibly answer our RQ our six covid-19 speeches done by Boris Johnson was analyzed with CDA. The analytical results gained from processing all six speeches from the different developmental stages of the pandemic in 2020, has given us a relatively solid base for attempting to answer how Boris Johnson’s discourse regarding the threat of the covid-19 changed throughout 2020. This leads us to a brief answer of our RQ: We see a modest correlation between restricting national policy and a discourse focusing on the public health threat of the coronavirus. Furthermore, we have seen evidence of a rising focus on non-health threats of Covid-19 (such as the effects for businesses) in Boris Johnson’s discourse as the crisis went on throughout 2020.

Evaluation of research

Since alternative criteria fits well with interpretivist research, there is a strong argument to be made that we should evaluate our research using these criteria, especially with regards to trustworthiness;

the usefulness and believability of our study (Guba, E. G., & Lincoln, 1994). This is because our research very much depends on our own interpretations of meaning in Boris Johnson's discourse. However, Guba and Lincoln's alternative criteria also include authenticity; the broader political impact of our research, with sub-criteria revolving around how the studied members of a social setting act, think and can be impacted by the study (Bryman, 2012). Seeing as our research has revolved around how one member, Boris Johnson, may or may not have tried to impact his social setting through discourse, we cannot see a clear link between the criteria of authenticity and our research. Therefore, we have decided to evaluate our research according to the criteria of reliability and validity, as described by (LeCompte & Goetz, 1982)

External reliability - the extent to which a study can be replicated, is relatively high in our research. Generally, this criterion is considered a drawback of qualitative research, as it is difficult to make a studied social setting replicable for future studies (LeCompte & Goetz, 1982). However, our use of text analysis in relation to existing data means that at least technically, another researcher could use the same speeches that we have picked with the same methodology to arrive at similar interpretations to the ones that we have made. In other words, the setting that we have researched could be considered a frozen period in time. It is however important to note that different researchers could make different interpretations, even if the same data is used. Internal reliability – the degree to which members of the research group agree about what they have seen, is also quite high in our research. This is because all members have engaged with all transcripts (even though all members did not process data through coding for all speeches) and because the interpretative work in the phase of analysis was made in group sessions with all members present and participating. There were no disagreements within the research team regarding the interpretations of the data.

External validity – the degree of generalizability of the study, is naturally quite low. This is common across qualitative research with a case study design in general, as the rather small sampling does not lend itself to make broader conclusions about other cases. Furthermore, the overall aim of qualitative research is to gain deeper contextual insights about social phenomena. This goal might further hinder external validity (LeCompte & Goetz, 1982). Our findings regard a specific political leader in the UK during a very specific crisis. Although the Covid-19 pandemic constituted a global crisis, the arena that we focused on was very much on the national political context in the UK. If done with caution, some insights from this study might however be applicable to other contexts. Internal validity, which regards the strength of the link between observations and theoretical ideas, is conversely relatively

strong. Indeed, an often-mentioned strength of an inductive approach to qualitative research in general is the building of theory that corresponds to the data collected. Furthermore, from the influence that we got from securitization theory in our analysis, our focus on the concept of ‘threat’ in our analysis served well for making links to the predictions of that theory.

Conclusion

In conclusion, this study has explored how Boris Johnson’s discourse regarding the threat of coronavirus has developed during a period in 2020 characterized by three major restrictive measures. Through CDA, we do see a change in Boris’s discourse, with a development from a significant public health threat characterizing his linguistic choices to developing into a focus of economic regard where public health is to be seen as coming in second. However, the discourse changes again in the fall to where a need to protect human lives exemplifies itself but also protection of societal functions is highly emphasized. Through the six different press statements we see a change in choices of words, characterized by “death” during the first phase in development, moving to choices around the subject of “getting back to normal” and lastly, the move towards words characterized by a sense of community spirit as “together” and “now” but also moral dilemmas. Thereby, we do find an answer to our research question, but as stated in the study, CDA relies on the interpretation of the researcher. Therefore, further studies regarding this subject are needed to draw a definite conclusion about changes to discourse in a crisis.

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Appendix

Transcription of Boris Johnson speech 23/03-2020

Good Evening,

The coronavirus is the biggest threat this country has faced for decades – and this country is not alone.

All over the world we are seeing the devastating impact of this invisible killer.

And so tonight I want to update you on the latest steps we are taking to fight the disease and what you can do to help.

And I want to begin by reminding you why the UK has been taking the approach that we have.

Without a huge national effort to halt the growth of this virus, there will come a moment when no health service in the world could possibly cope; because there won't be enough ventilators, enough intensive care beds, enough doctors and nurses.

And as we have seen elsewhere, in other countries that also have fantastic health care systems, that is the moment of real danger.

To put it simply, if too many people become seriously unwell at one time, the NHS will be unable to handle it - meaning more people are likely to die, not just from Coronavirus but from other illnesses as well.

So it's vital to slow the spread of the disease.

Because that is the way we reduce the number of people needing hospital treatment at any one time, so we can protect the NHS's ability to cope - and save more lives.

And that's why we have been asking people to stay at home during this pandemic.

And though huge numbers are complying - and I thank you all - the time has now come for us all to do more.

From this evening I must give the British people a very simple instruction - you must stay at home.

Because the critical thing we must do is stop the disease spreading between households.

That is why people will only be allowed to leave their home for the following very limited purposes:

- shopping for basic necessities, as infrequently as possible
- one form of exercise a day - for example a run, walk, or cycle - alone or with members of your household;

- any medical need, to provide care or to help a vulnerable person; and
- travelling to and from work, but only where this is absolutely necessary and cannot be done from home.

That's all - these are the only reasons you should leave your home.

You should not be meeting friends. If your friends ask you to meet, you should say No.

You should not be meeting family members who do not live in your home.

You should not be going shopping except for essentials like food and medicine - and you should do this as little as you can. And use food delivery services where you can.

If you don't follow the rules the police will have the powers to enforce them, including through fines and dispersing gatherings.

To ensure compliance with the Government's instruction to stay at home, we will immediately:

- close all shops selling non-essential goods, including clothing and electronic stores and other premises including libraries, playgrounds and outdoor gyms, and places of worship;
- we will stop all gatherings of more than two people in public – excluding people you live with;
- and we'll stop all social events, including weddings, baptisms and other ceremonies, but excluding funerals.

Parks will remain open for exercise but gatherings will be dispersed.

No Prime Minister wants to enact measures like this.

I know the damage that this disruption is doing and will do to people's lives, to their businesses and to their jobs.

And that's why we have produced a huge and unprecedented programme of support both for workers and for business.

And I can assure you that we will keep these restrictions under constant review. We will look again in three weeks, and relax them if the evidence shows we are able to.

But at present there are just no easy options. The way ahead is hard, and it is still true that many lives will sadly be lost.

And yet it is also true that there is a clear way through.

Day by day we are strengthening our amazing NHS with 7500 former clinicians now coming back to the service.

With the time you buy - by simply staying at home - we are increasing our stocks of equipment.

We are accelerating our search for treatments.

We are pioneering work on a vaccine.

And we are buying millions of testing kits that will enable us to turn the tide on this invisible killer. I want to thank everyone who is working flat out to beat the virus.

Everyone from the supermarket staff to the transport workers to the carers to the nurses and doctors on the frontline.

But in this fight we can be in no doubt that each and every one of us is directly enlisted.

Each and every one of us is now obliged to join together.

To halt the spread of this disease.

To protect our NHS and to save many many thousands of lives.

And I know that as they have in the past so many times.

The people of this country will rise to that challenge.

And we will come through it stronger than ever.

We will beat the coronavirus and we will beat it together.

And therefore I urge you at this moment of national emergency to stay at home, protect our NHS and save lives.

Thank you.

Transcription of Boris Johnson speech 30/04-2020

Good afternoon, welcome everyone again to this Number Ten press conference where I am joined by Professor Chris Whitty, Chief Medical Officer, and Sir Patrick Vallance our Chief Scientific Advisor. And I am sorry not to have been part of this trio for so long. I want to thank everybody who has been doing such a good job in my absence and I want to thank the NHS for so much. Including getting me back here and I might add for a much happier hospital visit yesterday. In a few minutes I am going to hand over to Patrick to update you on the epidemic. But first I am going to set out today's latest data. 901,905 tests for coronavirus have now been carried out in the UK, including 81,611 tests yesterday. 171,253 people have tested positive, that's an increase of 6,032 cases since yesterday. 15,043 people are currently in hospital with coronavirus, compared to 15,359 people yesterday. And sadly, of those tested positive for coronavirus, across all settings, 26,711 have now died. That's an increase of 674 fatalities since yesterday across all settings. This figure of course includes deaths not just in hospitals. Across this country, therefore, families every day are continuing to lose loved ones before their time. We grieve for them and with them. But as we grieve we are strengthened in our resolve to defeat this virus. To get this whole country back to health, back on its feet. And we are determined urgently and in particular to overcome those challenges that in the last few weeks have been so knotty and so

infuriating I'm not going to minimise the logistical problems we have faced in getting the right protective gear to the right people at the right time, both in the NHS and in care homes Or the frustrations that we have experienced in expanding the numbers of tests But what I can tell you is that everyone responsible for tackling these problems whether in Government or the NHS, or Public Health England, local authorities We are throwing everything at it, heart and soul, night and day To get it right – and we will get it right and we are making huge progress And I will not underrate the work and the achievement of those who are dealing with global shortages, in a global pandemic They are rising to a challenge we have never seen in our lifetimes And the same can be said of the entire people of this country Staying in enforced confinement Not seeing family, not seeing friends or grandchildren Worrying about their jobs and the future And so my message to everyone again today is your effort and your sacrifice is working and has been proved to work Today the number of Covid hospital admissions is falling The number of patients in ICU is falling We have so far succeeded in the first and most important task we set ourselves as a nation To avoid the tragedy that engulfed other parts of the world Because at no stage has our NHS been overwhelmed No patient went without a ventilator No patient was deprived of intensive care We have five of the seven projected Nightingale wards And it is thanks to that massive collective effort to shield the NHS that we avoided an uncontrollable and catastrophic epidemic where the reasonable worst case scenario was 500,000 deaths And so I can confirm today for the first time that we are past the peak of this disease We are past the peak and we are on the downward slope And we have so many reasons to be hopeful for the long term The UK is leading international efforts to find a vaccine Today Oxford university has announced a partnership with Astrazeneca to develop what they believe could soon be a means of inoculating ourselves against this disease But until this day comes – and I am afraid we cannot say exactly when it may be We will have to beat this disease by our growing resolve and ingenuity So I will be setting out a comprehensive plan next week To explain how we can get our economy moving, one, How we can get our children back to school, back into childcare, second, and third how we can travel to work and how we can make life in the workplace safer And in short how we can continue to suppress the disease and at the same time re-start the economy. A huge amount of work has been going on on that that plan and as we produce it we are being guided by the science, and we will try to build the maximum political consensus as we produce it across all parties and across the UK But there will be five key tests that we must satisfy before we can put that plan into action We must be sure that we can continue to protect the NHS and its ability to cope We must see a sustained fall in deaths We must be sure that the infection rate is falling We must overcome the operational and logistical

challenges on testing and PPE Fifth, and this is the most important, we must all make sure that the measures we take do not risk a second spike that would overwhelm the NHS We have come through the peak Or rather we've come under what could have been a vast peak as though we've been going through some huge alpine tunnel And we can now see the sunlight and pasture ahead of us And so it is vital that we do not now lose control and run slap into a second and even bigger mountain And so to avoid that disaster our fifth and final test is that nothing as I say we do should lift the R or the reproduction rate of that disease back above one And before I hand over to Patrick I am going to ask for a short explanatory clip about the one And before we come to that clip, let me just emphasise that keeping the R down is going to be absolutely vital to our recovery, keeping the reproduction rate of the disease down, and we can only do it by our collective discipline and working together I know we can do it, because we did it, we've shown we can do it, in phase one of this disease This country came together in a way few of us have seen in our lifetimes To protect the NHS and to save lives and that's why I am absolutely convinced we can do it in phase two as well Can we play the video now

Transcription of Boris Johnson speech 20/06-2020

Good evening, Since I last spoke to you from this podium, we have continued to make progress nationally against the virus. We are now reporting regularly fewer than 1,000 new cases each day. The Office for National Statistics estimates that between 14 June and 27 June, the most recent period they have analysed, 25,000 people in the community in England had the virus – 1 person in every 2,200. SAGE assess that the R rate – the average number of people each infected person passes the virus onto – remains between 0.7 and 0.9 across the UK. SAGE also assess that, in England, the number of new infections is shrinking by between 2 and 5% every day. And while the number of people dying with coronavirus remains too high, the numbers do continue to fall. Now of course this picture is not universal. There are areas – such as Leicester – where the virus is still more prevalent than we would like. We always said there would be local outbreaks requiring local action. This is to be expected and will, I'm afraid, be a feature of our lives for some time to come. But that should not take away from the great progress we have made, together, as a country against this vicious disease. This progress is the reason why we have been able – slowly, carefully, cautiously – to ease the national lockdown. Without doubt, lockdown has saved many hundreds of thousands of lives – but it has also had a devastating impact on our way of life and our economy. And of course, lockdown has not yet been lifted entirely. Indoor gyms, nail bars and swimming pools are still closed, mass gatherings are still prohibited, social distancing is still essential. I want these restrictions to be lifted as soon as possible – of course I do. We have established taskforces to work rapidly and closely with the sectors

that remain closed to explore how they can be Covid Secure. I am pleased to report good progress is being made. Next week we will set out a timetable for their re-opening – though of course I can only lift those remaining, national restrictions as and when it is safe to do so. Our goal remains to enable as many people as possible to live their lives as close to normally as possible – in a way which is as fair and as safe as possible. To achieve this we need to move away from blanket, national measures, to targeted, local measures. So instead of locking down the whole country, we will lock down specific premises or local areas where the virus is spreading. Instead of closing down non-essential retail and hospitality nationwide, we will only shut establishments locally as required. Instead of shutting all schools for most pupils, from September we will only shut those schools where it is absolutely necessary to control an outbreak. And instead of quarantining arrivals from the whole world, we will only quarantine arrivals from those countries where the virus is, sadly, not yet under control. We are already implementing this targeted approach in England. In Weston-Super-Mare, we identified an outbreak in a hospital, closed it to visitors and new admissions, tested all staff and patients and gave the hospital a deep clean. The outbreak was contained and the hospital is open again. In Kirklees, we identified an outbreak at a meat packing plant, shut down the plant, moved in a mobile testing unit, tested all employees and traced the contacts of those who were positive. The outbreak was contained and the plant has reopened with additional safety measures in place. And of course more recently in Leicester, we identified a community-wide outbreak which was not restricted to a single location, unlike Weston-Super-Mare and Kirklees. Public Health England engaged with the local authority, mobile testing units were deployed, full data was shared – council-wide data was shared on 11 June, and postcode-level data was shared last week. This enhanced monitoring through additional testing showed that the infection rate in Leicester was three times the next highest infection rate in any other city in the country. So on Monday, the Health Secretary announced local lockdown measures in Leicester for an initial period of 2 weeks. In each of these cases, the problems identified were specific to Weston-Super-Mare, Kirklees and Leicester. So of course it made sense to take action locally, rather than re-impose restrictions on the whole country. And we are learning the whole time. With each local outbreak, we see what works well and what not so well, so that we do better next time. Informed by our experience of these cases, we have developed an approach for controlling future local outbreaks which has five principle components: monitoring, engagement, testing, targeted restrictions and finally, as a last resort, lockdown. First, monitoring. Public Health England, working with the Joint Biosecurity Centre, will examine carefully data on the spread of the disease and people's behaviour across the country. They will look out for emerging trends, rising case numbers and other

indicators, while taking into account local factors. Critically, we have made local data available to all Directors of Public Health in local authorities, so they too can monitor what is happening in their area. And local data will also be available to the public on the gov.uk dashboard. Second, engagement. If monitoring identifies local problems, NHS Test and Trace and PHE will work with the relevant local authority to develop a deeper understanding of the problem and identify solutions. Working with local agencies, we will seek to keep the local community informed at every stage, so they know what is happening and what actions, if any, they need to take. Third, testing. We now have substantial testing capacity nationwide and we have the ability to target that capacity at local areas in order to get a grip on emerging outbreaks. Scaled-up testing at a local level, combined with contract tracing through NHS Test and Trace, can control the virus and thus avoid more stringent measures. Fourth, targeted restrictions. If the virus continues to spread, we will restrict activities at particular locations and close individual premises. As in WestonSuper-Mare and Kirklees, we will restrict access to places which become hotspots for the virus, while testing people who have spent time in those places, and tracing the contacts of anyone who tests positive. Fifth, local lockdown. If the previous measures have not proven to be enough, we will introduce local lockdowns extending across whole communities. As in Leicester, that could mean shutting businesses venues that would otherwise be open, closing schools or urging people once more to stay at home. Local lockdowns will be carefully calibrated depending on the scientific and specific circumstances of each outbreak and we are continually exploring smarter means of containing the virus. So that is the approach we will take as local outbreaks occur and we will set out more detail soon. Let me end by looking forward to this weekend. Tomorrow, there will be a moment of remembrance for those whose lives have tragically been lost before their time. And at 5pm on Sunday, the NHS's 72nd birthday, we can all come together to clap those who have worked tirelessly and selflessly to help the nation get through this pandemic. I know everyone will be looking forward to the relaxation of national restrictions. As lockdown eases, we should focus on supporting the livelihoods of business owners and their employees up and down the country – all of whom are opening their doors for the first time in more than three months. They are our local restaurants, hairdressers, libraries, museums, cinemas, and yes, pubs. They are also hotels, B&Bs, indeed much of our tourism industry. All these businesses and their workers have put in a heroic effort to prepare their venues for this reopening, to work out a way to trade in a way that keeps their customers safe. But the success of these businesses, the livelihoods of those who rely on them, and ultimately the economic health of the whole country is dependent on every single one of us acting responsibly. We must not let them down. Lockdown only succeeded in controlling the virus because

everyone worked together, and we will only succeed in reopening if everyone works together again. Because we are not out of the woods yet. The virus is still with us and the spike in Leicester has shown that. If it starts running out of control again this Government will not hesitate in putting on the brakes and re-imposing restrictions. Anyone who flouts social distancing and COVID-Secure rules is not only putting us all at risk but letting down those businesses and workers who have done so much to prepare for this new normal. So as we take this next step, our biggest step yet, on the road to recovery, I urge the British people to do so safely. Remember – don't gather in groups of more than 6 outside or 2 households in any setting. Keep your distance from those outside your household – 2 metres if you can, 1 metre with precautions if you can't. Wash your hands. Let's all stay alert, control the virus, save lives – and enjoy summer safely

Transcription of Boris Johnson speech 03/07-2020

Good evening, Since I last spoke to you from this podium, we have continued to make progress nationally against the virus. We are now reporting regularly fewer than 1,000 new cases each day. The Office for National Statistics estimates that between 14 June and 27 June, the most recent period they have analysed, 25,000 people in the community in England had the virus – 1 person in every 2,200. SAGE assess that the R rate – the average number of people each infected person passes the virus onto – remains between 0.7 and 0.9 across the UK. SAGE also assess that, in England, the number of new infections is shrinking by between 2 and 5% every day. And while the number of people dying with coronavirus remains too high, the numbers do continue to fall. Now of course this picture is not universal. There are areas – such as Leicester – where the virus is still more prevalent than we would like. We always said there would be local outbreaks requiring local action. This is to be expected and will, I'm afraid, be a feature of our lives for some time to come. But that should not take away from the great progress we have made, together, as a country against this vicious disease. This progress is the reason why we have been able – slowly, carefully, cautiously – to ease the national lockdown. Without doubt, lockdown has saved many hundreds of thousands of lives – but it has also had a devastating impact on our way of life and our economy. And of course, lockdown has not yet been lifted entirely. Indoor gyms, nail bars and swimming pools are still closed, mass gatherings are still prohibited, social distancing is still essential. I want these restrictions to be lifted as soon as possible – of course I do. We have established taskforces to work rapidly and closely with the sectors that remain closed to explore how they can be Covid Secure. I am pleased to report good progress is being made. Next week we will set out a timetable for their re-opening – though of course I can only lift those remaining, national restrictions as and when it is safe to do so. Our goal remains to enable

as many people as possible to live their lives as close to normally as possible – in a way which is as fair and as safe as possible. To achieve this we need to move away from blanket, national measures, to targeted, local measures. So instead of locking down the whole country, we will lock down specific premises or local areas where the virus is spreading. Instead of closing down non-essential retail and hospitality nationwide, we will only shut establishments locally as required. Instead of shutting all schools for most pupils, from September we will only shut those schools where it is absolutely necessary to control an outbreak. And instead of quarantining arrivals from the whole world, we will only quarantine arrivals from those countries where the virus is, sadly, not yet under control. We are already implementing this targeted approach in England. In Weston-Super-Mare, we identified an outbreak in a hospital, closed it to visitors and new admissions, tested all staff and patients and gave the hospital a deep clean. The outbreak was contained and the hospital is open again. In Kirklees, we identified an outbreak at a meat packing plant, shut down the plant, moved in a mobile testing unit, tested all employees and traced the contacts of those who were positive. The outbreak was contained and the plant has reopened with additional safety measures in place. And of course more recently in Leicester, we identified a community-wide outbreak which was not restricted to a single location, unlike Weston-Super-Mare and Kirklees. Public Health England engaged with the local authority, mobile testing units were deployed, full data was shared – council-wide data was shared on 11 June, and postcode-level data was shared last week. This enhanced monitoring through additional testing showed that the infection rate in Leicester was three times the next highest infection rate in any other city in the country. So on Monday, the Health Secretary announced local lockdown measures in Leicester for an initial period of 2 weeks. In each of these cases, the problems identified were specific to Weston-Super-Mare, Kirklees and Leicester. So of course it made sense to take action locally, rather than re-impose restrictions on the whole country. And we are learning the whole time. With each local outbreak, we see what works well and what not so well, so that we do better next time. Informed by our experience of these cases, we have developed an approach for controlling future local outbreaks which has five principle components: monitoring, engagement, testing, targeted restrictions and finally, as a last resort, lockdown. First, monitoring. Public Health England, working with the Joint Biosecurity Centre, will examine carefully data on the spread of the disease and people's behaviour across the country. They will look out for emerging trends, rising case numbers and other indicators, while taking into account local factors. Critically, we have made local data available to all Directors of Public Health in local authorities, so they too can monitor what is happening in their area. And local data will also be available to the public on the gov.uk dashboard. Second, engagement.

If monitoring identifies local problems, NHS Test and Trace and PHE will work with the relevant local authority to develop a deeper understanding of the problem and identify solutions. Working with local agencies, we will seek to keep the local community informed at every stage, so they know what is happening and what actions, if any, they need to take. Third, testing. We now have substantial testing capacity nationwide and we have the ability to target that capacity at local areas in order to get a grip on emerging outbreaks. Scaled-up testing at a local level, combined with contact tracing through NHS Test and Trace, can control the virus and thus avoid more stringent measures. Fourth, targeted restrictions. If the virus continues to spread, we will restrict activities at particular locations and close individual premises. As in WestonSuper-Mare and Kirklees, we will restrict access to places which become hotspots for the virus, while testing people who have spent time in those places, and tracing the contacts of anyone who tests positive. Fifth, local lockdown. If the previous measures have not proven to be enough, we will introduce local lockdowns extending across whole communities. As in Leicester, that could mean shutting businesses venues that would otherwise be open, closing schools or urging people once more to stay at home. Local lockdowns will be carefully calibrated depending on the scientific and specific circumstances of each outbreak and we are continually exploring smarter means of containing the virus. So that is the approach we will take as local outbreaks occur and we will set out more detail soon. Let me end by looking forward to this weekend. Tomorrow, there will be a moment of remembrance for those whose lives have tragically been lost before their time. And at 5pm on Sunday, the NHS's 72nd birthday, we can all come together to clap those who have worked tirelessly and selflessly to help the nation get through this pandemic. I know everyone will be looking forward to the relaxation of national restrictions. As lockdown eases, we should focus on supporting the livelihoods of business owners and their employees up and down the country – all of whom are opening their doors for the first time in more than three months. They are our local restaurants, hairdressers, libraries, museums, cinemas, and yes, pubs. They are also hotels, B&Bs, indeed much of our tourism industry. All these businesses and their workers have put in a heroic effort to prepare their venues for this reopening, to work out a way to trade in a way that keeps their customers safe. But the success of these businesses, the livelihoods of those who rely on them, and ultimately the economic health of the whole country is dependent on every single one of us acting responsibly. We must not let them down. Lockdown only succeeded in controlling the virus because everyone worked together, and we will only succeed in reopening if everyone works together again. Because we are not out of the woods yet. The virus is still with us and the spike in Leicester has shown that. If it starts running out of control again this Government will not hesitate in putting on the

brakes and re-imposing restrictions. Anyone who flouts social distancing and COVID-Secure rules is not only putting us all at risk but letting down those businesses and workers who have done so much to prepare for this new normal. So as we take this next step, our biggest step yet, on the road to recovery, I urge the British people to do so safely. Remember – don't gather in groups of more than 6 outside or 2 households in any setting. Keep your distance from those outside your household – 2 metres if you can, 1 metre with precautions if you can't. Wash your hands. Let's all stay alert, control the virus, save lives – and enjoy summer safely.

Transcription of Boris Johnson speech 31/10-2020

Good evening and apologies for disturbing your Saturday evening with more news of Covid and I can assure you I wouldn't do it unless it was absolutely necessary. First I will hand over to Chris and then Patrick who will present the latest data. Thank you very much Patrick, and Chris. I am afraid that no responsible PM can ignore the message of those figures. When I told you two weeks ago that we were pursuing a local and a regional approach to tackling this virus, I believed then and I still believe passionately that it was the right thing to do. Because we know the cost of these restrictions, the damage they do, the impact on jobs, and on livelihoods, and on people's mental health. No one wants to be imposing these kinds of measures anywhere. We didn't want to be shutting businesses, pubs and restaurants in one part of the country, where incidence was very low, when the vast bulk of infections were taking place elsewhere. Our hope was that by strong local action, strong local leadership, we could get the rates of infection down where the disease was surging, and address the problem thereby across the whole country. And I want to thank the millions of people who have been putting up with these restrictions in their areas for so long. I want to thank local leaders who have stepped up and local communities. Because as you can see from some of those charts, the R has been kept lower than it would otherwise have been, and there are signs that your work has been paying off. And we will continue as far as we possibly can to adopt a pragmatic and local approach in the months ahead. But as we've also seen from those charts, we've got to be humble in the face of nature. And in this country, alas, as across much of Europe, the virus is spreading even faster than the reasonable worst case scenario of our scientific advisers. Whose models, as you've just seen, now suggest that unless we act, we could see deaths in this country running at several thousand a day. A peak of mortality, alas, far bigger than the one we saw in April. Even in the South West, where incidence was so low, and still is so low, it is now clear that current projections mean they will run out of hospital capacity in a matter of weeks unless we act. And let me explain why the overrunning of the NHS would be a medical and moral disaster beyond the raw loss of life. Because the huge exponential growth in the number of

patients – by no means all of them elderly, by the way – would mean that doctors and nurses would be forced to choose which patients to treat Who would get oxygen and who wouldn't Who would live and who would die, And doctors and nurses would be forced to choose between saving covid patients and non-covid patients And the sheer weight of covid demand would mean depriving tens of thousands, if not hundreds of thousands, if not millions, of non-covid patients of the care they need It is crucial to grasp this that the general threat to public health comes not from focusing too much on covid, but from not focusing enough, from failing to get it under control And if we let the lines on those graphs grow in the way they could and in the way they're projected to grow, then the risk is that for the first time in our lives, the NHS will not be there for us and for our families And even if I could now double capacity overnight – and obviously I am proud that we have massively increased capacity, we do have the Nightingales, we've got 13,000 more nurses now than last year, we have many more doctors – but it still would not be enough, because the virus is doubling faster than we could conceivably add capacity And so now is the time to take action because there is no alternative. From Thursday until the start of December, you must stay at home. You may only leave home for specific reasons, including: For education; For work, say if you cannot work from home; For exercise and recreation outdoors, with your household or on your own with one person from another household; For medical reasons, appointments and to escape injury or harm; To shop for food and essentials; And to provide care for vulnerable people, or as a volunteer. I'm afraid non-essential shops, leisure and entertainment venues will all be closed – though click and collect services can continue and essential shops will remain open, so there is no need to stock up. Pubs, bars, restaurants must close except for takeaway and delivery services. Workplaces should stay open where people can't work from home – for example in the construction or manufacturing sectors. Single adult households can still form exclusive support bubbles with one other household, and children will still be able to move between homes if their parents are separated. If you are clinically vulnerable, or over the age of 60, you should be especially careful to follow the rules and minimise your contacts with others. I know how tough shielding was, and we will not ask people to shield again in the same way again. However we are asking those who are clinically extremely vulnerable to minimise their contact with others, and not to go to work if they are unable to work from home. I am under no illusions about how difficult this will be for businesses which have already had to endure hardship this year. I am truly, truly sorry for that. This is why we are also going to extend the furlough system through November. The furlough scheme was a success in the spring. It supported people and businesses in a critical time. We will not end it. We will extend it until December. There will be some differences compared to

March. These measures above all will be time-limited, starting next Thursday 5 November. They will end on Wednesday 2 December, when we will seek to ease restrictions, going back into the tiered system on a local and regional basis according to the latest data and trends. Christmas is going to be different this year, very different, but it is my sincere hope and belief that by taking tough action now, we can allow families across the country to be together. My priority, our priority, remains keeping people in education - so childcare, early years settings, schools, colleges and universities will all remain open. Our senior clinicians still advise that school is the best place for children to be. We cannot let this virus damage our children's futures even more than it has already. I urge parents to continue taking their children to school and I am extremely grateful to teachers across the country for their dedication in enabling schools to remain open. And it is vital that we will keep provision for non-Covid healthcare groups going. So please - this is really important - unless your clinicians tell you otherwise, you should continue to use the NHS, get your scans, turn up for your appointments and pick up your treatments. If at all possible, we want you to continue to access these services, now and through the winter. Indeed it's only by taking this action that we can protect the NHS for you. On Monday I will set out our plans to parliament. On Wednesday, parliament will debate and vote on these measures which, if passed, will as I say come into force on Thursday. We have updated the devolved administrations on the action we are taking in England and stand ready to work with them on plans for Christmas and beyond. We should remember we are not alone in what we're going through. Our friends in Belgium, France and Germany have had to take very similar action. So as we come together now to fight this second wave, I want to say something about the way ahead. Because people will reasonably ask when will this all end. And as I have said before I am optimistic that this will feel very different and better by the spring. It is not just that we have ever better medicine and therapies, and the realistic hope of a vaccine in the first quarter of next year. We now have the immediate prospect of using many millions of cheap, reliable and above all rapid turnaround tests. Tests that you can use yourself to tell whether or not you are infectious and get the result within ten to 15 minutes. And we know from trial across the country in schools and hospitals that we can use these tests not just to locate infectious people but to drive down the disease. And so over the next few days and weeks, we plan a steady but massive expansion in the deployment of these quick turnaround tests. Applying them in an ever-growing number of situations. From helping women to have their partners with them in labour wards when they're giving birth to testing whole towns and even whole cities. The army has been brought in to work on the logistics and the programme will begin in a matter of days. Working with local communities, local government, public health directors and organisations

of all kinds to help people discover whether or not they are infectious, and then immediately to get them to self-isolate and to stop the spread And I can tell you tonight that the scientists may be unanimously gloomy about the immediate options But they are unanimously optimistic about the medium and the long term future We will get through this – but we must act now to contain this autumn surge We are not going back to the full-scale lockdown of March and April It is less prohibitive and less restrictive But from Thursday the basic message is the same Stay at home. Protect the NHS. And save lives

Transcription of Boris Johnson speech 05/11-2020

Good evening everyone, Across the whole United Kingdom, people are engaged in a huge joint effort to put the coronavirus back in its box. Throughout the pandemic, this government has done whatever it takes to protect lives and livelihoods – in England, Scotland, Wales and Northern Ireland. We have put in place an unprecedented package of economic support, protecting the wages and jobs of millions of people. We have built the largest testing capacity in Europe, with 32 million tests conducted so far and over half a million tests now available every day across the UK. We have ensured that, as we head into winter, the NHS has at its disposal over 30,000 ventilators and billions of items of Personal Protective Equipment, most of it now manufactured here in the UK. Across the whole of the UK, we have a shared goal – to suppress the virus, ensure the NHS is not overwhelmed, and in doing so to save lives. The UK Government and the devolved administrations are working together on a joint approach to the Christmas period, because all of us want to ensure families can come together wherever they live. The challenges we face are significant across the U.K. The average number of new cases each day is now 22,398, that's up from 9,716 a month earlier. There are now 12,320 patients in hospital, up from 2,602 a month earlier. 1,142 patients are now in mechanical ventilation beds, up from 369 a month earlier. Sadly 492 deaths were reported yesterday. The weekly average number of deaths each day is now 295, up from 53 a month earlier. That's why new restrictions are in place in each part of the UK. In England, from today, we are once again asking you to stay at home.

As I explained on Saturday you can only leave home for specific reasons: for work if you can't work from home, for education, and for essential activities and emergencies. The full rules, all of the details, are available at gov.uk/coronavirus and on the NHS Covid-19 app – please log on to see what you can and can't do. I know how tough this is: For staff in the NHS and care homes, who are facing a tough winter on the frontline. For families, who can't meet in the way they would want to. For businesses, forced to shut just as you are getting back on their feet. I know many of you are anxious, weary and quite frankly fed up with the very mention of this virus But I want to assure you this is not

a repeat of the spring. Schools, universities and nurseries are all staying open. And these measures though they are tough are time-limited. The advice I have received suggests that four weeks is enough for these measures to make a real impact. So these rules will expire, and on 2 December we plan to move back to a tiered approach. There is light at the end of the tunnel. We have better treatments and techniques to take care of those in hospital, thanks largely to the ingenuity of British scientists. Rapid testing is being rolled out on a massive scale – with city-wide testing starting tomorrow in Liverpool. I am hugely grateful to the people of Liverpool for their participation in this pilot. I hope that by working together, we can get that great city on top of the virus. More broadly, there is also the very real chance of safe and effective vaccines. So taking those things together, these scientific advances can show us the way ahead. And in the meantime, the government will continue to support people affected by these new restrictions. As you know, we have protected almost 10 million jobs through furlough, and as the Chancellor announced earlier today, we are now extending the scheme through to March. We are also extending our support for the self-employed, so that the next payment increases to 80 per cent of average profits. We're providing cash grants for businesses who are closed, worth more than £1 billion every month. We are giving £1.1 billion to Local Authorities in England to support businesses. And a further £2 billion of funding is guaranteed for Scotland, Wales and Northern Ireland. As we face these challenges together, we must look after those in most need. As of September we have helped over 29,000 rough sleepers off the streets, two thirds of whom are now in settled accommodation. Today we're announcing a further £15 million to help councils offer safe accommodation for people who are sleeping rough or at risk of becoming homeless. This programme will help areas that need additional support most during the restrictions and throughout the winter. These are difficult times. And while it pains me to have to ask once again for so many to give up so much, I know that, together, we can get through this. So please, for the next four weeks, stay at home, protect the NHS and save lives. I'll now hand over to the Head of NHS England Simon Stevens who's going to talk about the NHS's preparations for winter

Coding book

Name	Description	Files References
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Calls for community spirit	General request for action among the public	2	13
Companies and establishments	Over category of how the public should support companies and establishments	0	0
Support and understanding	Sub category describing the way in which people should support and understand the challenges companies have faced during the crisis.	2	4
Covid-19	General mentions of the virus	2	4
NHS	Head category of mentions of the NHS	1	1
Praise	Positive mentions and praises of the work done by the NHS	2	2
Protecting	Mentions of requests to protect the NHS	1	3
Reference to medical professionals	Direct references to medical professionals as used for data presentation or as justification for policies made	2	8

Restrictions	Over category of mentions of general restrictions	0	0
Less	Sub category describing the type of restrictions mentioned as being removed thereby reducing the number of restrictions	2	13
Precautions	Requests of precaution among the public as restrictions disappear	2	11
Remain restrictive	General request for action among the public	2	5
Show of action	Descriptions of where the government tries to illustrate their efforts in the fight against covid-19	1	2
Statistics	Mentions of general Covid-19 statistics	0	0
Negative	Statistics presented that shows a negative trend of a worsening covid-19	1	2
Positive	Statistics that points in a positive direction of the UK and Covid	2	10
What is threaten by covid	An overarching category of what Boris Johnson describes as being threatened by covid-19	0	0

Businesses	Business success and survival being threatened by covid	2	9
NHS	NHS survival being threatened by covid	1	2
our way of life	A vaguely defined normal way of life from a pre covid period survival being threatened by covid	2	6
Physical health	The public's health being threatened by covid	2	2

Name	Description	Files	References
Covid-19 - description	Over category of descriptions of the covid-19		0
Serious magnitude	Descriptions of the magnitude of the crisis		5
Lifethreatening	Descriptions on possible life lost due to covid-19		10
Call for community spirit	General request for action among the public		0

Public responsibility	Sub theme of calling upon the public to be a main actor in defeating the virus.		7
Show of government action	Descriptions of where the government tries to illustrate their efforts in the fight against covid-19		8
Call for community spirit	General request for action among the public		0

Public responsibility	Sub theme of calling upon the public to be a main actor in defeating the virus.		7
Damages	Overarching category of what damages covid-19 has and will do		0
Human lives	The damage done towards humans physical health		2

Business	The damage towards the life and success of businesses		4
Restrictions	Over category of mentions of general restrictions		0
more	Sub category describing the type of restrictions mentioned as being put into place thereby increasing the number of restrictions		3
Hope	An over category describing positive aspects of the future for the UK public		0
Emotional	A subcategory describing the emotional and uplifting discourse towards the future, which is not based on any specific data or facts		3
Practical	A subcategory describing the positive thoughts of the future based on practical and objective things. Such as vaccines, tests, medicine etc.		3
Show of action	Descriptions of where the government tries to illustrate their efforts in the fight against covid-19		

Economic support	Mentions of how the government intends to assists business economically	5
Public health support	Mentions of how the government intends to ensure people a safer life	5